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 10/01/2010 and ending 09/30/2011

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;
- [X] 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
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.	07/16/2012	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

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**	325
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**	300
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	339
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	339
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	286
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 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)	X	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)	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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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 10/01/2010 and ending 09/30/2011

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)

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

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	2925	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 [ ]

(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

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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

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 10/01/2010 and ending 09/30/2011

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

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	0
(2) Participant contributions	1b(2)	21036	0
(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)	439087	575354
(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)	14562190	15586914
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	15028697	16162268
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		263
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	263
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15028697	16162005

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)	388086	
	(B) Participants	2a(1)(B)	1301514	
	(C) Others (including rollovers)	2a(1)(C)	284570	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1974170
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	172	
	(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)	21240	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21412
	(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)	345330	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		345330
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2066328	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2054017	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		12311

		(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)		-651537
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1701686
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	561235	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	4218	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		565453
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)	2925	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2925
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		568378
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1133308
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: 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.)	4a		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.)	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		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?	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			

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 10/01/2010 and ending 09/30/2011

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 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): 94-3149038

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):

PHARMACHEM LABORATORIES, INC.
RETIREMENT SAVINGS PLAN

Financial Statements
September 30, 2011 and 2010

PHARMACHEM LABORATORIES, INC.
RETIREMENT SAVINGS PLAN

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September 30, 2011 and 2010

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RAICH ENDE MALTER & CO. LLP
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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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, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended September 30, 2011, and the supplemental schedule Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2011. 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, 2011 and 2010, and for the year ended September 30, 2011, 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 Malter & Co LLP

RAICH ENDE MALTER & CO. LLP
East Meadow, New York
July 13, 2012

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PHARMACHEM LABORATORIES, INC.
RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	September 30,	
	2011	*2010*
ASSETS		
Investments - at fair value	**$ 15,586,914**	$ 14,562,190
Receivables		
Employer contributions	**-**	6,384
Participants' contributions	**-**	21,036
Participant notes	**575,354**	439,087
	575,354	466,507
TOTAL ASSETS	**16,162,268**	15,028,697
LIABILITIES		
Other liabilities	**263**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 16,162,005**	$ 15,028,697

See notes to financial statements.

PHARMACHEM LABORATORIES, INC.
RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended September 30, 2011

Additions to Net Assets Attributed to	
Investment income:	
Net depreciation in fair value of investments	$ (651,537)
Interest	172
Dividends	345,330
Gain on sale	12,311
	(293,724)
Interest income on participant notes receivable	21,240
Contributions	
Participants	1,301,514
Employer	388,086
Rollover	284,570
	1,974,170
Total Additions	1,701,686
Deductions from Net Assets Attributed to	
Benefits paid to participants	565,453
Administrative expenses	2,925
Total Deductions	568,378
Net Increase in Net Assets Available for Benefits	1,133,308
Net Assets Available for Benefits - beginning of year	15,028,697
Net Assets Available for Benefits - end of year	$ 16,162,005

See notes to financial statements.

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 Investment Management, Inc. as investment options for participants.

   The Company contributes matching contributions up to 50% of the participants' annual contribution, not to exceed 2.5% 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 vested 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. Participants become immediately vested due to death or disability, regardless of years of service. Forfeitures of nonvested employer matching contributions are used to reduce future matching contributions.

Continued

e. ***Notes Receivable from Participants*** - Participants may borrow from their Plan accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by the participant's highest outstanding note balance to the Plan during a one-year period, as defined, or 50% of their vested account balances less current outstanding note balances. All notes, other than those used to purchase a principal residence, must be repaid within five years. Notes used to purchase a principal residence can currently have terms of up to 30 years. All notes outstanding were in compliance with the provisions of the Plan applicable at the time of the note's inception. The notes are secured by the vested balance in the participant's account. The interest rate on each note is set at prime plus 1% at inception. At September 30, 2011, outstanding notes bear interest at rates ranging from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions or another approved manner, with payments made not less frequently than quarterly.

f. ***Payment of Benefits*** - Participants may elect to receive distribution of their benefits upon retirement, in the event of death or disability, in the event of immediate and heavy financial hardship, or upon termination of employment. Normal retirement age is 65. Participants who have vested benefits in excess of $1,000 and are eligible to receive benefits due to retirement, death or disability, hardship or termination, may elect to receive a lump-sum amount equal to the participant's vested interest in his or her account. If the vested benefit is less than $1,000, participants or, if applicable, the beneficiary will receive a mandatory lump-sum distribution of his or her benefits.

g. ***Forfeited Accounts*** - At September 30, 2011 and 2010, forfeited nonvested accounts totaled $37,802 and $26,352, respectively. The forfeited portion of nonvested accounts will be used to reduce future employer contributions.

2 - Summary of Significant Accounting Policies

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

a. ***Basis of Accounting*** - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

b. ***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.

c. ***Payments of Benefits*** - Benefits are recorded when paid.

d. ***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. The Plan provides for directional transactional charges, such as those for benefit payments or loan transactions, to be charged directly to the participant involved.

e. ***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.

