Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report le	dentification Information					
For calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/20	112	and ending 1	2/31/	2012	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	ant plan
	turn/report is:	the first return/report	the final return/repor				•
- 11110101	ani, roportio.	an amended return/report	╡ '	irn/report (less than 12 mg	onths)	
C Charlet	box if filing under:	Form 5558	automatic extension		J. 14. 10	DFVC progra	m
C Check	box if filing under:	special extension (enter descript				☐ Di vo piogia	
Dowt II	Decis Dien Infor	<u> </u>	· ·				
Part II		mation—enter all requested inform	mation		1 h	The second set	
1a Name	•	.C DEFINED BENEFIT PLAN			ID	Three-digit plan number	
OLAGOIO I I	TARRIMACEO FICALO, EL	O DET INED BENEFIT I EAN				(PN) ▶	003
					1c	Effective date of	plan
						01/01/	2005
		ress; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identif	
CLASSIC PI	HARMACEUTICALS, LI					(EIN) 16-15	
					2c	Sponsor's teleph	
	ST., P.O. BOX 716 IE, NY 13460				24	Business code (
	,				Zu	32541	,
3a Plan a	dministrator's name and	d address X Same as Plan Sponsor	Name Same as Pla	an Sponsor Address	3b	Administrator's E	
		Ladarese Estambles i iam eponesi.		opoco. / .aa. coc			
					3с	Administrator's t	elephone number
4 If the r	name and/or FINI of the	nlan ananar has abangad sinas the	loot roturn/ronort filed	for this plan anter the	415		
		plan sponsor has changed since the ber from the last return/report.	e iast return/report illed	for this plan, enter the	4D	EIN	
	or's name				4c	PN	
5a Total i	number of participants a	at the beginning of the plan year			5a		7
b Total i	number of participants a	at the end of the plan year			5b		0
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (defined ber	nefit plans do not			
compl	lete this item)				5c		
		during the plan year invested in elig	•	,			X Yes No
		the annual examination and report o					X Yes No
		(See instructions on waiver eligibility her line 6a or line 6b, the plan can	•				M 163 140
		r incomplete filing of this return/re					
		er penalties set forth in the instruction					able a Schedule
SB or Sche	edule MB completed and	d signed by an enrolled actuary, as v					
belief, it is	true, correct, and compl	ete.					
SIGN	Filed with authorized/v	alid electronic signature.	07/12/2013	EDWARD J. LACORT	F		
HERE							-1-1-11
	Signature of plan ad		Date	Enter name of individu		gning as plan adn	inistrator
SIGN HERE	Filed with authorized/v	alid electronic signature.	07/12/2013	EDWARD J. LACORT	E		
	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	me, if applicable) and address; inclu	ude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear			
a	Total plan assets	. 7a	287348				(0) =			0		
	Total plan liabilities	abilities						0				
С	Net plan assets (subtract line 7b from line 7a)	7c	287348	2873483			0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total				
a	Contributions received or receivable from:		(4) 7 6 4				(4)					
	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
<u>b</u>	Other income (loss)	8b	22854	10								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	28540)		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	310202	23								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e										
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	10202	3		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	37348	3		
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics		•		•							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G 1H 3B 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	3:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:				
D	(V Q - mm m - m Q - mm m - m											
Par	•					Ι	1					
10	During the plan year:	tiono withi	in the time period described in		Yes	No		Am	ount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X						
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					2000	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	·	10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of											
	instructions.)			10e		X						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10q		Χ						
— h		(See instru	uctions and 29 CFR	10g		X						
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the									
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i								
Part 11	Is this a defined benefit plan subject to minimum funding requirem										NI-	
11a	5500) and line 11a below)				<u> </u>			. X	Yes	Ш	No 0	
12	Is this a defined contribution plan subject to the minimum funding				ction	11a 302 of	FRISA?	ТГ	Yes	X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. OI 30	JUIOII	JUZ UI			. 55	^		
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of	the le		ling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		1 60				
	Enter the minimum required contribution for this plan year	•	•			12b						
	= and minimum required contribution for this plant year						<u> </u>					

