

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>RADICISPANDEX CORP 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>04/01/2001</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>RADICISPANDEX CORP.</u> <u>960 SEVILLE ROAD</u> <u>WADSWORTH, OH 44281</u>	2b Employer Identification Number (EIN) <u>57-0901376</u>	2c Sponsor's telephone number <u>330-336-7611</u>	2d Business code (see instructions) <u>313000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2013	RONALD COLEMAN
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address RADICISPANDEX CORP. 960 SEVILLE ROAD WADSWORTH, OH 44281		3b Administrator's EIN 57-0901376
		3c Administrator's telephone number 330-336-7611
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		5 158
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	19
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	56
d Subtotal. Add lines 6a , 6b , and 6c	6d	75
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	75
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	67
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan RADICISPANDEX CORP 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RADICISPANDEX CORP.	D Employer Identification Number (EIN) 57-0901376

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	775	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ALLSTATE FINANCIAL SERVICES LLC

47-0826838

(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?
61	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MAR 21ST CENT A - COLUMBIA MGT P.O. BOX 219643 KANSAS CITY, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MDCAP VAL A - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266-8081	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EV DIV BUILDER A - BNY MELLON INV S P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HEARTLAND VALUE INV - ALPS FUND SER 20-3247785	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS GRTH & INC S - JANUS SERVICES 43-1804048	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN R - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%	

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
ALLSTATE FINANCIAL SERVICES LLC	61	0
(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.	
COLUMBIA MDCAP VAL A - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266-8081	\$0-<\$3M=1.00% \$3M-<\$50M=0.50% \$50M+=0.25%	
(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.	

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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>RADICISPANDEX CORP 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADICISPANDEX CORP.</u>	D Employer Identification Number (EIN) <u>57-0901376</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1458560	231673
	(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)	221080	25580
	(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)	3794531	2563204
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5474171	2820457

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5474171	2820457
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	64243	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		64243
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	65	
(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)	3498	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3563
(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)	45567	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		45567
(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)		
(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)		

		(a) Amount	(b) Total
(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)		372743
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		486116

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3135103	
(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)		3135103
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		3951
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	776	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		776
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3139830

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-2653714
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **RODL LANGFORD DE KOCK LLP**

(2) EIN: **58-2594719**

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>RADICISPANDEX CORP 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADICISPANDEX CORP.</u>	D Employer Identification Number (EIN) <u>57-0901376</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

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

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

RADICISPANDEX 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2012 AND 2011
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Rödl Langford de Kock LLP

Certified Public Accountants

Two Liberty Square
75 Beattie Place, Suite 550
Greenville, SC 29601, USA
Phone +1-864-242-2611
Fax +1-864-242-2210
E-Mail info@roedlUSA.com
Internet www.roedl.com/us

INDEPENDENT AUDITORS' REPORT

To the Trustee and Participants of

Radicispandex 401(k) Retirement Plan:

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Radicispandex 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, (the "Custodian") the custodian of the Plan, except for comparing such information with the related information included in the financial statements. 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 December 31, 2012 and 2011, and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.

Represented by Rödl & Partner International in:

Austria, Belarus, Brazil, Bulgaria, Croatia, Czech Republic, Estonia, France, Georgia, Germany, Hong Kong, Hungary, India, Indonesia, Italy, Kazakhstan, Latvia, Lithuania, Malaysia, Mexico, Moldova, People's Republic of China, Poland, Romania, Russian Federation, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Ukraine, United Arab Emirates, United Kingdom, United States of America, Vietnam

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedule as of December 31, 2012 is required by ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 10 to the financial statements, the Board of Directors of Radicispandex Corporation, the Plan's sponsor, voted in June 2013 to terminate the Plan, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to this matter.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, as listed in the accompanying table of contents, other than that derived from the information certified by the Custodian, has 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 ERISA.

