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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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

46 CORPORATE PARK
SUITE 100
IRVINE, CA 92606

2b Employer Identification Number (EIN) 95-0494000

2c Sponsor's telephone number 949-863-0340

2d Business code (see instructions) 325410

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.	09/15/2011	MARK NISHI
	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")

NEXGEN PHARMA, INC.

46 CORPORATE PARK
SUITE 100
IRVINE, CA 92606

3b Administrator's EIN: 95-0494000

3c Administrator's telephone number: 949-863-0340

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	315
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**	277
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	109
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	386
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	386
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	351
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
NEXGEN PHARMA, INC.

D Employer Identification Number (EIN)
95-0494000

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
31-4156830	66869	GAP-Y2-QF24	0	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
639	160

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRANSAMERICA FINANCIAL ADVISOR
PO BOX 9053
CLEARWATER, FL 33758

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
639	160		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
0			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	287320
c	Additions: (1) Contributions deposited during the year	7c(1)	38616		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5004		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2649		
	▶ LOAN REPAYMENT - PRINCIPAL TRANSFER FROM OUTSIDE NW-PRINCIPAL				
	(6) Total additions			7c(6)	46269
d	Total of balance and additions (add **b** and **c(6)**)			7d	333589
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	110		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	333479		
	▶ TRANSFER TO FUNDING SUCCESSOR				
	(5) Total deductions			7e(5)	333589
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
NEXGEN PHARMA, INC.

D Employer Identification Number (EIN)
95-0494000

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	512011-000	351	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE CORE FUND

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	10523		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	389		
	(4) Transferred from separate account	7c(4)	359182		
	(5) Other (specify below)	7c(5)	5		
	▶ MISC DEPOSIT				
	(6) Total additions			7c(6)	370099
d	Total of balance and additions (add **b** and **c(6)**).			7d	370099
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	165945		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	165945
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	204154

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEXGEN PHARMA, INC.

D Employer Identification Number (EIN)
95-0494000

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SERVICES CO

31-1281022

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

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

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

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

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

NATIONWIDE TRUST COMPANY, FSB

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
21	NONE	13809	Yes [X] No [ ]	Yes [ ] No [X]	6332	Yes [ ] No [X]

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

BENEFIT EQUITY

1971 E. 4TH STREET
SUITE 100
SANTA ANA, CA 92705

(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?
13	NONE	7739	Yes [X] No [ ]	Yes [ ] No [X]	2452	Yes [ ] No [X]

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

TRANSAMERICA FINANCIAL ADVISOR

PO BOX 9053
CLEARWATER, FL 33758

(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?
22	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	9198	Yes [ ] No [X]

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

TRANSAMERICA RETIREMENT SERVICES CO

31-1281022

(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?
15 37 52 62 64 67	RECORDKEEPER	7757	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEXGEN PHARMA, INC.

D Employer Identification Number (EIN)
95-0494000

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	167348	190152
(2) Participant contributions	1b(2)	19309	26660
(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)	113556	147407
(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)	4408418	5878054
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	287320	204155
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4995951	6446428
	Liabilities			
g	Benefit claims payable	1g	86755	27698
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	86755	27698
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4909196	6418730

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)	206005	
	(B) Participants	2a(1)(B)	740389	
	(C) Others (including rollovers)	2a(1)(C)	180709	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1127103
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20175	
	(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)	6362	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26537
	(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)		573985
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1727625
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	161212	
(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)		161212
f Corrective distributions (see instructions)	2f		27698
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	29181	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29181
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		218091
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1509534
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY & PULLEN (2) EIN: 04-2714325

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		443134
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEXGEN PHARMA, INC.

