

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/01/1988</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>KOLMAR LABS GROUP, LLC</u> <u>55 RAMAPO VALLEY ROAD</u> <u>MAHWAH, NJ 07430</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>16-1704835</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>201-529-3434</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>16-1704835</u>	2c Sponsor's telephone number <u>201-529-3434</u>	2d Business code (see instructions) <u>325900</u>	
2b Employer Identification Number (EIN) <u>16-1704835</u>					
2c Sponsor's telephone number <u>201-529-3434</u>					
2d Business code (see instructions) <u>325900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2012	LISA SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2012	RICHARD POLIFRONI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KOLMAR LABS GROUP, LLC 55 RAMAPO VALLEY ROAD MAHWAH, NJ 07430	3b Administrator's EIN 16-1704835 3c Administrator's telephone number 201-529-3434
--	---

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	690
---	----------	-----

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	453
b Retired or separated participants receiving benefits.....	6b	13
c Other retired or separated participants entitled to future benefits.....	6c	198
d Subtotal. Add lines 6a , 6b , and 6c	6d	664
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	666
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	490
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

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 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOLMAR LABS GROUP, LLC</u>	D Employer Identification Number (EIN) <u>16-1704835</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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)

ENNIS, PREZIOSO & CO

22-3526587

(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?
10	ACCOUNTANT	8800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	6125	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SECURITIES AMERICA INC

11-2551174

(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 ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

(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
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>BLK RK EQUITY DIV A - BNY MELLON INV</p> <p>13-2953455</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>BLK RK US GOVT A - BNY MELLON INV SE P.O. BOX 9793 PROVIDENCE, RI 02940</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>COL/ACORN INTL A - COLUMBIA MGT INV</p> <p>04-2838628</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		

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		
DREYFUS S&P 500 INDX - DREYFUS TRAN	0.15%	
13-5673135		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HEARTLAND SEL VAL IV - ALPS FUND SE	0.25%	
20-3247785		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HTFD CAPITAL APPR R4 - HARTFORD ADM	0.25%	
41-0679409		

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.	
INVS MDCP CORE EQ A - INVESCO CANAD P.O. BOX 4739 HOUSTON, TX 77210	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.	
LM IC SOC AWR A - BOSTON FINANCIAL 04-2526037	\$12.00	
(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.	
NUVEEN SH TRM BD A - US BANCORP FUN 39-0281260	0.15%	

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.
OPPHMR DEV MKTS A - OPPENHEIMERFUND	P.O. BOX 5270 COLORADO, CO 80217	0.25%
(a) Enter service provider name as it appears on line 2		(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.
THORNBURG INT VAL R4 - BOSTON FINAN		0.25%
04-2526037		
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
SECURITIES AMERICA INC	61	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.
COL/ACORN INTL A - COLUMBIA MANAGEM	\$0-<\$3M=1.00% \$3M-<\$50M=0.50% \$50M+=0.25%	
04-3156901		

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
SECURITIES AMERICA INC	61	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.	
OPPHMR DEV MKTS A - OPPENHEIMERFUND 13-2953455	\$5M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KOLMAR LABS GROUP, LLC	D Employer Identification Number (EIN) 16-1704835

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 04-3022712-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2143062
--------------------------------	------------------------	---

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**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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOLMAR LABS GROUP, LLC</u>	D Employer Identification Number (EIN) <u>16-1704835</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	938487	893536
	(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)	577387	622690
	(9) Value of interest in common/collective trusts.....	1c(9)	1825144	2143062
	(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)	11625688	11738432
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14966706	15397720

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14966706	15397720
---	-----------	----------	----------

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)	137796	
(B) Participants	2a(1)(B)	638489	
(C) Others (including rollovers)	2a(1)(C)	656259	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1432544
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	93	
(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)	29069	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29162
(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)	358807	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		358807
(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)		56582
(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)		-721490
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1155605

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	707633	
(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)		707633
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		2025
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)	14933	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14933
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		724591