	Form 5500-SF 2012 Page 3 - 1				
	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Enter the amount contributed by the employer to the plan for this plan year	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0		_	
1	3c(1) Name of plan(s):	3c(2) Ell	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

instructions

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

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

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as a	an attachme	ent to Form	5500 or 5500	-SF.			
For calendar plan year 2012 or fiscal pl	an year beginning 0	1/01/2012			and endin	g 12/31/2	2012	
Round off amounts to nearest do	llar.							
▶ Caution: A penalty of \$1,000 will be	e assessed for late filing o	f this report ι	unless reasc	nable cause	is establishe	d.		
A Name of plan CLASSIC PHARMACEUTICALS, LLC I	DEFINED BENEFIT PLAN	N		В	Three-digi plan numb		•	003
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 550	00-SF		D	Employer lo	dentification	Number	(EIN)
CLASSIC PHARMACEUTICALS, LLC				16	6-1581766			
E Type of plan: X Single Multiple	e-A Multiple-B	F	Prior year pla	n size: 🔀 10	0 or fewer	101-500	More	than 500
Part I Basic Information				_	_	_		
1 Enter the valuation date:	Month <u>01</u> [Day01	Year _2	2012				
2 Assets:								
a Market value						. 2a		286399
b Actuarial value						2b		286399
3 Funding target/participant count b					er of particip	1	(2)	Funding Target
a For retired participants and benefits		nt	. 3a	(1) Nullib	er or particip	0	(2)	Tulluling ranger
b For terminated vested participal	0, ,		3b			0		
	11.5		. 30			U		
C For active participants:			20/4\					
(1) Non-vested benefits								
、 ,						_		235097
. ` '						7		235097
d Total			. 3d			7		2350972
4 If the plan is in at-risk status, chec	k the box and complete li	nes (a) and (b)					
a Funding target disregarding pre	scribed at-risk assumptior	ns				. 4a		
b Funding target reflecting at-risk at-risk status for fewer than f						4b		
5 Effective interest rate						. 5		6.66 %
6 Target normal cost						. 6		372290
Statement by Enrolled Actuary								
To the best of my knowledge, the information su accordance with applicable law and regulations, combination, offer my best estimate of anticipate	In my opinion, each other assump							
SIGN								
HERE							06/11/2	2013
S	ignature of actuary						Date	
AARON VENOUZIOU							11-02	291
Type	or print name of actuary					Most rece	ent enrollm	nent number
PENCERT, LTD							630-78	89-0700
735 NORTH CASS AVENUE WESTMONT, IL 60559	Firm name				Tel	ephone nui	mber (incl	uding area code)
	Address of the firm							
If the actuary has not fully reflected any i	egulation or ruling promu	lgated under	the statute	in completing	this schedul	e, check the	e box and	see \square

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balan	ces							
	•						(a)	Carryover balance)	(b)	Prefundi	ng baland	е
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			4	44384
8				•	unding requirement (line 35				0				0
9									0			4	44384
10	Interest	on line 9	using prior year's	actual ret	turn of				0			-	10532
11	Prior ye	ar's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)								82600
					interest rate of5.56%								4593
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce						8	37193
	d Porti	on of (c)	to be added to pre	funding ba	alance								87193
12	Other re	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12	.)			0			52	21045
P	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	99.	.65 %
15	Adjuste	d funding	g target attainmen	t percenta	ge						15	108	.21 %
16					of determining whether car						16	93.	.27 %
17	If the cu	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding taı	rget, enter :	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	ployees:							
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount p employer		(c) Amount paid by employees			
							1						
						Totals ▶	18(b)		0	18(c)			0
19			-		tructions for small plan with								
	_			•	imum required contributions				19a				0
	b Contributions made to avoid restrictions adjusted to valuation date												
					uired contribution for current y	ear adjusted	to valuation	n date	19c				0
20			outions and liquidit									7 F	1
			_		the prior year?						<u> </u>	Yes	No
			•		y installments for the curren	•	•	manner?				Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a			n voor					
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	ilu oi quarte	er of this pia	an year 3rd			(4) 4th	1	
		. ,	0			0	(-)		0		` / -		0