Continued

f. ***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, 2011 and 2010 and for the year ended September 30, 2011. All investments are participant-directed.

Investments - at fair value:

	September 30,	
	2011	*2010*
Mutual funds	**$ 15,586,914**	$14,562,190

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

	September 30,	
	2011	*2010*
Mutual Funds		
Schwab Retirement Money Fund	**$ 2,205,078**	$ 1,674,454
Vanguard 500 Index Fund	**1,995,748**	1,915,946
PIMCO Total Return Fund	**1,376,526**	1,378,680
Rainier Large Cap Equity	**1,085,683**	1,135,864
T Rowe Price Retirement 2020	**851,657**	*

*Not more than 5% of Plan net assets

During 2011, the Plan's investments in mutual funds (including gains or losses on investments bought and sold, as well as held during the year) depreciated in value by $651,537.

4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; 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.

Continued

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. There have been no changes in the methodologies used at September 30, 2011 and 2010.

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, 2011:

	Assets at Fair Value			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual Funds				
Asset Allocation Funds	$ 2,692,946	$ -	$ -	**$ 2,692,946**
Money Market Funds	2,205,078	-	-	**2,205,078**
Large Blend Funds	2,331,201	-	-	**2,331,201**
Intermediate-Term Bond Funds	1,376,526	-	-	**1,376,526**
Large Growth Funds	1,363,837	-	-	**1,363,837**
Multi-Sector Bond Funds	775,683	-	-	**775,683**
Mid-Cap Growth Funds	677,563	-	-	**677,563**
Foreign Large Blend Funds	673,349	-	-	**673,349**
Moderate Allocation Funds	625,171	-	-	**625,171**
Mid-Cap Blend Funds	522,906	-	-	**522,906**
World Stock Funds	442,160	-	-	**442,160**
Diversified Emerging Market Funds	379,610	-	-	**379,610**
High Yield Bond Funds	370,194	-	-	**370,194**
Small Blend Funds	364,897	-	-	**364,897**
Real Estate Funds	285,779	-	-	**285,779**
Large Value Funds	255,964	-	-	**255,964**
Small Growth Funds	103,178	-	-	**103,178**
Retirement Income Funds	90,038	-	-	**90,038**
Conservative Allocation Funds	50,834	-	-	**50,834**
Total Assets at Fair Value	$15,586,914	$ -	$ -	**$15,586,914**

Continued

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				
Asset Allocation Funds	$ 2,692,765	$ -	$ -	**$ 2,692,765**
Large Blend Funds	2,233,311	-	-	**2,233,311**
Money Market Funds	1,674,454	-	-	**1,674,454**
Intermediate-Term Bond Funds	1,378,680	-	-	**1,378,680**
Large Growth Funds	1,378,568	-	-	**1,378,568**
Multi-Sector Bond Funds	718,493	-	-	**718,493**
Mid-Cap Growth Funds	653,088	-	-	**653,088**
Moderate Allocation Funds	589,944	-	-	**589,944**
World Stock Funds	459,100	-	-	**459,100**
Foreign Large Blend Funds	408,969	-	-	**408,969**
Diversified Emerging Market Funds	397,733	-	-	**397,733**
High Yield Bond Funds	386,753	-	-	**386,753**
Mid-Cap Blend Funds	379,330	-	-	**379,330**
Small Blend Funds	317,276	-	-	**317,276**
Real Estate Funds	268,825	-	-	**268,825**
Large Value Funds	225,052	-	-	**225,052**
Foreign Large Blend Funds	216,161	-	-	**216,161**
Small Growth Funds	78,548	-	-	**78,548**
Retirement Income Funds	72,425	-	-	**72,425**
Conservative Allocation Funds	32,715	-	-	**32,715**
Total Assets at Fair Value	$14,562,190	$ -	$ -	**$14,562,190**

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or the change in circumstances that caused the transfer. For the year ended September 30, 2011, there were no transfers into or out of Level 3.

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 participants 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.

Continued

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

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. Fees paid by the Plan for investment management services amounted to $2,925 for the year ended September 20, 2011.

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, 2012, 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, 2011