D Employer Identification Number (EIN)
95-0494000

Part I Distributions

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

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

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

EIN(s): 42-6362604 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nexgen Pharma, Inc. 401(k) Profit Sharing Plan (formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Financial Report
December 31, 2010

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McGladrey

Independent Auditor's Report

To the Board of Directors
Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)
Irvine, CA

We were engaged to audit the accompanying statements of net assets available for benefits of the Nexgen Pharma, Inc. 401(k) Profit Sharing Plan (formerly Nexgen Pharma, Inc. 401(k) Plan and Trust) (the Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the related supplemental schedules of assets (held at end of year), delinquent participant contributions and reportable transactions. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 4, which was certified or provided by Transamerica Life Insurance Company, the current custodian of the Plan, and Nationwide Trust Company, FSB, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds/held the Plan's assets and executes/executed transactions. The Plan Administrator has obtained certifications from the current custodian and former trustee regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the current custodian as of December 31, 2010 and for the period July 13, 2010 to December 31, 2010, and the former trustee as of December 31, 2009 and for the period January 1, 2010 to July 13, 2010.

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

McGladrey & Pullen, LLP

Irvine, California
September 6, 2011

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Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments, participant-directed (Note 4)	**$ 6,082,209**	$ 4,695,738
Receivables:		
Participant contributions	**26,660**	19,309
Employer contribution	**190,152**	167,348
Notes from participants	**147,407**	113,556
Total assets	**6,446,428**	4,995,951
Liabilities		
Excess contributions payable	**27,698**	86,755
Net assets available for benefits	**$ 6,418,730**	$ 4,909,196

See Notes to Financial Statements.

Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010

Additions to net assets attributable to:		
Investment income (Note 4):		
Net appreciation in fair value of investments	$	573,985
Interest and dividends		20,175
		594,160
Interest income on notes receivable from participants		6,362
Contributions:		
Participant		740,389
Employer		206,005
Rollover		180,709
		1,127,103
Total additions		1,727,625
Deductions from net assets attributable to:		
Benefits paid		161,212
Corrective distributions		27,698
Administrative expenses (Note 6)		29,181
Total deductions		218,091
Net increase		1,509,534
Net assets available for benefits:		
Beginning of year		4,909,196
End of year	$	6,418,730

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Nexgen Pharma, Inc. 401(k) Profit Sharing Plan (formerly Nexgen Pharma, Inc. 401(k) Plan and Trust) (the Plan) is provided as general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan name change: Effective April 1, 2010, the name of the Plan was changed from Nexgen Pharma, Inc. 401(k) Plan and Trust to Nexgen Pharma, Inc. 401(k) Profit Sharing Plan.

General: The Plan is a defined-contribution plan covering substantially all employees of either Nexgen Pharma, Inc. (the Company) or Anabolic Labs who are not (a) covered by a Collective Bargaining Agreement, (b) nonresident aliens without earned income from U.S. sources, (c) any person who becomes an employee as a result of an asset purchase, stock acquisition or merger, (d) an Independent Contractor or (e) a leased employee. Employees must be 21 years of age and complete six months or 1,000 hours of consecutive service to be eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective April 1, 2010, the Plan was amended and restated. The restatement revised the eligibility requirements so that employees become eligible after they complete three months or 1,000 hours of consecutive service. Additionally, it limits the use of forfeitures to allow only for use to reduce employer contributions and allows for automatic enrollment of eligible participants at the deferral rate of 2 percent unless a waiver is obtained. The Plan was most recently amended effective July 13, 2010 to exclude bonuses from the definition of eligible compensation.

Change in trustee and record keeper: The Plan changed its trustee and record keeper from Nationwide Trust Company, FSB (Nationwide) and Benefit Equity Inc, respectively, to Reliance Trust Company as trustee and Transamerica Life Insurance Company (Transamerica) as record keeper, effective April 1, 2010, which was done simultaneously with the Plan document restatement.

Contributions: Participants may contribute pretax deferral contributions subject to a maximum amount as established under the Internal Revenue Code. Nexgen Pharma, Inc. makes matching contributions to the Plan as a percentage of a participant's contributions, as determined by the Company for each Plan year. For the Plan year ended December 31, 2010, the Company has declared and accrued $197,641 in employer matching contributions. The Plan also provides for participant rollover contributions from other qualified plans.

Participant accounts: Each participant's account is credited with the participant's voluntary contribution during the Plan year and allocations of (1) employer contributions, (2) Plan earnings and (3) administrative expenses. Allocations are based on participant earnings, participant deferral percentages or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Note 1. Plan Description (Continued)

Vesting: Participants are immediately vested in their contributions and earnings thereon. Vesting in the Company's contributions is based on years of continuous service according to the schedule below. A participant is 100 percent vested after five years of service.

Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Participant investment options: Upon enrollment in the Plan, participants must direct the investment of their account balances among various investment options, as made available and determined by the Plan Administrator. Effective April 1, 2010 the Plan was amended and restated to allow for automatic deferral enrollment for eligible participants at the rate of 2 percent of eligible compensation and an allocation to a predetermined investment designated by the Plan Administrator. Participants may change their investment options any time throughout the year through the Plan Administrator or via Internet access. In addition, participants can invest in self-directed brokerage accounts, so long as the investment meets the legal requirements for investments by the Plan. Effective April 1, 2010, participants are no longer permitted to invest in self-directed brokerage accounts. The Plan's investment income is allocated in the same proportion that each participant's account balance bears to the total investment fund balance.

Participant notes receivable: Participants may borrow from their accounts in amounts no less than $1,000 and up to $50,000, but not in excess of 50 percent of their vested account balance. Participants may only have one note outstanding at any time. Notes are repaid using an interest rate established at the inception of the note, set at 1 percent higher than the prime lending rate, with payroll deductions over a period of no longer than five years unless the note qualifies as a residential mortgage note, which may be repaid over a period of up to 20 years or longer. The Plan Administrator will consider participants' notes to be in default if any scheduled note repayment is not made by the end of the calendar quarter in which the missed payment was due. Participant notes receivable are reported as a general investment on the Plan's Form 5500. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Payment of benefits: Upon termination of service, a participant may elect to receive benefits equal to the value of his/her vested account balance through a single lump-sum payment only. Distributions of vested benefits to terminated participants in amounts less than $1,000 may be made at the discretion of the Plan Administrator. Effective April 1, 2010 the Plan was amended and restated to allow the Plan to distribute vested benefits to terminated participants in amounts less than $5,000 at the discretion of the Plan Administrator. Hardship distributions are permitted, as defined in the Plan document. Participants attaining age 55 may take in-service distributions.

Note 1. Plan Description (Continued)

Forfeitures: Forfeitures were used to reduce the Plan's expenses. Effective April 1, 2010, forfeitures are used only as a reduction of any employer contribution. During the Plan year ended December 31, 2010, there were no forfeitures applied to administrative expenses or used to reduce employer contribution. As of December 31, 2010 $7,489 of forfeitures were used to reduce the employer contribution receivable. As of December 31, 2009, there was $6,552 of unapplied forfeitures.

Note 2. Significant Accounting Policies

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

Fair value measurements: The Plan's assets are stated 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. The authoritative guidance describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

Mutual funds are registered investment companies. Assets in registered investment companies are valued at quoted prices in active markets for identical assets. The Transamerica Stable Value Option is backed by the Transamerica general account, which sets the effective interest rate monthly and guarantees the payment of interest and principal. The fund is valued daily, based on the effective interest rate with no maturity date. The Nationwide fixed contract fund, a fixed annuity, is valued daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. The contract value of the Stable Value Option and fixed contract funds represents the principal and the guaranteed interest, which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued daily. Dividends are recorded on the ex-dividend date. In the statement of changes in net assets available for benefits, the Plan presents the net appreciation (depreciation) in fair value of its investments, which consists of the realized gains or losses and unrealized appreciation or depreciation on those investments.

Note 2. Significant Accounting Policies (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Payment of benefits: Benefits are recorded when paid.

Use of estimates: The preparation of Plan financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reported period. Actual results could differ from those estimates.

Risks and uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent events: The Plan Administrator has evaluated subsequent events through September 6, 2011, the date the financial statements were available to be issued.

New accounting pronouncement: In January 2010, the Financial Accounting Standards Board issued an amendment which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances and settlements instead of netting these changes. The amendment is effective for interim and annual periods beginning after December 15, 2009, except for the additional disclosure of Level 3 measurements, which is effective for fiscal years beginning after December 15, 2010. The Company does not expect the adoption of this standard to have a material impact on the Plan's financial statements.