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		431014
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: ENNIS, PREZIOSO & COMPANY (2) EIN: 11-3689999

d The opinion of an independent qualified public accountant is **not attached** because:
 (1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOLMAR LABS GROUP, LLC</u>	D Employer Identification Number (EIN) <u>16-1704835</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>04-6568107</u>		
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 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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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): _____

- 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): _____

KOLMAR LABS GROUP, LLC
SAVINGS INCENTIVE PLAN

FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

TABLE OF CONTENTS

	<u>PAGE NO.</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
• Statements of Net Assets Available for Benefits	2
• Statements of Changes in Net Assets Available for Benefits	3
• Notes to Financial Statements	4 - 12
SUPPLEMENTAL INFORMATION	
• Schedule I - Schedule of Assets (Held at End of Year)	13

Ennis, Prezioso & Company, LLC

Certified Public Accountants

*William Ennis (N.J. & N.Y.)
John Prezioso (N.J.)*

*739 Palisade Avenue
Cliffside Park, NJ 07010*

*Tel # (201) 871-8710
Fax # (201) 716-3929*

INDEPENDENT AUDITORS' REPORT

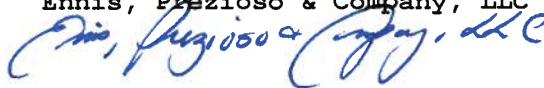
Board of Trustees
Kolmar Labs Group, LLC Savings Incentive Plan

We were engaged to audit the financial statements and supplemental schedules of the Kolmar Labs Group, LLC Savings Incentive Plan as of December 31, 2011 and 2010, and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedule is 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 6, 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 schedule. 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 certifications from the trustee as of and for the years ended December 31, 2011 and 2010, 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 schedule, 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.

Ennis, Prezioso & Company, LLC



Cliffside Park, New Jersey
July 31, 2012

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

ASSETS

	<u>2011</u>	<u>2010</u>
Investments at Fair Value (Schedule I)		
Equity and Balanced Funds	\$ 9,415,260	\$ 9,550,623
Fixed-Income Funds	2,323,172	2,075,065
Stable Value Fund	2,143,062	1,825,144
Money Market Fund	<u>893,536</u>	<u>938,487</u>
Total Investments	<u>14,775,030</u>	<u>14,389,319</u>
Receivables		
Employees' Contributions	17,280	16,386
Employer Contributions	4,139	
Notes Receivable From Participants	<u>622,690</u>	<u>577,387</u>
Total Receivables	<u>644,109</u>	<u>593,773</u>
TOTAL ASSETS	<u>15,419,139</u>	<u>14,983,092</u>

LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS

Liabilities	<u>-</u>	<u>-</u>
Net Assets Reflecting Investments at Fair Value	\$ 15,419,139	\$ 14,983,092
Adjustment from Fair Value to Contract Value for Fully-Benefit Responsive Contracts	<u>(68,416)</u>	<u>(34,131)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,350,723</u>	<u>\$ 14,948,961</u>

The accompanying notes are integral part of these financial statements.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Additions to Net Assets Attributed to:		
Investment Income		
Net Appreciation (Depreciation)		
in Fair Value of Investments	\$ (721,490)	\$ 1,245,883
Interest and Dividend Income	<u>410,267</u>	<u>247,909</u>
Net Investment Income (Loss)	(311,223)	1,493,792
Employees' Contributions	1,295,641	617,232
Employer Contributions	<u>141,935</u>	<u>-</u>
Total Additions	<u>1,126,353</u>	<u>2,111,024</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	709,658	1,897,240
Administrative Expenses	<u>14,933</u>	<u>14,407</u>
Total Deductions	<u>724,591</u>	<u>1,911,647</u>
Net Increase in Net Assets Available for Benefits	401,762	199,377
Net Assets Available for Benefits		
Beginning of Year	<u>14,948,961</u>	<u>14,749,584</u>
END OF YEAR	<u>\$ 15,350,723</u>	<u>\$ 14,948,961</u>

The accompanying notes are integral part of these financial statements.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

(1) DESCRIPTION OF THE PLAN

The accompanying summarized description of the Kolmar Labs Group (the "Company"), LLC Savings Incentive Plan (the "Plan") (formerly Outsourcing Services Group, LLC Saving Incentive Plan) is intended only to highlight some of the features of the Plan. Participants should refer to the plan document for a more complete description of the Plan's provisions.