		• "		- " - (1-					
			ns Used to Determine	Funding Target and Targe	t Normal Cost				
21			4-1	0.1	0	1			
	a Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yiel	d curve	used
	b Appl	licable month (enter code)			21b			0
22	Weight	ted average ret	irement age			. 22			65
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pres	scribed - separate	Substitute	е		
Pa	rt VI	Miscellane	ous Items						
24	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the current			· · -	d Yes	X No
25	Has a	method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the r	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	X	Yes	☐ No
27	If the p	lan is subject to	o alternative funding rules, en	er applicable code and see instruc	tions regarding	27	<u> </u>	J	
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid		•	years		28			0
29				I unpaid minimum required contrib		00			
	(line 19	9a)				29			0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target	normal cost a	nd excess assets (see instruct	ions):					
	a Targe	et normal cost	(line 6)			. 31a			372290
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Installi	nent	
	a Net s	shortfall amortiz	zation installment			8026			12969
	b Waiv	er amortizatior	n installment			0			0
33				ter the date of the ruling letter grar) and the waived amount		33			0
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			385259
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		385259			385259
36	Additio	nal cash requir	rement (line 34 minus line 35)			36			0
37				ontribution for current year adjusted		37			0
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)					
	a Total	l (excess, if any	, of line 37 over line 36)			38a			0
				orefunding and funding standard ca		38b			0
39				ear (excess, if any, of line 36 over l		39			0
40						40			
Pa	rt IX			Pension Relief Act of 2010)			
			de to use PRA 2010 funding re			-			
	a Sche	edule elected				П	2 plus 7 years	15 \	ears/
	b Eligil	ble plan year(s)) for which the election in line	41a was made		2008	3 2009 201	0	2011
42						42			
			celeration amount to be carrie			43			

page 2 Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 Benefit Plan Department of the Treasure Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2012 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor This Form is Open to Public Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Gueranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 z a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan 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 Check box if filling under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information — enter all requested information 1a Name of plan 1b Three-digit plan number Classic Pharmaceuticals, LLC Defined Benefit Plan 003 (PN) ► 1c Effective date of plan 01/01/2005 28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Classic Pharmaceuticals, LLC (EIN) 16-1581766 2C Sponsor's telephone number 29 CLASSIC St., P.O. BOX 716 (607) 674-2837 Business code (see instructions) US SHERBURNE NY 13460 325410 3a Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 5b ٥ Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB Schedule MB completed and signed by an eprofiled actuary, as as the electronic version of this return/report, and to the best of my knowledge and and complete SIGN Edward J. LaCorte

Date

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Signature of plan atministrator

Signature of employer/plan eponsor

HER

Enter name of individual signing as plan administrator

Enter name of Individual signing as employer or plan sponsor

Preparer's telephone number (optional)