Note 3. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, so that each participant receives 100 percent of his/her account balance as of the date of the termination.

Note 4. Information Certified or Provided by Transamerica Life Insurance Company and Nationwide Trust Company, FSB

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the current custodian, Transamerica, or former trustee, Nationwide, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Transamerica and Nationwide that information provided to the Plan Administrator related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules.

The following table represents the fair value of the participant-directed Plan's assets, certified by Transamerica as of December 31, 2010 and for the period July 13, 2010 to December 31, 2010 and Nationwide as of December 31, 2009 and for the period January 1, 2010 to July 13, 2010. Single investments representing more than 5 percent of the Plan's net assets as of December 31 are separately identified.

	2010	2009
Investments at fair value, shares of registered investment companies (mutual funds):		
American Funds Growth Fund of America	$ 462,733	$ 356,732
Vanguard Target Retirement 2015 Fund	537,860	*
Vanguard Target Retirement 2035 Fund	440,283	*
PIMCO Total Return Fund	1,173,316	*
American Funds Fundemental Investors Fund	409,099	*
Prudential Jennison Equity Opportunity Fund	469,412	*
BlackRock Global SmallCap Fund	470,201	*
Nationwide Money Market Institutional Class Fund	*	532,794
Victoria Diversified Stock Fund A	*	470,107
Nationwide Investor Destination Moderately Conservative Fund	*	418,219
Oppenheimer Global Opportunity Fund A	*	416,781
Nationwide Investor Destination Moderately Aggressive Fund	*	322,587
Van Kampen Comstock Fund A	*	270,104
Nationwide Investor Destination Aggressive Fund	*	262,343
Other	1,915,150	1,358,751
	5,878,054	4,408,418
Investments at estimated fair value:		
Stable Value Option**	204,155	-
Fixed contract**	-	287,320
	$ 6,082,209	$ 4,695,738

*****Amount is less than 5 percent of Plan net assets.

**At contract value, which approximates fair value.

Note 4. Information Certified or Provided by Transamerica Life Insurance Company and Nationwide Trust Company, FSB (Continued)

Transamerica and Nationwide also collectively certified the completeness and accuracy of $573,985 of net appreciation in fair value of investments, and $20,175 of interest and dividend investment income for the year ended December 31, 2010. Interest income related to notes receivable from participants is not certified.

The nature, risks and investment objectives of the investment categories described above can be found in the Plan's enrollment literature.

Additionally, the following tables set forth, by level in the fair value hierarchy, the Plan's assets at fair value at December 31:

	2010			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Mutual funds:				
Small Company Equity	$ 122,509	$ 122,509	$ -	$ -
Hybrid	2,130,370	2,130,370	-	-
Bond	1,197,208	1,197,208	-	-
Large/Mid Value Equity	871,832	871,832	-	-
International Equity	100,369	100,369	-	-
Large/Mid Blend Equity	183,519	183,519	-	-
Specialty	697,219	697,219	-	-
High Yield Bond	104,827	104,827	-	-
Global Equity	470,201	470,201	-	-
Stable Value Option	204,155	-	204,155	-
	$ 6,082,209	$ 5,878,054	$ 204,155	$ -

	2009			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Mutual funds:				
Blend	$ 747,767	$ 747,767	$ -	$ -
Bond	420,953	420,953	-	-
Destination Retirement	1,188,616	1,188,616	-	-
Growth	1,234,731	1,234,731	-	-
Stable Value	532,794	532,794	-	-
Value	270,104	270,104	-	-
Self-directed brokerage:				
Common stock, large cap	1,009	1,009	-	-
Money market funds	12,444	12,444	-	-
Fixed contract	287,320	-	-	287,320
	$ 4,695,738	$ 4,408,418	$ -	$ 287,320

There were no transfers in or out of Level 1, 2 or 3 during the years ended December 31, 2010 and 2009.