- General

The Plan is a defined contribution plan covering all employees of the Company who are age 21 and have at least three months of service within a twelve month period. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

- Contributions

Participating employees may contribute, through payroll deductions, up to 20% of eligible compensation, as defined, or \$16,500 (plus an extra \$5,500 for age 50 or older), to be invested, at their discretion, in one or more of the eligible funds maintained by the Plan trustee. The Company, at the discretion of the Board of Directors, may make matching contributions based on a percentage of employees' pretax contributions to the Plan. Effective August 31, 2009, the Company suspended its matching contributions. The matching contribution program was reinstated effective with the payroll of February 4, 2011.

Forfeitures of participants' nonvested Company contributions will be used to pay administrative expenses. Any remaining amounts will be used to reduce future Company contributions payable under the Plan.

- Participant Accounts

Each participant's account is credited with their respective contributions, any rollover contributions, employer matching contributions, and an allocation of the Company's discretionary contribution and Plan earnings, net of investment management fees. Allocations are based on participant earnings or account balances.

- Vesting

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

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(1) DESCRIPTION OF THE PLAN - (Continued)

During the year ended December 31, 2007, the Plan was amended so that participants of certain affiliates of Kolmar Labs Group became 100% vested in their accounts as of the closing of the sale of assets of those affiliates to KIK International LLC.

- Participant Loans

Participants may borrow up to 50% of their vested account balance, up to a maximum of \$50,000, the minimum loan being \$1,000. A participant is allowed to have one loan outstanding at any given time. Loan transactions are treated as a transfer between the investment fund and the loan fund. Loan terms must be no more than five years or ten years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at prevailing interest rates. Principal and interest is paid ratably through payroll deductions, made no less frequently than quarterly.

- Payment of Benefits

On termination or retirement, participants may elect to receive a lump-sum payment equal to the value of their vested account, or to defer receipt of distributions if their vested account balance is greater than \$5,000.

Effective January 1, 2002 the Plan was amended to provide payment of benefits at an early retirement age of 55 with at least three years of vesting service.

(2) SIGNIFICANT ACCOUNTING POLICIES AND INFORMATION

This summary of significant accounting policies and information of Kolmar Labs Group, LLC Savings Incentive Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of these financial statements.

- Method of Accounting

The accounting records of the Plan are maintained on the accrual basis. Benefit payments are recognized as reductions of Plan assets upon disbursement.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(2) SIGNIFICANT ACCOUNTING POLICIES AND INFORMATION - (Continued)

- Valuation of Investments

The Plan's investments are stated at fair market value as determined by the Fidelity Management Trust Company, the trustee of the Plan, except that the FA Stable Value Fund is stated at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Also see Note 9 for a discussion of fair value measurements.

- Statement of Changes in Net Assets Available for Benefits

The Fund presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

- Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated March 2005 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

- Estimates

The preparation of financial statements in conformity with U.S. 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.

- SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through July 31, 2012, the date the financial statements were available to be issued.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(2) SIGNIFICANT ACCOUNTING POLICIES AND INFORMATION - (Continued)

- New Accounting Pronouncement

In September 2010, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2010-25, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans - a consensus of the FASB Emerging Issues Task Force*. ASU 2010-25 requires loans to participants to be classified as notes receivable from participants, segregated from plan investments. This new guidance also requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest, rather than at fair value. ASU 2010-25 is to be applied retrospectively to all prior periods presented, effective for fiscal years ending after December 15, 2010. The Fund has adopted the guidance in ASU 2010-25 which had no impact on net assets.

