

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 2011 This Form is Open to Public Inspection
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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>SAVINGS PLAN FOR EMPLOYEES OF CLONDALKIN PHARMA & HEALTHCARE (EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	<u>CLONDALKIN PHARMA AND HEALTHCARE</u> <u>P.O. BOX 3</u> <u>EVANSVILLE, IN 47711</u>		1c Effective date of plan <u>01/01/1987</u> 2b Employer Identification Number (EIN) <u>35-1691753</u> 2c Sponsor's telephone number <u>812-464-2461</u> 2d Business code (see instructions) <u>323100</u>
	<u>1100 EAST LOUISIANA STREET</u> <u>EVANSVILLE, IN 47711</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.	10/15/2012	JANICE OLIVER
	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

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CLONDALKIN PHARMA AND HEALTHCARE P.O. BOX 3 EVANSVILLE, IN 47711	3b Administrator's EIN 35-1691753 3c Administrator's telephone number 812-464-2461
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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 KELLER CRESCENT CO., INC.	4b EIN 35-1691753 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	447
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	313
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	131
d Subtotal. Add lines 6a , 6b , and 6c	6d	446
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	447
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	439
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
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 2S 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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>SAVINGS PLAN FOR EMPLOYEES OF CLONDALKIN PHARMA & HEALTHCARE (EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLONDALKIN PHARMA AND HEALTHCARE</u>	D Employer Identification Number (EIN) <u>35-1691753</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

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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 65 60	RECORDKEEPER	450	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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
(d) Enter name and EIN (address) of source of indirect compensation BARON GROWTH - DST SYSTEMS, INC. 43-1581814		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation JANUS FORTY S - JANUS SERVICES LLC 43-1804048		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.50%		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation PERKINS MID CP VAL T - JANUS SERVIC 43-1804048		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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

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

a Name: BOWMAN AND COMPANY LLP	b EIN: 21-0658561
c Position: ACCOUNTANT	
d Address: 601 WHITE HORSE ROAD VOORHEES, NJ 08043	e Telephone: 856-435-6200

Explanation: CORPORATE DECISION

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SAVINGS PLAN FOR EMPLOYEES OF CLONDALKIN PHARMA & HEALTHCARE (EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLONDALKIN PHARMA AND HEALTHCARE</u>	D Employer Identification Number (EIN) <u>35-1691753</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

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

c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3523236</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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
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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
		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>SAVINGS PLAN FOR EMPLOYEES OF CLONDALKIN PHARMA & HEALTHCARE (EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLONDALKIN PHARMA AND HEALTHCARE</u>	D Employer Identification Number (EIN) <u>35-1691753</u>

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	<u>4022042</u>	<u>3523236</u>
(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)	<u>12740041</u>	<u>12017820</u>
(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	16762083	15541056

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	16762083	15541056
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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)	805934	
(C) Others (including rollovers)	2a(1)(C)	150787	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		956721
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	386412	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		386412
(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)		101056
(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)		-526093
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		918096

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2138474	
(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)		2138474
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)	649	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		649
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2139123

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1221027
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: BOWMAN AND COMPANY LLP (2) EIN: 21-0658561

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		1000000
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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SAVINGS PLAN FOR EMPLOYEES OF CLONDALKIN PHARMA & HEALTHCARE (EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLONDALKIN PHARMA AND HEALTHCARE</u>	D Employer Identification Number (EIN) <u>35-1691753</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
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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): _____

**SAVINGS PLAN FOR EMPLOYEES
OF CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND
CHARLOTTE DIVISIONS)

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

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Savings Plan for Employees of
Clondalkin Pharma & Healthcare
(Evansville, Indianapolis and Charlotte Divisions)
2000 Market Street - Suite 2810
Philadelphia, PA 19103

We were engaged to audit the accompanying statements of net assets available for benefits of Savings Plan for Employees of Clondalkin Pharma & Healthcare (Evansville, Indianapolis and Charlotte Divisions), formerly Savings Plan for the Employees of Keller Crescent Company, Inc. (the Plan) as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits for the years then ended and supplemental schedule, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and schedule 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 schedule. We have been informed by the plan administrator that the custodian 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 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 supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.



