

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010			
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 PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	07/01/1992	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PHARMACHEM LABORATORIES, INC. 265 HARRISON AVENUE KEARNY, NJ 07032-4315	2b Employer Identification Number (EIN) 22-1625213	2c Sponsor's telephone number 201-246-1000	2d Business code (see instructions) 311900

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.	07/14/2011	ANDREA BAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PHARMACHEM LABORATORIES, INC. 265 HARRISON AVENUE KEARNY, NJ 07032-4315	3b Administrator's EIN 22-1625213 3c Administrator's telephone number 201-246-1000
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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	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	321
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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	273
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	45
d Subtotal. Add lines 6a , 6b , and 6c	6d	318
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	318
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	279
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☐ 0 **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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PHARMACHEM LABORATORIES, INC.		D Employer Identification Number (EIN) 22-1625213

Part I	Service Provider Information (see instructions)
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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

CSTC

42-1558009

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

FIDELITY

04-3523567

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

MATC

26-0010549

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

MATC / SUNGARD

26-0010549

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

MATRIX

52-2316608

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

MGTRUST

75-3182674

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

MATRIX-REGAL

52-2316608

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

RELIANCE

58-1428634

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

RELIANCE-FIDELITY

58-1428634

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

SSKC

43-1661502

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

SUNGARD

06-1256721

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

WTRISC

51-0099033

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)

NEWPORT RETIREMENT SERVICES

62-1868111

(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?
12 15 37 50 60 64	ASSET HOLDER	2400	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 ☐

(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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 PHARMACHEM LABORATORIES, INC.	D Employer Identification Number (EIN) 22-1625213	

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)		6384
(2) Participant contributions	1b(2)		21036
(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)	408953	439087
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	11721977	14562190
(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	12130930	15028697

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	12130930	15028697
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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)	353893	
(B) Participants	2a(1)(B)	1212192	
(C) Others (including rollovers)	2a(1)(C)	482758	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2048843
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)	22580	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22580
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1323700
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3395123

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	494956	
(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)		494956
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)	2400	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		497356

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2897767
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: RAICH ENDE MALTER & CO, LLP

(2) EIN: 11-2336434

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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHARMACHEM LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>22-1625213</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>94-3149038</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	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____

PHARMACHEM LABORATORIES, INC.
RETIREMENT SAVINGS PLAN
Financial Statements
September 30, 2010 and 2009

PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN

Table of Contents
September 30, 2010 and 2009

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INDEPENDENT AUDITORS' REPORT

The Trustees
Pharmachem Laboratories, Inc.
Retirement Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Pharmachem Laboratories, Inc. Retirement Savings Plan (the "Plan") as of September 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended September 30, 2010, and the supplemental schedule of assets held as of September 30, 2010. These financial statements and supplemental 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 Charles Schwab Trust Company, the custodian of the Plan, except for comparing such 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 custodian as of September 30, 2010 and 2009, and for the year ended September 30, 2010, that the information provided to the plan administrator by the custodian 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.

Raich Ende Malters & Co. LLP

RAICH ENDE MALTER & CO. LLP
East Meadow, New York
July 13, 2011

PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	<i>September 30,</i>	
	<i>2010</i>	<i>2009</i>
ASSETS		
<i>Investments</i>		
Mutual funds	<u>\$ 14,562,190</u>	<u>\$ 11,721,977</u>
<i>Receivables</i>		
Employer contributions	6,384	-
Participants' contributions	21,036	-
Participant notes	<u>439,087</u>	<u>408,953</u>
	<u>466,507</u>	<u>408,953</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,028,697</u>	<u>\$ 12,130,930</u>

PHARMACHEM LABORATORIES, INC.

RETIREMENT SAVINGS PLAN

*Statement of Changes in Net Assets Available for Benefits
For the Year Ended September 30, 2010*

Additions to Net Assets Attributed to

Investment income:

Net appreciation in fair value of mutual funds \$ 1,323,700

Interest from participant notes receivable 22,580

Contributions

Participants 1,212,192

Employer 353,893

Rollover 482,758

2,048,843

Total Additions 3,395,123

Deductions from Net Assets Attributed to

Benefits paid to participants 494,956

Administrative expenses 2,400

Total Deductions 497,356

Net Increase in Net Assets Available for Benefits 2,897,767

Net Assets Available for Benefits - beginning of year 12,130,930

Net Assets Available for Benefits - end of year \$ 15,028,697

PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN

*Notes to Financial Statements
September 30, 2010 and 2009*

1 - PLAN DESCRIPTION

The following brief description of the Pharmachem Laboratories, Inc. Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for complete information.