- Administrative Expenses

Substantially all administrative expenses are paid by the Plan. The balance of such expenses, if any, is paid by the Company. The company provides certain administrative services and use of facilities to the Plan at no cost to the Plan.

- Accounting for Uncertainty in Income Taxes

In accordance with guidance issued by the Financial Accounting Standards Board (FASB) on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. Management believes that the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

(3) RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(4) PLAN TERMINATION

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

(5) LEGAL MATTERS

According to the Plan's Trustees and legal counsel, the Fund is not a party to any litigation the outcome of which would have a material effect on these financial statements.

(6) INVESTMENT INFORMATION CERTIFIED BY TRUSTEES (UNAUDITED)

The Plan's assets are held by a trust fund administered by the trustees. The following is a summary of assets and changes in assets certified as complete and accurate by the trustees as of and for the years ended December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's total assets are separately identified.

<u>Description</u>	<u>2011</u>	<u>2010</u>
FA Small Cap CL A	\$ 1,200,499	\$ 1,305,409
FA Diversified Intl CL A	849,110	1,026,490
FA New Insights CL A	2,256,349	2,309,761
FA Balanced CL A	893,026	923,024
Blackrock Equity Dividend Inc A	1,268,333	1,112,560
Hartford Capital Appreciation R4	-	799,014
Other Equity and Balanced Funds	2,947,943	2,074,365
FA Strategic Income CL A	1,162,982	1,018,296
Other Fixed-Income Funds	1,160,190	1,056,769
Fidelity Prime Fund	893,536	938,487
FA Stable Value Fund, at Contract Value	<u>2,074,646</u>	<u>1,791,013</u>
Total Investments	<u>\$ 14,706,614</u>	<u>\$ 14,355,188</u>

During the years ended December 31, 2011 and 2010 the Plan's investments (including investments bought, sold, and held during the period) appreciated (depreciated) in value as follows:

	<u>2011</u>	<u>2010</u>
Equity and Balanced Funds	\$ (669,317)	\$ 1,193,003
Fixed-Income Funds	<u>(52,173)</u>	<u>52,880</u>
Net Appreciation (Depreciation) in Fair Value of Investments	<u>\$ (721,490)</u>	<u>\$ 1,245,883</u>

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(6) INVESTMENT INFORMATION CERTIFIED BY TRUSTEES (UNAUDITED) (CONTINUED)

Other additions and deductions to the Plan's assets during the years ended December 31, 2011 and 2010 were as follows:

	<u>2011</u>	<u>2010</u>
Interest and Dividend Income	\$ 410,267	\$ 247,909
Employees' Contributions	1,295,641	617,232
Employer Contributions	141,935	-
Benefits Paid to Participants	709,658	1,897,240
Administrative Expenses	14,933	14,407

The trustee has also certified all amounts in the supplemental schedule.

(7) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2011 and 2010 financial statements to the Form 5500:

	<u>2011</u>	<u>2010</u>
Net Assets Available for Benefits per the Financial Statements	\$ 15,350,723	\$ 14,948,961
Adjustment of FA Stable Value Fund to Market Value	68,416	34,131
Employees' Contributions Receivable	(17,280)	(16,386)
Employer Contributions Receivable	<u>(4,139)</u>	<u>-</u>
Net Assets Available for Benefits per the Form 5500	<u>\$ 15,397,720</u>	<u>\$ 14,966,706</u>

The following is a reconciliation of contributions income per the financial statements to the Form 5500:

	<u>Year Ended</u> <u>12/31/11</u>
Employer and Employees' Contributions per the Financial Statements	\$ 1,437,576
Less: Amounts Receivable at December 31, 2011	(21,418)
Add: Amounts Receivable at December 31, 2010	<u>16,386</u>
Total Contributions Income per the Form 5500	<u>\$ 1,432,544</u>

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the Form 5500:

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(7) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