Note 4. Information Certified or Provided by Transamerica Life Insurance Company and Nationwide Trust Company, FSB (Continued)

The following tables set forth information summarizing the changes in fair value of the Plan's Level 3 assets for the years ended December 31:

Investment Category	Beginning Balance, 2010	Realized Gains	Unrealized Gains	Net Purchases, Issuances and Settlements	Ending Balance, 2010
Fixed Contract	$ 287,320	$ 5,414	$ -	$ (292,734)	$ -

Investment Category	Beginning Balance, 2009	Realized Gains	Unrealized Gains	Net Purchases, Issuances and Settlements	Ending Balance, 2009
Fixed Contract	$ 246,445	$ 11,105	$ -	$ 29,770	$ 287,320

Note 5. Tax Status

Effective January 21, 1992, the Plan adopted a volume submitter profit sharing plan sponsored by Benefit Equity, Inc. The volume submitter practitioner has received an opinion letter from the Internal Revenue Service (IRS), dated January 11, 2002, as to the qualified status of the volume submitter plan document. The opinion letter has been relied upon by this Plan. Effective April 1, 2010, the Plan was amended and restated to adopt a volume submitter profit sharing plan sponsored by Transamerica Financial Life Insurance Company. The volume submitter practitioner has received an opinion letter from the Internal Revenue Service, dated May 30, 2008, as to the qualified status of the volume submitter plan document. The opinion letter has been relied upon by the Plan. The Plan has been amended since the initial adoption of the volume submitter plan document; however, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 6. Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain other administrative expenses for the Plan are either paid directly by the Company or through the Plan.

Note 7. Delinquent Participant Contributions

During the years ended December 31, 2010 and 2009, the Plan Sponsor remitted to the Plan approximately $313,085 and $130,056, respectively, of participant deferrals that were not within the time frame stated by the DOL. The DOL considers late deposits to be prohibited transactions. Lost earnings on the deposits for the year ended December 31, 2010 will be calculated and deposited to the trust in 2011. Form 5330 will also be filed to remit the applicable excise tax to the IRS. Lost earnings on the deposits for the year ended December 31, 2009 have been deposited to the trust in 2010. The excise tax payments were made from the Plan Sponsor's assets and not from assets of the Plan.

Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Schedule H, Line 4i — Schedule of Assets (Held at End of Year)
December 31, 2010

	Identity of Issue/Description of Assets	Stated Interest Rate	Due Date	Current Value
	Transamerica Life Insurance Company:			
*	Transamerica Stable Value Option	1.90%	Various	$ 204,155
	Shares of registered investment companies:			
	Fidelity Advisor Small Cap Fund	N/A	N/A	118,395
	Transamerica Asset Allocation - Short Horizon Fund	N/A	N/A	20,679
	Transamerica Asset Allocation - Short Intermediate Horizon Fund	N/A	N/A	111
	Transamerica Asset Allocation - Long Horizon Fund	N/A	N/A	214
	Vanguard Target Retirement 2005 Fund	N/A	N/A	58,005
	Vanguard Target Retirement 2015 Fund	N/A	N/A	537,860
	Vanguard Target Retirement 2025 Fund	N/A	N/A	218,987
	Vanguard Target Retirement 2035 Fund	N/A	N/A	440,283
	Vanguard Target Retirement 2045 Fund	N/A	N/A	276,470
	Franklin Small Cap Value Fund	N/A	N/A	4,114
	PIMCO Total Return Fund	N/A	N/A	1,173,316
	Transamerica Partners High Quality Bond Fund	N/A	N/A	23,892
	American Funds Fundamental Investors Fund	N/A	N/A	409,099
	American Funds Growth Fund of America	N/A	N/A	462,733
	Vanguard Target Retirement 2010 Fund	N/A	N/A	69
	Vanguard Target Retirement 2020 Fund	N/A	N/A	17,774
	Vanguard Target Retirement 2030 Fund	N/A	N/A	3,389
	Vanguard Target Retirement 2040 Fund	N/A	N/A	58,471
	Vanguard Target Retirement 2050 Fund	N/A	N/A	157
	Thornburg International Value Fund	N/A	N/A	98,805
	Invesco Mid Cap Core Equity	N/A	N/A	183,519
	BlackRock Global Allocation Fund	N/A	N/A	28,489
	Prudential Jennison Natural Resources Fund	N/A	N/A	29,484
	AllianceBernstein High Income Fund	N/A	N/A	104,827
	Prudential Jennison Equity Opportunity Fund	N/A	N/A	469,412
	Oppenheimer Developing Markets Fund	N/A	N/A	248,733
	Wells Fargo Advantage Precious Metals Fund	N/A	N/A	288,051
	BlackRock Global SmallCap Fund	N/A	N/A	470,201
	Ivy Science & Technology Fund	N/A	N/A	66,829
	Invesco Global Real Estate Fund	N/A	N/A	53,015
	Templeton Foreign Fund	N/A	N/A	1,564
	Alger Green Fund	N/A	N/A	11,107
				5,878,054
*	Participant notes	4.25%–9.25%	February 2011 to December 2015	147,407
				$ 6,229,616