Plan #001
EIN #22-1625213

(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*
	Mutual Funds			
*	SCHWAB RETIREMENT MONEY FUND	Mutual Fund	(1)	$ 2,205,078
	VANGUARD 500 INDEX FD	Mutual Fund	(1)	1,995,748
	PIMCO TOTAL RETURN FUND INSTL CLASS	Mutual Fund	(1)	1,376,526
	RAINIER LARGE CAP EQ PORT INSTL	Mutual Fund	(1)	1,085,683
	T ROWE PRICE RETIREMENT 2020	Mutual Fund	(1)	851,657
	T ROWE PRICE SPECTRUM INCOME	Mutual Fund	(1)	775,683
	MORGAN STANLEY INST TR MID-CAP GR	Mutual Fund	(1)	677,563
	VANGUARD WELLINGTON	Mutual Fund	(1)	625,171
	T ROWE PRICE RETIREMENT 2010	Mutual Fund	(1)	512,380
	VANGUARD GLOBAL EQUITY FD INVESTOR	Mutual Fund	(1)	442,160
	HARBOR INTERNATIONAL FUND	Mutual Fund	(1)	428,654
	T ROWE PRICE RETIREMENT 2025	Mutual Fund	(1)	410,685
	OPPENHEIMER DEVELOPING MKTS Y	Mutual Fund	(1)	379,610
	T ROWE PRICE HIGH YIELD	Mutual Fund	(1)	370,194
	DAVIS NEW YORK VENTURE	Mutual Fund	(1)	335,453
	T ROWE PRICE RETIREMENT 2015	Mutual Fund	(1)	330,641
	VANGUARD MID CAP INDEX	Mutual Fund	(1)	316,510
	T ROWE PRICE REAL ESTATE	Mutual Fund	(1)	285,779
	HARBOR CAPITAL APPRECIATION	Mutual Fund	(1)	278,154
	T ROWE PRICE RETIREMENT 2030	Mutual Fund	(1)	273,702
	VANGUARD WINDSOR II PORTFOLIO	Mutual Fund	(1)	255,964
	THORNBURG INTL VALUE INSTL CLASS	Mutual Fund	(1)	244,695
	VANGUARD SMALL-CAP INDEX	Mutual Fund	(1)	225,023
	ARTISAN MIDCAP VALUE	Mutual Fund	(1)	206,396
	T ROWE PRICE RETIREMENT 2035	Mutual Fund	(1)	169,182
	ROYCE TOTAL RETURN INSTL CL	Mutual Fund	(1)	139,874
	VANGUARD SMALL CAP GROWTH INDEX	Mutual Fund	(1)	103,178
	T ROWE PRICE RETIREMENT 2040	Mutual Fund	(1)	98,669
	T ROWE PRICE RETIREMENT INCOME	Mutual Fund	(1)	90,038
	VANGUARD WELLESLEY INCOME	Mutual Fund	(1)	50,834
	T ROWE PRICE RETIREMENT 2045	Mutual Fund	(1)	27,890
	T ROWE PRICE RETIREMENT 2055	Mutual Fund	(1)	9,607
	T ROWE PRICE RETIREMENT 2050	Mutual Fund	(1)	8,533
	Notes Receivable from Participants	Due at various dates through May 2014, with interest rates of 4.25% to 9.25%	-0-	575,354
				$ 16,162,268

* Represents party-in-interest transactions.
(1) Cost information is not presented - participant-directed.

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, 2010/Sept. 30, 2011 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	2205078.04
*	Newport Group	Pimco Total Return	NA	1376526.02
*	Newport Group	T. Rowe Price Spectrum Income	NA	775682.86
*	Newport Group	Vanguard Wellesley Income	NA	50834.51
*	Newport Group	Vanguard Wellington	NA	625170.95
*	Newport Group	Vanguard Windsor II	NA	255963.97
*	Newport Group	Davis New York Venture	NA	335452.75
*	Newport Group	Vanguard Index 500	NA	1995748.24
*	Newport Group	Rainier Core Equity	NA	1085683.55
*	Newport Group	Harbor Capital Appreciation	NA	278153.76
*	Newport Group	Artisan Mid Cap Value	NA	206395.98
*	Newport Group	Vanguard Mid Cap Index	NA	316509.80
*	Newport Group	Morgan Stanley Mid Cap Growth	NA	677562.67
*	Newport Group	Royce Total Return Inst'l	NA	139874.16
*	Newport Group	Vanguard Small Cap Index	NA	225022.60
*	Newport Group	Vanguard Small Cap Growth Index	NA	103177.69
*	Newport Group	Harbor International	NA	428654.29
*	Newport Group	Thornburg International Value	NA	244694.78
*	Newport Group	T. Rowe Price Real Estate	NA	285779.57
*	Newport Group	T. Rowe Price High Yield Bond	NA	370194.14
*	Newport Group	Vanguard Global Equity	NA	442159.55
*	Newport Group	T. Rowe Price Retirement Income	NA	90038.41
*	Newport Group	T. Rowe Price Retirement 2010	NA	512379.60
*	Newport Group	T. Rowe Price Retirement 2015	NA	330641.42
*	Newport Group	T. Rowe Price Retirement 2020	NA	851656.91
*	Newport Group	T. Rowe Price Retirement 2025	NA	410684.92
*	Newport Group	T. Rowe Price Retirement 2030	NA	273701.78
*	Newport Group	T. Rowe Price Retirement 2035	NA	169181.82
*	Newport Group	T. Rowe Price Retirement 2040	NA	98669.16
*	Newport Group	T. Rowe Price Retirement 2045	NA	27889.82
*	Newport Group	T. Rowe Price Retirement 2050	NA	8532.76
*	Newport Group	T. Rowe Price Retirement 2055	NA	9606.92
*	Newport Group	Oppenheimer Developing Markets	NA	379610.43
*	Newport Group	Participant Loans 4.25%	NA	575353.71