	Year Ended <u>12/31/11</u>
Increase in Net Assets Available for Benefits per the Financial Statements	\$ 401,762
Adjustment of FA Stable Value Fund	
Beginning of Year	(34,131)
End of Year	68,416
Contributions Receivable	
Beginning of Year	16,386
End of Year	(21,418)
Rounding	<u>(1)</u>
Increase in Net Assets per the Form 5500	<u>\$ 431,014</u>

(8) STABLE VALUE FUND

The plan maintains an investment in the Fidelity Advisor Stable Value Fund which is a fully benefit-responsive investment contract sponsored by Fidelity Management Trust Company ("Fidelity"). Fidelity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals. The interest in the Stable Value Fund for a particular participant is equal to the sum of the participant's invested capital and all accrued interest.

As described in Note 2, because the Fidelity Advisor Stable Value Fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to that investment contract. Contract value, as reported to the plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals (sum of all of the benefits owed to participants of the fund). Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was \$2,143,062 and \$1,825,144, respectively.

The yield credited to participants of the Stable Value Fund was 1.26% and 1.48% for 2011 and 2010, respectively. The yield based on actual earnings of the Stable Value Fund was 1.74% and 2.37% in 2011 and 2010, respectively.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(9) FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820, *Fair Value Measurements and Disclosures* (formerly FAS 157 *Fair Value Measurements*), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means;

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Money Market Funds:

Valued using cost which approximates fair value.

Mutual Funds:

Valued at the net asset value of shares held by the Plan, based on the closing price reported in the active market in which the fund is traded.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010
(Continued)

(9) FAIR VALUE MEASUREMENTS (CONTINUED)

Stable Value Fund:

Valued at contract value, as discussed in Note 8.

The valuation methods used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the valuation date.

The following table sets forth by level, within the fair value hierarchy, of the plan's investment assets at fair value as of December 31, 2011 and 2010:

Assets at Fair Value at December 31, 2011

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Equity and Balanced Funds	\$ 9,415,260	\$ -	\$ -	\$ 9,415,260
Fixed-Income Funds	2,323,172	-	-	2,323,172
Total Mutual Funds	11,738,432	-	-	11,738,432
Stable Value Fund	-	2,143,062	-	2,143,062
Money Market Fund	893,536	-	-	893,536
Total Assets at Fair Value	<u>\$ 12,631,968</u>	<u>\$ 2,143,062</u>	<u>\$ -</u>	<u>\$ 14,775,030</u>

Assets at Fair Value at December 31, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Equity and Balanced Funds	\$ 9,550,623	\$ -	\$ -	\$ 9,550,623
Fixed-Income Funds	2,075,065	-	-	2,075,065
Total Mutual Funds	11,625,688	-	-	11,625,688
Stable Value Fund	-	1,825,144	-	1,825,144
Money Market Fund	938,487	-	-	938,487
Total Assets at Fair Value	<u>\$ 12,564,175</u>	<u>\$ 1,825,144</u>	<u>\$ -</u>	<u>\$ 14,389,319</u>

(10) PARTY-IN-INTEREST TRANSACTIONS

The Plan's assets include investments in funds managed by Fidelity Investments. Fidelity Investments Institutional Operations Company is the transfer agent that performs processing, recordkeeping and shareholder servicing functions for institutional investors that invest in Fidelity mutual funds. Fidelity Management Trust Company is the trustee of the Plan, and as such, transactions with Fidelity qualify as party-in-interest transactions. Usual and customary fees were paid by the Plan for investment management and recordkeeping services.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