Bowman & Company LLP
Certified Public Accountants

Voorhees, New Jersey
October 11, 2012

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
<u>Investments at Fair Value</u>		
Shares of Registered Investment		
Companies	\$ 12,017,820	\$ 12,740,041
Common / Collective Trusts	<u>3,523,236</u>	<u>4,022,042</u>
Net Assets Reflecting Investments at Fair Value	<u>15,541,056</u>	<u>16,762,083</u>
Adjustment from Fair Value to Contract Value for		
Fully Benefit-Responsive Investment Contract	<u>(86,896)</u>	<u>(32,703)</u>
Net Assets Available for Benefits	<u>\$ 15,454,160</u>	<u>\$ 16,729,380</u>

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

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
<u>Additions</u>		
<u>Investment Income</u>		
Net Investment Gain from Investments	\$ -	\$ 1,441,858
Dividend Income	386,412	258,932
Total Investment Income	386,412	1,700,790
<u>Contributions</u>		
Participants	805,934	862,471
Rollovers	150,787	-
Total Contributions	956,721	862,471
Total Additions	1,343,133	2,563,261
<u>Deductions</u>		
Net Investment Loss from Investments	479,230	-
Payment of Benefits	2,138,474	3,921,286
Administrative Fees	649	663
Total Deductions	2,618,353	3,921,949
Net Increase (Decrease) in Net Assets Available for Benefits	(1,275,220)	(1,358,688)
<u>Net Assets Available for Plan Benefits</u>		
Beginning of Year	16,729,380	18,087,810
Transfer in to Plan	-	258
End of Year	\$ 15,454,160	\$ 16,729,380

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

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
NOTES TO FINANCIAL STATEMENTS

Note 1: DESCRIPTION OF PLAN

The following description of Savings Plan for Employees of Clondalkin Pharma & Healthcare (Evansville, Indianapolis and Charlotte Divisions) (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 which was established on January 1, 1987. The plan covers the employees of Clondalkin Pharma and Healthcare (the Company) who meet participant eligibility requirements as described in the Plan document. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments

The Plan has been amended and restated for compliance with various regulations of the Internal Revenue Code. It is intended that the amended Plan continue to qualify under Section 401(a) of the Internal Revenue Code.

Effective, June 12, 2011, the Plan name changed from Savings Plan for Employees of Keller Crescent Company, Inc. to Savings Plan for Employees of Clondalkin Pharma & Healthcare (Evansville, Indianapolis and Charlotte Divisions) to reflect the name change of the employer.

Contributions

Each year participants may elect to defer a portion of their compensation up to the maximum allowable amount and may elect to make after tax contributions as well. Discretionary contributions equal to a percentage of each participant's deferred compensation may be made as determined each year by the Company. Additional amounts may be contributed at the option of the Company. Contributions are subject to certain limitations. With the consent of the Administrator, participants may also contribute amounts representing distributions from other qualified plans. The Company's contribution was \$0 for 2011 and 2010, respectively.

Participant Accounts

Participants are provided a selection of investments in which to invest contributions, and may, subject to established procedures, direct their investments in specific investments permitted by the Plan. Earnings are credited to each participant's account based upon the performance of the respective investments selected by the participant. Each investment account is revalued based, in part, on the net asset value reported by the financial institutions, and accounts are adjusted accordingly. Employer contributions to the Plan are allocated to participant accounts as defined by the Plan. 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 plus actual earnings thereon is based on years of service. A participant is 100% vested after 3 years of service.

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
NOTES TO FINANCIAL STATEMENTS

Note 1: DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

On termination of service due to death, disability, normal retirement or other termination, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual payments not to exceed 10 years. In addition, under certain circumstances, hardship withdrawals are permitted.