- a. **General** - The Plan is a defined contribution plan under the provisions of Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of Pharmachem Laboratories, Inc. ("Pharmachem") and its participating subsidiaries (the "Company" and the "Plan Sponsor") automatically become eligible for participation on the entry date, October 1, January 1, April 1, or July 1, following the date one year of service is completed, providing they have attained the age of 21 and have worked 1,000 hours. Current participating subsidiaries include American Ingredients, Inc. ("American"), Avoca, Inc. ("Avoca"), MPT Delivery Systems, Inc. ("MPT"), and Avoca Bioprocessing Corp. ("ABC"). The Plan was amended and restated as of July 2006 to incorporate the addition of ABC and MPT as participating subsidiaries, as well as to incorporate recent tax law changes. In June 2006, the assets of H. Reisman Corp. ("Reisman") were sold, and the former participating subsidiary became inactive. Participation by former Reisman employees, therefore, is limited to those employees who were participants on or before June 2006. Employees of Reisman who were participants in the Plan at the time of sale were given the opportunity to maintain their existing account with the Plan or transfer the balance to another qualified retirement plan.
- b. **Contributions** - Participants may contribute up to 100% of their annual compensation, as defined in the Plan, subject to certain statutory limitations. Roth deferrals by participants are also available. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds at Charles Schwab Corporate Services as investment options for participants.

The Company contributes matching contributions equal to, the lesser of, a discretionary percentage (50% for 2010) of participant contributions or the same discretionary percentage of 5% of gross salary.

- c. **Participant Accounts** - Each participant's account is credited with the amount the participant elected to defer and the Company's matching contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is that amount that can be provided from the participant's accounts.
- d. **Vesting** - Employee salary deferral contributions, qualified nonelective contributions, employee rollovers, and respective earnings thereon are immediately vested. Vesting in the remainder of the participants' accounts is based on years of service. Participants are 100% vested in the Company's matching contribution after six years of credited service, according to a vesting schedule of 20% per year of credited service beginning at year two. Forfeitures of nonvested employer matching contributions are used to reduce future matching contributions.
- e. **Notes Receivable from Participants** - Participants, after approval from the administrator, may borrow a portion of their vested benefits. Interest will be charged at the prime rate of interest charged by a local

lending institution as of the date of the loan, plus 1%. At September 30, 2010, interest rates on outstanding loans range from 4.25% to 9.25%. The maximum loan amount that is permitted is 50% of the participant's vested balance up to a maximum of \$50,000.

- f. **Plan Benefits** - The benefits described below will be paid according to Plan provisions.
 - 1) **Retirement Benefits** - Participants are entitled to retirement benefit payments beginning at the later of age 65 or the participant's age on the fifth anniversary of participation, based on the full value of their accounts at the normal retirement date. Participants will normally receive payment of their benefits, as soon as practicable, following their retirement date.
 - 2) **Death Benefits** - Death benefits, equal to 100% of the participant's account balance, are payable to the participant's beneficiary within a reasonable period following the date of death.
 - 3) **Disability Benefits** - Disability benefits, prior to retirement, equal to 100% of the participant's account balance, are paid to the participant as soon as practicable following the disability.
 - 4) **Termination Benefits** - Participants whose employment is terminated for reasons other than those listed above are entitled to the vested portion of their account balances. The remainder in the accounts will be forfeited.
- g. **Forfeited Accounts** - At September 30, 2010 and 2009, forfeited nonvested accounts totaled \$26,352 and \$17,450, respectively.
- h. **New Accounting Pronouncement** - During 2010, the Plan adopted the provisions of a new accounting standard, which requires that defined contribution plans classify participant loans as participant notes receivable rather than as investments, as was previously required. This standard was adopted retroactively and, as a result, the September 30, 2009 participant loans have been reclassified from investments to participant notes receivable and the 2009 interest income has been reclassified from investment income to interest from participant notes receivable. The adoption of this standard had no impact on the Plan's net assets or changes in net assets.

2 - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

- a. **Investment Valuation and Income Recognition** - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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. Net appreciation or depreciation includes the Plan's gains or losses on investments bought or sold as well as held during the year.
- b. **Payments of Benefits** - Benefits are recorded when paid.
- c. **Administrative Costs** - Various administrative functions are performed by officers or employees of the sponsor companies. No such officer or employee receives compensation from the Plan. The Company has elected to absorb substantially all significant costs relating to the Plan.
- d. **Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.
- e. **Notes Receivable from Participants** - Notes receivable from participants are measured at their unpaid

principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

3 - INVESTMENTS - CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Charles Schwab Trust Company ("Charles Schwab"), the custodian of the Plan, as of September 30, 2010 and 2009 and for the year ended September 30, 2010. All investments are participant-directed.