Rödl Langford de Kock LLP

Greenville, South Carolina
September 27, 2013

RADICISPANDEX 401(k) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments at fair value:		
Money market fund	\$ 231,673	\$ 1,458,560
Mutual funds	<u>2,563,204</u>	<u>3,794,531</u>
	<u>2,794,877</u>	<u>5,253,091</u>
Receivables		
Notes receivable from participants	25,580	221,266
Sponsor contributions	<u>4,712</u>	<u>-</u>
	<u>30,292</u>	<u>221,266</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,825,169</u></u>	<u><u>\$ 5,474,357</u></u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

RADICISPANDEX 401(k) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of mutual funds	\$ 418,310	\$ (129,956)
Interest on money market fund	65	107
	<u>418,375</u>	<u>(129,849)</u>
Interest income on notes receivable from participants	<u>3,498</u>	<u>14,303</u>
Contributions		
Participant	64,243	250,679
Sponsor	4,712	-
	<u>68,955</u>	<u>250,679</u>
	<u>490,828</u>	<u>135,133</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	3,139,240	739,525
Administrative fees	776	2,812
	<u>3,140,016</u>	<u>742,337</u>
Net decrease	(2,649,188)	(607,204)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>5,474,357</u>	<u>6,081,561</u>
END OF YEAR	<u>\$ 2,825,169</u>	<u>\$ 5,474,357</u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

RADICISPANDEX 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

1. DESCRIPTION OF THE PLAN

The following description of the Radicispandex 401(k) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Adoption Agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of Radicispandex Corporation (the “Sponsor”) who have completed one month of service and are actively employed. The Plan became effective April 1, 2001, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and the Internal Revenue Code (“IRC”).

Contributions

Employees eligible to participate in the Plan (“participants”) may contribute up to 75% of their eligible compensation (as defined) to the Plan under a salary deferral arrangement, up to the limit prescribed by the IRC, which is adjusted annually by the Internal Revenue Service (“IRS”). Participants may also make rollover contributions, which represent distributions from other qualified retirement plans.

The Sponsor, at its sole discretion, may make matching contributions on behalf of participants who make salary deferral contributions to the Plan. The amount of the matching contribution, if any, is equal to a percentage of the participants’ deferral contributions, up to a specified percentage of the participants’ compensation. The Sponsor did not elect to make matching contributions for the years ended December 31, 2012 and 2011.

Investment options

The Plan’s assets are held by Fidelity Management Trust Company (the “Custodian”), the custodian of the Plan’s investment assets. Under this arrangement with the Custodian and upon enrollment in the Plan, a participant may direct employee contributions in any whole percentage increments in any of the available funds. Participants may change their allocation to the various investment options at any time via telephone or the internet.

Participant accounts

Each participant’s account is credited with the participant’s contributions and any Sponsor contributions made on behalf of the participant, as well as the earnings or losses on the investments chosen by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance.

Vesting

Participants are automatically 100% vested in employer's contributions and the earnings thereon made between January 1, 2006 and December 31, 2008. Prior to January 1, 2006 and subsequent to December 31, 2008, vesting in the employer's contributions and the earnings thereon was based on years of continuous service. Participants are 20% vested after one year of service and an additional 20% for each year thereafter. A participant is fully vested after five years of service. Effective November 1, 2011, as a result of a deemed partial plan termination under IRC, all participants became 100% vested in their account balances.

Forfeited accounts

Forfeited non-vested accounts can be used to reduce employer matching contributions to the Plan in the years following the Plan year in which the forfeiture occurs. For the years ended December 31, 2012 and

2011, forfeited amounts totaled \$5,190 and \$6,360, respectively. During the year ended December 31, 2012, the Plan allocated \$12,266 of forfeitures outstanding to all participants. For the year ended December 31, 2011 forfeitures available for use were \$7,075. There were no forfeitures available for use at December 31, 2012. As discussed in Note 10, forfeited amounts from the year ended December 31, 2012 were made from vested account balances and restored to participants accounts subsequent to year end.

Payment of benefits

Upon termination of service with the Sponsor or upon attainment of age 59 ½, a participant may request a lump-sum distribution equal to the value of his or her account. A terminated participant who does not request a distribution and whose vested account balance does not exceed \$1,000 will receive a lump-sum distribution of the vested account balance immediately following termination. Participants under age 59 ½ and still employed with the Sponsor may also request hardship withdrawals, as defined under the IRC.