Forfeited Accounts

Forfeitures are allocated among eligible participants as discretionary employer contributions. At December 31, 2011 and 2010, forfeitures amounted to \$27,034 and \$32,260, respectively.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America, except for distributions paid to participants which are prepared on the cash basis of accounting.

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 registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Common collective trusts are valued at fair value as provided by the contract administrator.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributed 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 investment contracts as well as the adjustment of the fully benefit responsive investment to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The Plan invests in fully benefit-responsive investment contracts through common / collective trusts (Fidelity Managed Income Portfolio Fund).

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 \$3,523,236 and \$4,022,042, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
NOTES TO FINANCIAL STATEMENTS

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

Average yields:

	<u>2011</u>	<u>2010</u>
Based on actual earnings	1.92%	2.68%
Based on interest rate credited to participants	1.39%	1.44%

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.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan has evaluated subsequent events through October 11, 2012, the date the financial statements were available to be issued.

Note 3: INVESTMENTS AND TRUSTEE CERTIFICATION

The Plan's investments were held by a financial institution, Fidelity Management Trust Company (the trustee) for the years ended December 31, 2011 and 2010 and are certified to as complete and accurate by the trustee. The following table presents investments, with those investments that represent five percent or more of the Plan's net assets separately identified at December 31:

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
NOTES TO FINANCIAL STATEMENTS

Note 3: INVESTMENTS AND TRUSTEE CERTIFICATION (CONTINUED)

	<u>2011</u>	<u>2010</u>
Shares of Registered Investment Companies:		
Fidelity Equity Income Fund	\$ 1,045,025	\$ 1,213,559
Fidelity Diversified International Fund	648,886	872,330
Fidelity Freedom 2010 Fund	1,724,260	2,143,437
Spartan U.S. Bond Index Fund	1,228,516	1,238,540
Spartan 500 Index Fund	1,161,961	1,069,494
Other Funds	<u>6,209,172</u>	<u>6,202,681</u>
	12,017,820	12,740,041
Common / Collective Trusts:		
Fidelity Managed Income Portfolio	<u>3,523,236</u>	<u>4,022,042</u>
Total Investments	<u>\$ 15,541,056</u>	<u>\$ 16,762,083</u>

During the year ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>2011</u>	<u>2010</u>
Common / Collective Trusts	\$ 46,863	\$ 52,432
Registered Investment Companies	<u>(526,093)</u>	<u>1,389,426</u>
	<u>\$ (479,230)</u>	<u>\$ 1,441,858</u>
Dividend Income	<u>\$ 386,412</u>	<u>\$ 258,932</u>

Note 4: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 FASB 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;

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Note 4: FAIR VALUE MEASUREMENTS (CONTINUED)

- 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 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 measured at fair value.

Registered Investment Companies – Valued at quoted market prices, which represents the net asset value (NAV) of shares held by the plan at year end.

Common/ collective trusts – Valued based upon the value of the underlying funds in the portfolio which include guaranteed investment contracts, as provided by Fidelity.

The preceding methods described 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

Assets at Fair Value as of December 31, 2011				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies:				
Life Style Funds	\$ 4,536,388			\$ 4,536,388
International Funds	648,886			648,886
Mid Cap Funds	1,126,143			1,126,143
Growth Funds	1,214,767			1,214,767
Income Funds	1,046,330			1,046,330
Other Funds	3,445,306			3,445,306
	<u>12,017,820</u>	<u>-</u>	<u>-</u>	<u>12,017,820</u>
Common / Collective Trusts	<u>-</u>	<u>3,523,236</u>	<u>-</u>	<u>3,523,236</u>
Total Investments	<u>\$ 12,017,820</u>	<u>\$ 3,523,236</u>	<u>\$ -</u>	<u>\$ 15,541,056</u>