Investments - at fair value:

	<i>September 30,</i>	
	<i>2010</i>	<i>2009</i>
Mutual funds	<u>\$ 14,562,190</u>	<u>\$11,721,977</u>

The following are investments that represent 5% or more of the Plan's net assets:

	<i>September 30,</i>	
	<i>2010</i>	<i>2009</i>
<i>Mutual Funds</i>		
PIMCO Total Return Fund	\$ 1,378,680	\$ 985,116
Rainier Large Cap Equity	1,135,864	1,122,144
Schwab Retirement Money Fund	1,674,454	1,678,361
Vanguard 500 Index Fund	1,915,946	1,646,998

During 2010, the Plan's investments in mutual funds (including gains or losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,323,700.

4 - FAIR VALUE MEASUREMENTS

The Plan adopted Financial Accounting Standards *Fair Value Measurements*, effective October 1, 2008. The standard establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 -** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 -** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- 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 used at September 30, 2010 and 2009.

Mutual Funds - Valued at the Net Asset Value ("NAV") of shares held by the Plan at year end.

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 sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 14,562,190	\$ -	\$ -	\$ 14,562,190

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2009:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 11,721,977	\$ -	\$ -	\$ 11,721,977

5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan, subject to the provisions of ERISA. In the event the Plan terminates, the employees will become 100% vested in their account balances.

6 - TAX STATUS

The Plan was amended and restated in June 2007. The third party administrator, the Newport Group, has submitted to the IRS a prototype plan, which has been adopted and utilized since June 2007, and is waiting to receive the determination letter. Although the Plan has been further amended, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Charles Schwab Investment Management, Inc. Charles Schwab Trust Company, an affiliated entity, is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8 - RISK AND UNCERTAINTIES

The Plan's investments are concentrated in funds that invest in marketable securities. Such securities are subject to various risks such as interest rate, market, and credit risks that affect the values of the funds. Due to the level of risk associated with certain equity securities and the level of uncertainty related to changes in the value of those securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the value of investments reported on the financial statements.

9 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 13, 2011, the date the financial statements were available to be issued.

PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2010

Plan #001
EIN #22-1625213

(a)	(b)	(c)	(d)	(e)
	<i>Identity of issue, borrower, lessor, or similar party</i>	<i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	<i>Cost</i>	<i>Current value</i>
Mutual Funds				
*	SCHWAB RETIREMENT MONEY FUND	Mutual Fund	(1) \$	1,674,454
	ARTISAN MIDCAP VALUE	Mutual Fund	(1)	148,620
	DAVIS NEW YORK VENTURE	Mutual Fund	(1)	317,365
	HARBOR CAPITAL APPRECIATION	Mutual Fund	(1)	242,704
	HARBOR INTERNATIONAL FUND	Mutual Fund	(1)	408,969
	MORGAN STANLEY INST TR MID-CAP GR	Mutual Fund	(1)	653,088
	OPPENHEIMER DEVELOPING MKTS Y	Mutual Fund	(1)	397,733
	PIMCO TOTAL RETURN FUND INSTL CLASS	Mutual Fund	(1)	1,378,680
	RAINIER LARGE CAP EQ PORT INSTL	Mutual Fund	(1)	1,135,864
	ROYCE TOTAL RETURN INSTL CL	Mutual Fund	(1)	140,121
	T ROWE PRICE HIGH YIELD	Mutual Fund	(1)	386,753
	T ROWE PRICE REAL ESTATE	Mutual Fund	(1)	268,825
	T ROWE PRICE RETIREMENT INCOME	Mutual Fund	(1)	72,425
	T ROWE PRICE RETIREMENT 2005	Mutual Fund	(1)	-
	T ROWE PRICE RETIREMENT 2010	Mutual Fund	(1)	464,448
	T ROWE PRICE RETIREMENT 2015	Mutual Fund	(1)	360,697
	T ROWE PRICE RETIREMENT 2020	Mutual Fund	(1)	621,487
	T ROWE PRICE RETIREMENT 2025	Mutual Fund	(1)	408,197
	T ROWE PRICE RETIREMENT 2030	Mutual Fund	(1)	222,870
	T ROWE PRICE RETIREMENT 2035	Mutual Fund	(1)	151,037
	T ROWE PRICE RETIREMENT 2040	Mutual Fund	(1)	93,998
	T ROWE PRICE RETIREMENT 2045	Mutual Fund	(1)	354,814
	T ROWE PRICE RETIREMENT 2050	Mutual Fund	(1)	5,785
	T ROWE PRICE RETIREMENT 2055	Mutual Fund	(1)	9,432
	T ROWE PRICE SPECTRUM INCOME	Mutual Fund	(1)	718,493
	THORNBURG INTL VALUE INSTL CLASS	Mutual Fund	(1)	216,161
	VANGUARD GLOBAL EQUITY FD INVESTOR	Mutual Fund	(1)	459,100
	VANGUARD MID CAP INDEX	Mutual Fund	(1)	230,710
	VANGUARD SMALL CAP GROWTH INDEX	Mutual Fund	(1)	78,548
	VANGUARD SMALL-CAP INDEX	Mutual Fund	(1)	177,155
	VANGUARD WELLESLEY INCOME	Mutual Fund	(1)	32,715
	VANGUARD WELLINGTON	Mutual Fund	(1)	589,944
	VANGUARD WINDSOR II PORTFOLIO	Mutual Fund	(1)	225,052
	VANGUARD 500 INDEX FD	Mutual Fund	(1)	1,915,946
	Notes Receivable from Participants	Due at various dates through May 2014, with interest rates of 4.25% to 9.25%	-0-	439,087
				<u>\$ 15,001,277</u>