EIN 16-1704835 PLAN NO. 002

Form 5500, Schedule H, Line 4i

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par. or Maturity Value				
Identity of Issue, Borrower, Lessor, or Similar Party	Rate of Interest	Maturity Date	Par/Maturity Value or Shares	Cost.	Current Value	
<u>EQUITY AND BALANCED FUNDS</u>						
* Fidelity Advisors						
FA Small Cap CL A	N/A	N/A	55,681.776	\$ 1,314,932	\$ 1,200,499	
FA Small Cap Growth CL A	N/A	N/A	128.756	2,209	1,892	
FA Small Cap Value CL A	N/A	N/A	214.171	3,172	2,990	
FA Diversified Intl CL A	N/A	N/A	62,205.860	941,640	849,110	
FA New Insights CL A	N/A	N/A	114,419.333	2,113,333	2,256,349	
FA Health Care CL A	N/A	N/A	6,614.714	136,950	143,936	
FA Leveraged Co Stock CL A	N/A	N/A	16,998.447	513,715	517,253	
FA Stock Selector Mid Cap CL A	N/A	N/A	27,927.455	503,456	528,108	
FA Balanced CL A	N/A	N/A	60,015.191	853,143	893,076	
FA Emerging Markets Inc CL A	N/A	N/A	2,147.790	29,212	29,103	
FA Freedom 2010 CL A	N/A	N/A	368.183	4,184	4,113	
FA Freedom 2015 CL A	N/A	N/A	185.009	2,220	2,035	
FA Freedom 2020 CL A	N/A	N/A	22,609.482	281,965	259,557	
FA Freedom 2025 CL A	N/A	N/A	141.390	1,607	1,548	
FA Freedom 2030 CL A	N/A	N/A	138.205	1,693	1,561	
FA Freedom 2035 CL A	N/A	N/A	254.189	3,063	2,722	
FA Freedom 2040 CL A	N/A	N/A	223.686	2,703	2,555	
FA Freedom 2045 CL A	N/A	N/A	147.850	1,310	1,309	
FA Freedom 2050 CL A	N/A	N/A	624.850	5,714	5,411	
Blackrock Equity Dividend Inc A	N/A	N/A	69,880.629	1,160,653	1,268,333	
Columbia Acorn International A	N/A	N/A	1,235.318	48,376	42,186	
Dreyfus S&P 500 Index	N/A	N/A	501.414	17,297	17,234	
Hartford Capital Appreciation R4	N/A	N/A	22,441.337	748,496	692,540	
Heartland Select Value IV	N/A	N/A	425.297	12,326	11,402	
Invesco Mid Cap Core Equity A	N/A	N/A	24,300.358	536,176	510,794	
Oppenheimer Developing Markets A	N/A	N/A	1,323.403	46,897	38,802	
Thornburg International Value R4	N/A	N/A	5,463.145	133,139	130,642	
TOTAL EQUITY AND BALANCED FUNDS				9,419,591	9,415,260	
<u>FIXED-INCOME FUNDS</u>						
* Fidelity Advisors						
FA High Income Adv CL A	N/A	N/A	22,812.606	222,488	212,157	
FA Strategic Income CL A	N/A	N/A	96,353.118	1,226,451	1,152,982	
FA Freedom Income CL A	N/A	N/A	173.835	1,865	1,851	
Blackrock U.S. Government CL A	N/A	N/A	24,937.794	266,828	269,079	
Nuveen Short Term Bond CL A	N/A	N/A	68,811.321	690,660	677,103	
TOTAL FIXED-INCOME FUNDS				2,408,292	2,323,172	
<u>SHORT-TERM INVESTMENTS</u>						
* Fidelity Prime Fund	Varies	N/A	893,536.190	893,536	893,536	
* Fidelity Advisors Stable Value Fund	2.37%	N/A	2,074,646.000	2,074,646	2,143,062	
TOTAL SHORT-TERM INVESTMENTS				2,968,182	3,036,598	
TOTAL ASSETS HELD FOR INVESTMENTS PURPOSES				\$ 14,796,065	\$ 14,775,030	

* Represents a party-in-interest.

The accompanying notes are an integral part of these schedules.