* Party in interest

The above information was certified by Transamerica Life Insurance Company, custodian, except for participant notes.

Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Schedule H, Question 4a—Schedule of Delinquent Participant Contributions
Year Ended December 31, 2010

Participant Contributions Transferred Late to Plan	Total That Constitute Prohibited Nonexempt Transactions
$ 443,134	$ 443,134

[√] Check Here if Late Participant Loan Repayments Are Included

	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	$ 313,078	$ -	$ -	$ -
2009	130,056	130,056	-	-

The Plan Sponsor will self-correct 2010 late deposit amounts by depositing lost earnings to the Plan with excise tax paid by employer in 2011.

Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2010

	Identity of Party involved	Description of Assets	Purchase Price	Selling Price	Current Value of Asset on Transaction Date	Net Gain (Loss)
	Single transactions:					
*	Nationwide	American Funds Growth Fund of America R3	$ -	$ 375,318	$ 406,888	$ (31,570)
*	Nationwide	Nationwide Investor Destination Moderately Aggressive Fund	-	363,322	367,916	(4,594)
*	Nationwide	Nationwide Investor Destination Moderately Conservative Fund	-	457,454	438,404	19,050
*	Nationwide	Nationwide Money Market Institutional Class Fund	-	573,057	576,944	(3,887)
*	Nationwide	Oppenheimer Global Opportunity Fund A	-	414,989	380,654	34,335
*	Nationwide	Victoria Diversified Stock Fund A	-	407,553	447,845	(40,292)

* Party in interest

Nexgen Pharma, Inc. 401(k) Profit Sharing Plan
(formerly Nexgen Pharma, Inc. 401(k) Plan and Trust)

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2010

	Identity of Party involved	Description of Assets	Purchase Price	Selling Price	Current Value of Asset on Transaction Date	Net Gain (Loss)
	Single transactions:					
*	Nationwide	American Funds Growth Fund of America R3	$ -	$ 375,318	$ 406,888	$ (31,570)
*	Nationwide	Nationwide Investor Destination Moderately Aggressive Fund	-	363,322	367,916	(4,594)
*	Nationwide	Nationwide Investor Destination Moderately Conservative Fund	-	457,454	438,404	19,050
*	Nationwide	Nationwide Money Market Institutional Class Fund	-	573,057	576,944	(3,887)
*	Nationwide	Oppenheimer Global Opportunity Fund A	-	414,989	380,654	34,335
*	Nationwide	Victoria Diversified Stock Fund A	-	407,553	447,845	(40,292)

* Party in interest

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN **EIN:** 95-0494000

Plan Sponsor's Name NEXGEN PHARMA, INC. **PN:** 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
	FIDELITY	FIDELITY ADVISOR SMALL CAP MUTUAL FUND	0	118,395
*	TRANSAMERICA RETIREMENT SERVICES CO	TRANSAMERICA ASSET ALLOCATION MUTUAL FUND	0	20,679
*	TRANSAMERICA RETIREMENT SERVICES CO	TRANSAMERICA ASSET ALLOCATION MUTUAL FUND	0	111
*	TRANSAMERICA RETIREMENT SERVICES CO	TRANSAMERICA ASSET ALLOCATION MUTUAL FUND	0	214
	VANGUARD	VANGUARD TARGET RETIRE 2005 MUTUAL FUND	0	58,005
	VANGUARD	VANGUARD TARGET RETIRE 2015 MUTUAL FUND	0	537,860
	VANGUARD	VANGUARD TARGET RETIRE 2025 MUTUAL FUND	0	218,987