REPORT OF THE PROPERTY OF THE

Edward J. LaCorte

	Form 5500-SF 2012		Page 2				
	artille Financial Information						
三	Plan Assets and Liabilities	FB 283 025					
<u>'</u>		學中心是	(a) Beginning of Ye	ar	1		(b) End of Year
b	Total plan tabilities	7a	2,873,	483	_		
C	Total plan liabilities	7b		0	_		0
8	Net plan assets (subtract line 7b from line 7a)	7c	2,873,4	183	\perp		
a	Contributions received or receivable from:	H. L. 7	(a) Amount		-		(b) Total
	(1) Employers	8a(1)		0	46.33	學所得數	AND
_	(2) Participants	8a(2)		0	127	111	Marine Harry and Control of
	(3) Others (including rollovers)	8a(3)		0	1914	P 1 - 1 - 1	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA
b	Other income (loss)	8b	228,5	40	100	The La	Walled Branch and The Control of the
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	No. of the latest and	history	8	11 2 7 11 2 2	228,540
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				100	范数数	
•	Certain deemed and/or corrective distributions (see Instructions)	8d	3,102,0	23	25.53	A. Million	电影下设置的影响。
Ť	Administrative service providers (salaries, fees, commissions)	8e			144.0	R. SOLIST	Martin
ġ	Other expenses	8f		0	#100 ALC	14114	Particular Bir In. 1 and the Bir Co.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	ENTER A PROPERTY OF THE PROPER	O ASSISTAN	1370	Straigh	·····································
ī	Net income (loss) (subtract line 8h from line 8c)	8h	BENERAL TO A STATE OF THE PROPERTY OF THE	SAMP A	1		3,102,023
ı	Transfers to (from) the plan (see instructions)	81	2000年1月1日	引用動	0	No ampropri	(2,873,483)
e pro	Plan Characteristics	8			41 00	1	基础的证明
ا"	If the plan provides pension benefits, enter the applicable pension fe 1A 1G 3B 3D	ature code	es from the List of Plan Charac	terist	ic Coc	ies in t	the Instructions:
\neg							
7	if the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	əristic	Code	s in th	e Instructions:
1150							
	rt V Compliance Questions						
10 a	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc	ions within	the time period described in			_	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions reported	10a	_	x	
	UII IIIO IVa.)	~ ~~ * · · · · · · · · · · · · · · · · · · 	*********************	10b		x	
C	Was the plan covered by a fidelity bond?		************************	10c	x		200,000
d	The Property of the Party of th	idelity bond	d, that was caused by fraud		_		
	or dishonesty?	*************	**************	10d		x	
•	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	r persons t	by an insurance carrier,				
	instructions.)	ule petieli	ius under me pian? (See	10e		x	
f	Has the plan falled to provide any benefit when due under the plan	?		10f		-	
g	Did the plan have any participant loans? (If "Yes," enter amount as			 	_	×	
X-				10g		×	
••	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	see instruc	tions and 29 CFR	405		_	
i	If 10h was answered "Yes," check the box if you either provided the	required :	notion or one of the	10h		<u> </u>	
Par	exceptions to providing the notice applied under 29 CFR 2520.101- Pension Funding Compliance	3	76 56 66 66 6 6 6 6 6 6 6 6 6 6 6 6 6 6	101			
11					····		
	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	***********				uie SB	(Form
<u>11a</u>	Enter the amount from Schedule SB line 39	***********				118	
12	is this a defined contribution plan subject to the minimum funding re	quirement	s of section 412 of the Code of	r sect	ion 30	12 of F	RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a						THE PART IN THE PA
a	if a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized	in this plan year see instruct	ons, a	and er	nter the	
							Year
	ou completed line 12s, complete lines 3. D. and 10 at Cabadula 5	JD (E	EEGO and state to the comment			. Day	Year
lf y	ou completed line 12s, complete lines 3, 9, and 10 of Schedule in Enter the minimum required contribution for this plan year	AB (Form	5500), and skip to line 13.			. Day	T edi

	Form 5500-SF 2012	Page 3-					
-							
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year	**************************************		12c			
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the left	of a	12d			
_ е	Will the minimum funding amount reported on line 12d be met by the funding				Yes [] No I	□ N/A
Par	Plan Terminations and Transfers of Assets						
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		**********	X Y	es 🗌 N	lo	***************************************
	If "Yes," enter the amount of any plan assets that reverted to the employer th			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre	d to another plan, or brought to		ontrol		X Yes	□ No
C	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the	plan(s) to)			
	13c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3)	PN(s)
				· · · · · · · · ·			
Assistant	排放射性的 						
Par	Villi Trust Information (optional)						
14a	Name of trust			14b Tr	ust's EIN		
•				****			

Schedule SB, line 32 - Schedule of Amortization Bases

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 003

For the plan year	1/1/2012 through	12/31/2012
-------------------	------------------	------------

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	135,816	Shortfall	64,995	3	22,843
	01/01/2009	242,058	Shortfall	151,211	4	40,913
	01/01/2012	-208,180	Shortfall	-208,180	7	-35,333
Totals:				\$8,026		\$28,423

The amortization installment for the base established as of 1/1/2012 has been prorated to \$12,969 due to the plan's termination as of 6/15/2012.