Notes receivable from participants

Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balances, with a minimum amount of \$1,000. A participant may have no more than one loan outstanding at any time. Loans are secured by the balance in the participant's vested account and bear interest at a fixed rate as determined by the Custodian. Loan terms normally range from one to five years, unless the loan is for the purchase of the participant's principal residence, in which case the term may be up to 10 years. Principal and interest are paid ratably throughout the term of the loan through payroll deductions. As of December 31, 2012, the interest rate on outstanding loans was 5.50%. As of December 31, 2011, interest rates on outstanding loans ranged from 5.50% to 10.25%.

Administrative expenses

Administrative costs associated with certain participant-initiated transactions are paid by the Plan and are charged to the accounts of the participants who initiate the transactions.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Payment of benefits

Benefits are recorded when paid.

Investment valuation and income recognition

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. See Note 4 for discussion of fair value measurements. Interest income is recorded when earned. Net appreciation/depreciation in fair value of mutual funds includes dividends and realized and unrealized gains and losses on those investments.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the Plan's provisions.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent events

The Plan has evaluated subsequent events through September 27, 2013, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

The following information included in the Plan's financial statements and supplemental schedule was prepared and certified as complete and accurate by the Custodian as of December 31, 2012 and 2011, and for the years then ended:

	2012	2011
Investments:		
Money market fund	\$ 231,673	\$ 1,458,560
Mutual funds	2,563,204	3,794,531
	<u>\$ 2,794,877</u>	<u>\$ 5,253,091</u>
Investment income:		
Net appreciation (depreciation) in fair value of mutual funds	\$ 418,310	\$ (129,956)
Interest on money market fund	65	107
	<u>\$ 418,375</u>	<u>\$ (129,849)</u>

The fair values of investments that represent 5% or more of the Plan's net assets available for benefits are as follows at December 31:

	2012	2011
FA Freedom 2030 A	\$ 443,954	\$ 506,146
FA Freedom 2025 A	398,760	504,648
FA Freedom 2040 A	353,799	771,338
FA New Insights A	266,176	163,457 *
FA Freedom 2035 A	254,825	414,654
Fidelity Prime Money Market Fund	231,673	1,458,560
FA Lev Co Stock A	191,051	150,771 *
FA Freedom 2015 A	147,980	134,694 *
FA Freedom 2020 A	109,461 *	579,862

*Investment represents less than 5% of net assets in the year indicated, shown above for comparison only.

4. FAIR VALUE MEASUREMENTS

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

Level 1

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

Level 2

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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 during the years ended December 31, 2012 and 2011.

- Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.
- Money market fund: Valued at the 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 Sponsor 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 tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

Investments at fair value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target date balanced stock funds	\$ 1,854,751	\$ -	\$ -	\$ 1,854,751
Large cap stock funds	301,840	-	-	301,840
Mid cap stock funds	223,598	-	-	223,598
Small cap stock funds	68,690	-	-	68,690
Bond funds	56,420	-	-	56,420
Specialty stock funds	40,359	-	-	40,359
International stock funds	17,546	-	-	17,546
	2,563,204	-	-	2,563,204
Money market fund	231,673	-	-	231,673
	<u>\$ 2,794,877</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,794,877</u>

Investments at fair value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target date balanced stock funds	\$ 3,206,845	\$ -	\$ -	\$ 3,206,845
Large cap stock funds	198,359	-	-	198,359
Mid cap stock funds	175,857	-	-	175,857
Bond funds	96,629	-	-	96,629
Small cap stock funds	62,949	-	-	62,949
Specialty stock funds	32,920	-	-	32,920
International stock funds	20,972	-	-	20,972
	3,794,531	-	-	3,794,531
Money market fund	1,458,560	-	-	1,458,560
	<u>\$ 5,253,091</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,253,091</u>

5. PLAN TERMINATION

As discussed in Note 10, the Board of Directors of the sponsor voted in June 2013 to terminate the Plan.

6. RELATED PARTY TRANSACTIONS

The Sponsor incurs costs on behalf of the Plan and also provides recordkeeping and administrative services to the Plan at no cost.

Certain investments held by the Plan are managed by the Custodian. Accordingly, transactions qualify as party-in-interest transactions as defined by ERISA.

7. 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 statement of net assets available for benefits.

8. RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per Form 5500 to the financial statements:

	2012	2011
Net assets available for benefits per Form 5500	\$ 2,820,457	\$ 5,474,171
Deemed distribution - participant loans	-	186
Sponsor contribution receivable	4,712	-
Net assets available for benefits per financial statements	<u>\$ 2,825,169</u>	<u>\$ 5,474,357</u>

The following is a reconciliation of the changes in net assets available for benefits per Form 5500 to the financial statements:

	2012	2011
Decrease in net assets available for benefits per Form 5500	\$ (2,653,714)	\$ (607,217)
Current year deemed distribution - participant loans	-	186
Prior year deemed distribution - participant loans	(186)	(173)
Sponsor contribution receivable	4,712	-
Decrease in net assets available for benefits per financial statements	<u>\$ (2,649,188)</u>	<u>\$ (607,204)</u>

9. TAX STATUS

The Plan uses a prototype plan document provided by the Fidelity Management Trust Company. Fidelity Management Trust Company received an opinion letter from the IRS, dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan has not obtained a determination from the IRS on its adoption of the prototype plan. In accordance with Revenue Procedure 2002-6, the Sponsor has chosen to rely on the opinion letter of the prototype plan. Subsequent to this opinion letter, the prototype plan has been amended. The Sponsor believes the Plan, as amended, is being operated in compliance with the applicable requirements of the IRC and, therefore, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 and 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2009.

10. SUBSEQUENT EVENTS

As discussed in Note 1, during 2013, the Sponsor determined that the Plan was deemed to have partially terminated on November 1, 2011 under IRC. As a result of the partial termination, participants became fully vested in their entire account balances and no forfeitures should have occurred during 2012. The Sponsor made a contribution during 2013 to restore participant accounts for the erroneous forfeitures in the amount of \$4,712. This amount is included in Sponsor contributions receivable on the accompanying Statement of Net Assets Available for Benefits.

The Board of Directors of the Sponsor voted in June 2013 to terminate the Plan.

RADICISPANDEX 401(k) RETIREMENT PLAN
EIN 57-0901376; PLAN #001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Aberdeen Street Trust	FA Freedom 2030 A	**	\$ 443,954
*	Fidelity Aberdeen Street Trust	FA Freedom 2025 A	**	398,760
*	Fidelity Aberdeen Street Trust	FA Freedom 2040 A	**	353,799
*	Fidelity Contrafund	FA New Insights A	**	266,176
*	Fidelity Aberdeen Street Trust	FA Freedom 2035 A	**	254,825
*	Fidelity Hereford Street Trust	Fidelity Prime Money Market Fund	**	231,673
*	Fidelity Advisor Series I	FA Lev Co Stock A	**	191,051
*	Fidelity Aberdeen Street Trust	FA Freedom 2015 A	**	147,980
*	Fidelity Aberdeen Street Trust	FA Freedom 2010 A	**	112,829
*	Fidelity Aberdeen Street Trust	FA Freedom 2020 A	**	109,461
*	PIMCO Funds	Pimco Total Return R	**	56,420
*	Fidelity Advisor Series VII	FA Industrials	**	40,359
*	Eaton Vance Special Investment Trust	EV Div Builder A	**	35,664
*	Fidelity Advisor Series I	FA Small Cap A	**	35,528
*	Heartland Funds	Heartland Value Inv.	**	33,162
*	Columbia Funds Series Trust	Columbia Mid Cap Value A	**	32,547
*	Fidelity Aberdeen Street Trust	FA Freedom 2050 A	**	22,616
*	Fidelity Advisor Series VIII	FA Emerging Markets A	**	17,546
*	Fidelity Aberdeen Street Trust	FA Freedom 2045 A	**	10,527
*	Participant Loans	Interest rates of 5.50% with maturity dates from 2014-2017	**	25,580
				<u>\$2,820,457</u>

* Indicates party-in-interest in Plan

** Cost information omitted due to participant directed funds

NOTE: Information in the above schedule, except for participant loan information, was derived from schedules certified by Fidelity Management Trust Company.

RADICISPANDEX 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2012 AND 2011
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Rödl Langford de Kock LLP

Certified Public Accountants

Two Liberty Square
75 Beattie Place, Suite 550
Greenville, SC 29601, USA
Phone +1-864-242-2611
Fax +1-864-242-2210
E-Mail info@roedlUSA.com
Internet www.roedl.com/us

INDEPENDENT AUDITORS' REPORT

To the Trustee and Participants of

Radicispandex 401(k) Retirement Plan:

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Radicispandex 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, (the "Custodian") the custodian of the Plan, except for comparing such information with the related information included in the financial statements. 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 December 31, 2012 and 2011, and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.