* Represents party-in-interest transactions.

(1) Cost information is not presented - participant-directed.

See independent auditors' report.

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

Name of Plan:

► Pharmachem Laboratories, Inc. Retirement Savings Plan

Employer Identification Number: ► 22-1625213

For plan year (beginning/ending): ► Oct.1,2009/Sep. 30, 2010

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Newport Group	Schwab Investor Money Fund	NA	1674453.96
*	Newport Group	Pimco Total Return	NA	1378680.10
*	Newport Group	T. Rowe Price Spectrum Income	NA	718492.91
*	Newport Group	Vanguard Wellesley Income	NA	32714.84
*	Newport Group	Vanguard Wellington	NA	589944.28
*	Newport Group	Vanguard Windsor II	NA	225051.88
*	Newport Group	Davis New York Venture	NA	317365.03
*	Newport Group	Vanguard Index 500	NA	1915944.59
*	Newport Group	Rainier Core Equity	NA	1135863.54
*	Newport Group	Harbor Capital Appreciation	NA	242703.65
*	Newport Group	Artisan Mid Cap Value	NA	148620.13
*	Newport Group	Vanguard Mid Cap Index	NA	230710.4
*	Newport Group	Morgan Stanley Mid Cap Growth	NA	653087.94
*	Newport Group	Royce Total Return Inst'l	NA	140120.88
*	Newport Group	Vanguard Small Cap Index	NA	177155.04
*	Newport Group	Vanguard Small Cap Growth Index	NA	78548.21
*	Newport Group	Harbor International	NA	408969.31
*	Newport Group	Thornburg International Value	NA	216160.73
*	Newport Group	T. Rowe Price Real Estate	NA	268825.42
*	Newport Group	T. Rowe Price High Yield Bond	NA	386753.19
*	Newport Group	Vanguard Global Equity	NA	459100.07
*	Newport Group	T. Rowe Price Retirement Income	NA	72425.20
*	Newport Group	T. Rowe Price Retirement 2005	NA	0.00
*	Newport Group	T. Rowe Price Retirement 2010	NA	464448.26
*	Newport Group	T. Rowe Price Retirement 2015	NA	360696.94
*	Newport Group	T. Rowe Price Retirement 2020	NA	621486.61
*	Newport Group	T. Rowe Price Retirement 2025	NA	408196.54
*	Newport Group	T. Rowe Price Retirement 2030	NA	222870.11
*	Newport Group	T. Rowe Price Retirement 2035	NA	151036.76
*	Newport Group	T. Rowe Price Retirement 2040	NA	93998.45
*	Newport Group	T. Rowe Price Retirement 2045	NA	354814.47
*	Newport Group	T. Rowe Price Retirement 2050	NA	5785.30
*	Newport Group	T. Rowe Price Retirement 2055	NA	9431.80
*	Newport Group	Oppenheimer Developing Markets	NA	397732.88
*	Newport Group	Participant Loans 4.25%	NA	439086.99