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

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 003 For the plan year 1/1/2012 through 12/31/2012

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

Schedule SB, line 26 - Schedule of Active Participant Data

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766/003

For the plan year 1/1/2012 through 12/31/2012

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34	1									
35 to 39										
40 to 44			1							
45 to 49			2							
50 to 54			1							
55 to 59			2.0							
60 to 64			1							
65 to 69										
70 & up			1							

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 003

For the plan year 1/1/2012 through 12/31/2012

Valuation Date: 1/1/2012

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

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

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

Minimum

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	5.07
Segment 3	> 20	6.19

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

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

or

12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Summary of Plan Provisions

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 003

For the plan year 1/1/2012 through 12/31/2012

Employer: Classic Pharmaceuticals, LLC

Type of Entity - Partnership

EIN: 16-1581766 TIN: 39-2048735 Plan #: 003 Plan Type: Defined Benefit

Dates: Effective - 1/1/2005 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012

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

Minimum age - 21 Months of service - 12

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

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

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

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 4/30/2012

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

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

Death Benefit - Present Value of Accrued Benefit

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

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

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Summary of Plan Provisions

Classic Pharmaceuticals, LLC Defined Benefit Plan 16-1581766 / 003

For the plan year 1/1/2012 through 12/31/2012

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► File as an attachmer	at to Form	5500 or 5500-SE			·
For calendar plan year 2012 or fiscal pla			and endi	ng 12	/31/2012	
▶ Round off amounts to nearest doll						
Caution: A penalty of \$1,000 will be	assessed for late filing of this report u	ınless reas	onable cause is establish	ed.		
A Name of plan			B Three-di	git		
Classic Pharmaceuticals, LLC Defined Benefit Plan			plan nun	ber (PN) •	003
			all Harkets Roll			
C Plan sponsor's name as shown on lin	e 2a of Form 5500 or 5500-SF		D Employer I	dentifica	ation Number	(EIN)
Classic Pharmaceuticals, LI	.c		:	16-158	31766	
E Type of plan: Single ☐ Multiple-	A Multiple-B	rior year pl	an size: X 100 or fewer	101-	500 [Mor	e than 500
Part I Basic Information	American Control of the Control of t					
1 Enter the valuation date:	Month 01 Day 01	Year_	2012			
2 Assets:						e Britis (se de de Care de Care
a Market value				2a		2,863,991
b Actuarial value				2b		2,863,991
3 Funding target/participant count br	eakdown		(1) Number of partici	oants	(2)	Funding Target
a For retired participants and bene	ficiaries receiving payment	3a		0		0
b For terminated vested participan	ts	3b		0		0
C For active participants:		. , ,			0.000.00	NG GROUP GROUP GROUP
(1) Non-vested benefits		3c(1)				0
(2) Vested benefits		3c(2)				2,350,972
* *				7		2,350,972
		3d		7		2,350,972
4 If the plan is in at-risk status, chec	k the box and complete lines (a) and ((b)				
	cribed at-risk assumptions			4a		
	assumptions, but disregarding transition of the consecutive years and disregarding			4b		
· _ · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		5		6.66 %
6 Target normal cost				6		372,290
accordance with applicable law and regulations. combination, offer my best estimate of anticipate	oplied in this schedule and accompanying schedul In my opinion, each other assumption is reasonab d experience under the plan.	es, statements le (taking into	and attachments, if any, is comp account the experience of the pla	ete and ac n and reas	curate. Each presonable expectation	ribed assumption was applied in ns) and such other assumptions, i
SIGN HERE					06/11/20	13
Aaron Venouziou	gnature offactuary				Date 11-02291	
Type o	r print name of actuary				recent enrolln 330) 789-0	
735 N Cass Ave	Firm name		T	elephon	e number (inc	cluding area code)
TIG Flankman	TI 60550					
US Westmont	IL 60559 Address of the firm					
			in annualistic of the action	المام ماء	ak the hey en	id soo
If the actuary has not fully reflected any instructions	egulation or ruling promulgated under	rine statute	m completing this sched	ule, cne	ick the dox an	iu see

Schedule	SB	Form	5500	2012
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Page 2