Represented by Rödl & Partner International in:

Austria, Belarus, Brazil, Bulgaria, Croatia, Czech Republic, Estonia, France, Georgia, Germany, Hong Kong, Hungary, India, Indonesia, Italy, Kazakhstan, Latvia, Lithuania, Malaysia, Mexico, Moldova, People's Republic of China, Poland, Romania, Russian Federation, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Ukraine, United Arab Emirates, United Kingdom, United States of America, Vietnam

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedule as of December 31, 2012 is required by ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 10 to the financial statements, the Board of Directors of Radicispandex Corporation, the Plan's sponsor, voted in June 2013 to terminate the Plan, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to this matter.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, as listed in the accompanying table of contents, other than that derived from the information certified by the Custodian, has 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 ERISA.

Rödl Langford de Kock LLP

Greenville, South Carolina
September 27, 2013

RADICISPANDEX 401(k) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments at fair value:		
Money market fund	\$ 231,673	\$ 1,458,560
Mutual funds	<u>2,563,204</u>	<u>3,794,531</u>
	<u>2,794,877</u>	<u>5,253,091</u>
Receivables		
Notes receivable from participants	25,580	221,266
Sponsor contributions	<u>4,712</u>	<u>-</u>
	<u>30,292</u>	<u>221,266</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,825,169</u></u>	<u><u>\$ 5,474,357</u></u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

RADICISPANDEX 401(k) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of mutual funds	\$ 418,310	\$ (129,956)
Interest on money market fund	65	107
	<u>418,375</u>	<u>(129,849)</u>
Interest income on notes receivable from participants	<u>3,498</u>	<u>14,303</u>
Contributions		
Participant	64,243	250,679
Sponsor	4,712	-
	<u>68,955</u>	<u>250,679</u>
	<u>490,828</u>	<u>135,133</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	3,139,240	739,525
Administrative fees	776	2,812
	<u>3,140,016</u>	<u>742,337</u>
Net decrease	(2,649,188)	(607,204)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>5,474,357</u>	<u>6,081,561</u>
END OF YEAR	<u>\$ 2,825,169</u>	<u>\$ 5,474,357</u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

RADICISPANDEX 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

1. DESCRIPTION OF THE PLAN

The following description of the Radicispandex 401(k) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Adoption Agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of Radicispandex Corporation (the “Sponsor”) who have completed one month of service and are actively employed. The Plan became effective April 1, 2001, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and the Internal Revenue Code (“IRC”).

Contributions

Employees eligible to participate in the Plan (“participants”) may contribute up to 75% of their eligible compensation (as defined) to the Plan under a salary deferral arrangement, up to the limit prescribed by the IRC, which is adjusted annually by the Internal Revenue Service (“IRS”). Participants may also make rollover contributions, which represent distributions from other qualified retirement plans.

The Sponsor, at its sole discretion, may make matching contributions on behalf of participants who make salary deferral contributions to the Plan. The amount of the matching contribution, if any, is equal to a percentage of the participants’ deferral contributions, up to a specified percentage of the participants’ compensation. The Sponsor did not elect to make matching contributions for the years ended December 31, 2012 and 2011.

Investment options

The Plan’s assets are held by Fidelity Management Trust Company (the “Custodian”), the custodian of the Plan’s investment assets. Under this arrangement with the Custodian and upon enrollment in the Plan, a participant may direct employee contributions in any whole percentage increments in any of the available funds. Participants may change their allocation to the various investment options at any time via telephone or the internet.

Participant accounts

Each participant’s account is credited with the participant’s contributions and any Sponsor contributions made on behalf of the participant, as well as the earnings or losses on the investments chosen by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance.

Vesting

Participants are automatically 100% vested in employer's contributions and the earnings thereon made between January 1, 2006 and December 31, 2008. Prior to January 1, 2006 and subsequent to December 31, 2008, vesting in the employer's contributions and the earnings thereon was based on years of continuous service. Participants are 20% vested after one year of service and an additional 20% for each year thereafter. A participant is fully vested after five years of service. Effective November 1, 2011, as a result of a deemed partial plan termination under IRC, all participants became 100% vested in their account balances.