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN **EIN:** 95-0494000

Plan Sponsor's Name NEXGEN PHARMA, INC. **PN:** 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
	VANGUARD	VANGUARD TARGET RETIRE 2035 MUTUAL FUND	0	440,283
	VANGUARD	VANGUARD TARGET RETIRE 2045 MUTUAL FUND	0	276,470
	FRANKLIN	FRANKLIN SMALL CAP VALU E FUND MUTUAL FUND	0	4,114
	PIMCO	PIMCO TOTAL RETURN FUND MUTUAL FUND	0	1,173,316
*	TRANSAMERICA RETIREMENT SERVICES CO	TRANSAMERICA PARTNERS HIGH QUALITY BOND MUTUAL FUND	0	23,892
	AMERICAN FUNDS	AMERICAN FUNDS FUNDAMEN TAL INV MUTUAL FUND	0	409,099
	AMERICAN FUNDS	AMERICAN FUNDS GROWTH F D OF AM MUTUAL FUND	0	462,733

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN **EIN:** 95-0494000

Plan Sponsor's Name NEXGEN PHARMA, INC. **PN:** 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
	VANGUARD	VANGUARD TARGET RET 2010 MUTUAL FUND	0	69
	VANGUARD	VANGUARD TARGET RET 2010 MUTUAL FUND	0	17,774
	VANGUARD	VANGUARD TARGET RET 2030 MUTUAL FUND	0	3,389
	VANGUARD	VANGUARD TARGET RET 2040 MUTUAL FUND	0	58,471
	VANGUARD	VANGUARD TARGET RET 2050 MUTUAL FUND	0	157
*	TRANSAMERICA RETIREMENT SERVICES CO	TRANSAMERICA STABLE VAL UE CORE GENERAL ACCOUNT	0	204,155
	THORNBURG	THORNBURG INTL VALUE FU ND MUTUAL FUND	0	98,805

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

Plan Name NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN **EIN:** 95-0494000
Plan Sponsor's Name NEXGEN PHARMA, INC. **PN:** 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
	INVESCO	INVESCO MID CAP CORE EQUITY MUTUAL FUND	0	183,519
	BLACKROCK	BLACKROCK GLOBAL ALLOCATION MUTUAL FUND	0	28,489
	PRUDENTIAL	PRUDENTIAL JENNISON NATURES MUTUAL FUND	0	29,484
	ALLIANCE BERNSTEIN	ALLIANCEBERNSTEIN HIGH INCOME MUTUAL FUND	0	104,827
	PRUDENTIAL JENNISON	PRUDENTIAL JENNISON EQUITY OPP MUTUAL FUND	0	469,412
	OPPENHEIMER	OPPENHEIMER DEVELOPMING MARKETS MUTUAL FUND	0	248,733
	WELLS FARGO	WF ADVANTAGE PRECIOUS METALS FUND MUTUAL FUND	0	288,051

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

Plan Name NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN **EIN:** 95-0494000
Plan Sponsor's Name NEXGEN PHARMA, INC. **PN:** 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
	BLACKROCK	BLACKROCK GLOBAL SMALLCAP MUTUAL FUND	0	470,201
	IVY	IVY SCIENCE & TECHNOLOGY MUTUAL FUND	0	66,829
	INVESCO	INVESCO GLOBAL REAL ESTATE MUTUAL FUND	0	53,015
	TEMPLETON	TEMPLETON FOREIGN MUTUAL FUND	0	1,564
	ALGER	ALGER GREEN MUTUAL FUND	0	11,107
*	PARTICIPANT PLAN LOANS	PARTICIPANT PLAN LOANS 1-5 YEARS INTEREST RANGE MUTUAL FUND 4.25% TO 9.25%	0	147,407

Attachment to 2010 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name NEXGEN PHARMA, INC. 401K PROFIT SHARING PLAN **EIN:** 95-0494000
Plan Sponsor's Name NEXGEN PHARMA, INC. **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	313,078	130,056	0	0