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Note 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2010				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies:				
Life Style Funds	\$ 4,868,492			\$ 4,868,492
International Funds	872,330			872,330
Mid Cap Funds	1,098,125			1,098,125
Growth Funds	1,248,199			1,248,199
Income Funds	1,253,598			1,253,598
Other Funds	3,399,297			3,399,297
	<u>12,740,041</u>	<u>-</u>	<u>-</u>	<u>12,740,041</u>
Common / Collective Trusts	<u>-</u>	<u>4,022,042</u>	<u>-</u>	<u>4,022,042</u>
Total Investments	<u>\$ 12,740,041</u>	<u>\$ 4,022,042</u>	<u>\$ -</u>	<u>\$ 16,762,083</u>

Note 5: RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by Fidelity Management Trust Company who acts as trustee for those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

Note 6: PLAN ADMINISTRATION COSTS

For 2011 and 2010 the Company elected to pay substantially all of the Plan's administrative costs and not seek reimbursement from the Plan. The plan did pay administrative expenses of \$649 and \$663 for 2011 and 2010, respectively.

Note 7: PLAN TERMINATION

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

Note 8: TAX STATUS

The Plan has adopted a prototype defined contribution plan and trust \ custodial account as provided by the Plan's third party administrator. The prototype plan obtained a determination letter dated March 31, 2008 in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code.

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CLONDALKIN PHARMA & HEALTHCARE
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NOTES TO FINANCIAL STATEMENTS

Note 8: TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The Plan administrator has reviewed and evaluated its tax positions taken in its previously filed annual reports and returns with the Internal Revenue Service and or Department of Labor, and those expected to be filed in the future, and has concluded that in the event of an examination by regulatory authorities, the Plan's positions would prevail based upon the technical merit of such positions. Therefore the Plan has concluded that no further benefits or liabilities are required to be recognized or disclosed in the financial statements.

The Plan is generally subject to routine audits by the Internal Revenue Service and or Department of Labor, for three years, including 2008, 2009 and 2010. There are currently no audits for any periods in progress.

Note 9: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities and common/collective trusts. Such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the participants' account balance and the amounts reported in the statement of net assets available for benefits.

Note 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2011 and 2010:

Statement of Net Assets Available for Benefits:	<u>2011</u>	<u>2010</u>
Net Assets Available for Benefits per the Financial Statements	\$15,454,160	\$16,729,380
Adjustment from Contract Value to Fair Value	<u>86,896</u>	<u>32,703</u>
Net Assets Available for Benefits per Form 5500, at Fair Value	<u>\$15,541,056</u>	<u>\$16,762,083</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2011 and 2010:

Statement of Changes in Net Assets Available for Benefits:	<u>2011</u>	<u>2010</u>
Net (Decrease) in Net Assets Available for Benefits per the Financial Statements	(\$1,275,220)	(\$1,358,688)
Adjustment from Contract Value to Fair Value in 2011	\$86,896	\$32,703
Adjustment from Contract Value to Fair Value in 2010	<u>(32,703)</u>	<u>79,852</u>
Net Income (Loss) per Form 5500, at Fair Value	<u>(\$1,221,027)</u>	<u>(\$1,246,133)</u>

SAVINGS PLAN FOR EMPLOYEES OF
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NOTES TO FINANCIAL STATEMENTS

Note 11: TRANSFER INTO PLAN

During 2010, there was a payment of \$258 paid to Fidelity regarding a class action settlement. The funds were posted to the respective plans as a transfer into the Plan.

SUPPLEMENTAL SCHEDULE

SAVINGS PLAN FOR EMPLOYEES OF
CLONDALKIN PHARMA & HEALTHCARE
(EVANSVILLE, INDIANAPOLIS AND CHARLOTTE DIVISIONS)
SUPPLEMENTAL SCHEDULE
PLAN NUMBER 001
DECEMBER 31, 2011
EIN 35-1691753