Pa	rt II Beginning	of Year Carryo	ver Prefunding Balance	S				
_					Carryover balance	(t) Prefund	ling balance
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							444,38
								144,30
0	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0							
9					0 0 444,384			
10			eturn of			0		(10,532
11			ed to prefunding balance:	2075446	jedhalji (turaj ajras)		Tijarë, sës s	agadessessi
	a Present value of ex	xcess contributions (I	ine 38a from prior year)		de propriedente de Galle. La Rechael de Carlos de Carlos			82,60
			e interest rate of5,56% e		gradina son armena ere Argentus ir beggar est a			4,59
	C Total available at b	eginning of current p	lan year to add to prefunding ba	alance	gg syndiger (black park). Beddi Gold Herbijdere			87,19
	d Portion of (c) to be	added to prefunding	balance			2.450		87,19
12			ns or deemed elections			0		
13	Balance at beginning	of current year (line 9	+ line 10 + line 11d - line 12).			0	-	521,04
Pa	rt III Funding	Percentages						
14							. 14	99.65 %
							. 15	108.21 %
	15 Adjusted funding target attainment percentage							93.27 %
17			n is less than 70 percent of the					9
Pa	rt IV Contribu	itions and Liqui	dity Shortfalls			•		
18			year by employer(s) and employer	ovees:				· · · · · · · · · · · · · · · · · · ·
	(a) Date (b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount p			ount paid by
(ivii	M-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer	(s)	emp	loyees
				Totals ► 18(b)		0 18(c)	0
19	Discounted employer	contributions see ir	structions for small plan with a	valuation date after	the beginning of the	year:		
			inimum required contribution fro	, ,		19a		(
	b Contributions made	to avoid restrictions	adjusted to valuation date	• • • • • • • • • • • • • • • • • • • •		19b		(
			required contribution for currer	it year adjusted to v	aluation date 1	19c		(
20	Quarterly contributions	s and liquidity shortfa	lls:			100 52145		
	_	_	r the prior year?			• • • • • • • • • • • • • •	<u>X</u>	Yes No
	b If line 20a is "Yes,"	were required quarte	rly installments for the current y	ear made in a time	ly manner?		<u>[</u>	Yes X No
	C If line 20a is "Yes,"	see instructions and	complete the following table as					
	(1) 1st		Liquidity shortfall as of end (2) 2nd	of quarter of this pla (3)	an year 3rd		(4) 4t	
	(1) 130		(C) EIIV	(5)_	JIM			a.
		į.	3					

Pa	rt V	Assumption	ons Used To Dete	ermine	Funding Target and Targ	et Normal Cost		
21	Discou	ınt rate:						
	a Seg	gment rates:	1st segment		2nd segment:	3rd segment:		N/A, full yield curve used
			5.54 %		6.85 %	7.52 %	21b	0
						· · · ·	22	65
			<u></u>					
	т		e instructions)	X Pre	escribed - combined Pres	scribed - separate	Substitu	<u>te</u>
	t VI	Miscellane						
24	Has a	change been i	made in the non-presc	ribed act	uarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
25	attach	ment			an year? If "Yes," see instructions	regarding required after		Ves X No
					Participants? If "Yes," see instruc		attachmei	IL
21		-	_		ter applicable code and see instru		27	
Pa	t VII	Reconcili	ation of Unpaid I	Vinimu	m Required Contribution	s For Prior Years		
28	Unpai	d minimum rec	uired contribution for a	all prior y	ears		28	0
29					d unpaid minimum required contrib		29	0
							30	
		T			ntributions (line 28 minus line 29)		30	
					For Current Year			
_31			ind excess assets (see				240	372,290
					P 04-		31a 31b	372,290
			<u></u>	ater than	line 31a	Outstanding Bala		Installment
		ization installn				Outstanding Date	8,026	12,969
							0,020	0
					iter the date of the ruling letter gra	nting the approval		
33		aiver nas been h) and the waived amount.		33	0
34	Total	fundina require			/prefunding balances (lines 31a - 3		34	385,259
	Total		There before removing (3411,0101	Carryover balance	Prefunding Bala		Total balance
25	Dolon	ann plantad for	use to offset funding		<u> </u>			
33					0	}	385,259	385,259
36	Additi	onal cash requ	irement (line 34 minus	s line 35)			36	0
37					ontribution for current year adjuste		37	0
38			ess contributions for o				l	
							38a	0
					prefunding and funding standard		38b	0
39					ear (excess, if any, of line 36 over		39	0
40			quired contribution for				40	
	rt IX		·		Pension Relief Act of 2010)	
			ide to use PRA 2010 f					
	a Sch	nedule elected					[2 plus 7 years 15 years
	b Elic	ible plan vear	s) for which the election	on in line	41a was made		. 🔲 20	08 2009 2010 2011
42			····				42	
					d over to future plan years		43	