KOLMAR LABS GROUP, LLC SAVINGS INCENTIVE PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

EIN 16-1704835 PLAN NO. 002

Form 5500, Schedule H, Line 4i

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				
Identity of Issue, Borrower, Lessor, or Similar Party	Rate of Interest	Maturity Date	Par/Maturity Value or Shares	Cost	Current Value	
<u>EQUITY AND BALANCED FUNDS</u>						
* Fidelity Advisors						
FA Small Cap CL A	N/A	N/A	55,681.776	\$ 1,314,932	\$ 1,200,499	
FA Small Cap Growth CL A	N/A	N/A	128.756	2,209	1,892	
FA Small Cap Value CL A	N/A	N/A	214.171	3,172	2,990	
FA Diversified Intl CL A	N/A	N/A	62,205.860	941,640	849,110	
FA New Insights CL A	N/A	N/A	114,419.333	2,113,333	2,256,349	
FA Health Care CL A	N/A	N/A	6,614.714	136,960	143,936	
FA Leveraged Co Stock CL A	N/A	N/A	16,998.447	513,715	517,263	
FA Stock Selector Mid Cap CL A	N/A	N/A	27,927.455	503,456	528,108	
FA Balanced CL A	N/A	N/A	60,015.191	853,143	893,026	
FA Emerging Markets Inc CL A	N/A	N/A	2,147.790	29,212	29,103	
FA Freedom 2010 CL A	N/A	N/A	368.183	4,184	4,113	
FA Freedom 2015 CL A	N/A	N/A	185.009	2,220	2,055	
FA Freedom 2020 CL A	N/A	N/A	22,609.482	281,965	259,557	
FA Freedom 2025 CL A	N/A	N/A	141.390	1,607	1,548	
FA Freedom 2030 CL A	N/A	N/A	138.205	1,693	1,581	
FA Freedom 2035 CL A	N/A	N/A	254.189	3,063	2,722	
FA Freedom 2040 CL A	N/A	N/A	223.686	2,703	2,555	
FA Freedom 2045 CL A	N/A	N/A	147.850	1,310	1,309	
FA Freedom 2050 CL A	N/A	N/A	624.850	5,714	5,411	
Blackrock Equity Dividend Inc A	N/A	N/A	69,880.629	1,160,653	1,268,333	
Columbia Acorn International A	N/A	N/A	1,235.318	48,376	42,186	
Dreyfus S&P 500 Index	N/A	N/A	501.414	17,297	17,234	
Hartford Capital Appreciation R4	N/A	N/A	22,441.337	748,496	692,540	
Heartland Select Value IV	N/A	N/A	425.297	12,326	11,402	
Invesco Mid Cap Core Equity A	N/A	N/A	24,300.358	536,176	510,794	
Oppenheimer Developing Markets A	N/A	N/A	1,323.403	46,897	38,802	
Thornburg International Value R4	N/A	N/A	5,463.145	133,139	130,842	
TOTAL EQUITY AND BALANCED FUNDS				9,419,591	9,415,260	
<u>FIXED-INCOME FUNDS</u>						
* Fidelity Advisors						
FA High Income Adv CL A	N/A	N/A	22,812.606	222,488	212,157	
FA Strategic Income CL A	N/A	N/A	96,353.118	1,226,451	1,162,982	
FA Freedom Income CL A	N/A	N/A	173.835	1,865	1,851	
Blackrock U.S. Government CL A	N/A	N/A	24,937.794	266,828	269,079	
Nuveen Short Term Bond CL A	N/A	N/A	68,811.321	690,660	677,103	
TOTAL FIXED-INCOME FUNDS				2,408,292	2,323,172	
<u>SHORT-TERM INVESTMENTS</u>						
* Fidelity Prime Fund	Varies	N/A	893,536.190	893,536	893,536	
* Fidelity Advisors Stable Value Fund	2.37%	N/A	2,074,646.000	2,074,646	2,143,062	
TOTAL SHORT-TERM INVESTMENTS				2,968,182	3,036,598	
TOTAL ASSETS HELD FOR INVESTMENTS PURPOSES				\$ 14,796,065	\$ 14,775,030	

* Represents a party-in-interest.