Exhibit B-1

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

(a)	(b)	(c)	(d)	(e)
<u>Party In</u>	<u>Identity of Issue Borrower, Lessor or Similar</u>	<u>Description of Investment Including</u>		
<u>Interest</u>	<u>Party</u>	<u>Maturity Date, Rate of Interest</u> <u>Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Baron Growth	Registered Investment Company	\$	698,780
*	Fidelity Diversified International Fund	Registered Investment Company		648,886
*	Fidelity Dividend Growth Fund	Registered Investment Company		515,987
*	Fidelity Equity Income Fund	Registered Investment Company		1,045,025
*	Fidelity Freedom 2000 Fund	Registered Investment Company		73,347
*	Fidelity Freedom 2005 Fund	Registered Investment Company		20,459
*	Fidelity Freedom 2010 Fund	Registered Investment Company		1,724,260
*	Fidelity Freedom 2015 Fund	Registered Investment Company		669,423
*	Fidelity Freedom 2020 Fund	Registered Investment Company		891,754
*	Fidelity Freedom 2025 Fund	Registered Investment Company		262,127
*	Fidelity Freedom 2030 Fund	Registered Investment Company		311,258
*	Fidelity Freedom 2035 Fund	Registered Investment Company		240,353
*	Fidelity Freedom 2040 Fund	Registered Investment Company		177,064
*	Fidelity Freedom 2045 Fund	Registered Investment Company		60,955
*	Fidelity Freedom 2050 Fund	Registered Investment Company		105,388
*	Fidelity Freedom Income Fund	Registered Investment Company		1,305
*	Fidelity Low-Priced Stock Fund	Registered Investment Company		598,202
*	Fidelity Mid-Cap Stock Fund	Registered Investment Company		616,681
*	Spartan U.S. Bond Index Fund	Registered Investment Company		1,228,516
	Janus Advisor Forty S	Registered Investment Company		456,627
	Perkins Mid-Cap Value	Registered Investment Company		509,462
*	Spartan 500 Index Fund	Registered Investment Company		<u>1,161,961</u>
	Total Registered Investment Companies			12,017,820
*	Fidelity Managed Income Portfolio	Common Collective Trust		<u>3,523,236</u>
			\$	<u>15,541,056</u>
*	Party-in-interest to the Plan.			

SAVINGS PLAN FOR EMPLOYEES OF
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SUPPLEMENTAL SCHEDULE
PLAN NUMBER 001
DECEMBER 31, 2011
EIN 35-1691753

Exhibit B-1

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

(a)	(b)	(c)	(d)	(e)
<u>Party In</u>	<u>Identity of Issue Borrower, Lessor or Similar</u>	<u>Description of Investment Including</u>		
<u>Interest</u>	<u>Party</u>	<u>Maturity Date, Rate of Interest</u> <u>Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Baron Growth	Registered Investment Company		\$ 698,780
*	Fidelity Diversified International Fund	Registered Investment Company		648,886
*	Fidelity Dividend Growth Fund	Registered Investment Company		515,987
*	Fidelity Equity Income Fund	Registered Investment Company		1,045,025
*	Fidelity Freedom 2000 Fund	Registered Investment Company		73,347
*	Fidelity Freedom 2005 Fund	Registered Investment Company		20,459
*	Fidelity Freedom 2010 Fund	Registered Investment Company		1,724,260
*	Fidelity Freedom 2015 Fund	Registered Investment Company		669,423
*	Fidelity Freedom 2020 Fund	Registered Investment Company		891,754
*	Fidelity Freedom 2025 Fund	Registered Investment Company		262,127
*	Fidelity Freedom 2030 Fund	Registered Investment Company		311,258
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*	Fidelity Freedom 2050 Fund	Registered Investment Company		105,388
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*	Fidelity Low-Priced Stock Fund	Registered Investment Company		598,202
*	Fidelity Mid-Cap Stock Fund	Registered Investment Company		616,681
*	Spartan U.S. Bond Index Fund	Registered Investment Company		1,228,516
	Janus Advisor Forty S	Registered Investment Company		456,627
	Perkins Mid-Cap Value	Registered Investment Company		509,462
*	Spartan 500 Index Fund	Registered Investment Company		<u>1,161,961</u>
	Total Registered Investment Companies			12,017,820
*	Fidelity Managed Income Portfolio	Common Collective Trust		<u>3,523,236</u>
				<u>\$ 15,541,056</u>
*	Party-in-interest to the Plan.			