Forfeited accounts

Forfeited non-vested accounts can be used to reduce employer matching contributions to the Plan in the years following the Plan year in which the forfeiture occurs. For the years ended December 31, 2012 and

2011, forfeited amounts totaled \$5,190 and \$6,360, respectively. During the year ended December 31, 2012, the Plan allocated \$12,266 of forfeitures outstanding to all participants. For the year ended December 31, 2011 forfeitures available for use were \$7,075. There were no forfeitures available for use at December 31, 2012. As discussed in Note 10, forfeited amounts from the year ended December 31, 2012 were made from vested account balances and restored to participants accounts subsequent to year end.

Payment of benefits

Upon termination of service with the Sponsor or upon attainment of age 59 ½, a participant may request a lump-sum distribution equal to the value of his or her account. A terminated participant who does not request a distribution and whose vested account balance does not exceed \$1,000 will receive a lump-sum distribution of the vested account balance immediately following termination. Participants under age 59 ½ and still employed with the Sponsor may also request hardship withdrawals, as defined under the IRC.

Notes receivable from participants

Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balances, with a minimum amount of \$1,000. A participant may have no more than one loan outstanding at any time. Loans are secured by the balance in the participant's vested account and bear interest at a fixed rate as determined by the Custodian. Loan terms normally range from one to five years, unless the loan is for the purchase of the participant's principal residence, in which case the term may be up to 10 years. Principal and interest are paid ratably throughout the term of the loan through payroll deductions. As of December 31, 2012, the interest rate on outstanding loans was 5.50%. As of December 31, 2011, interest rates on outstanding loans ranged from 5.50% to 10.25%.

Administrative expenses

Administrative costs associated with certain participant-initiated transactions are paid by the Plan and are charged to the accounts of the participants who initiate the transactions.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Payment of benefits

Benefits are recorded when paid.

Investment valuation and income recognition

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. See Note 4 for discussion of fair value measurements. Interest income is recorded when earned. Net appreciation/depreciation in fair value of mutual funds includes dividends and realized and unrealized gains and losses on those investments.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the Plan's provisions.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent events

The Plan has evaluated subsequent events through September 27, 2013, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

The following information included in the Plan's financial statements and supplemental schedule was prepared and certified as complete and accurate by the Custodian as of December 31, 2012 and 2011, and for the years then ended:

	2012	2011
Investments:		
Money market fund	\$ 231,673	\$ 1,458,560
Mutual funds	2,563,204	3,794,531
	<u>\$ 2,794,877</u>	<u>\$ 5,253,091</u>
Investment income:		
Net appreciation (depreciation) in fair value of mutual funds	\$ 418,310	\$ (129,956)
Interest on money market fund	65	107
	<u>\$ 418,375</u>	<u>\$ (129,849)</u>

The fair values of investments that represent 5% or more of the Plan's net assets available for benefits are as follows at December 31:

	2012	2011
FA Freedom 2030 A	\$ 443,954	\$ 506,146
FA Freedom 2025 A	398,760	504,648
FA Freedom 2040 A	353,799	771,338
FA New Insights A	266,176	163,457 *
FA Freedom 2035 A	254,825	414,654
Fidelity Prime Money Market Fund	231,673	1,458,560
FA Lev Co Stock A	191,051	150,771 *
FA Freedom 2015 A	147,980	134,694 *
FA Freedom 2020 A	109,461 *	579,862

*Investment represents less than 5% of net assets in the year indicated, shown above for comparison only.

4. FAIR VALUE MEASUREMENTS

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

Level 1

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

Level 2

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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 during the years ended December 31, 2012 and 2011.

- Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.
- Money market fund: Valued at the 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 Sponsor 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 tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

Investments at fair value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target date balanced stock funds	\$ 1,854,751	\$ -	\$ -	\$ 1,854,751
Large cap stock funds	301,840	-	-	301,840
Mid cap stock funds	223,598	-	-	223,598
Small cap stock funds	68,690	-	-	68,690
Bond funds	56,420	-	-	56,420
Specialty stock funds	40,359	-	-	40,359
International stock funds	17,546	-	-	17,546
	2,563,204	-	-	2,563,204
Money market fund	231,673	-	-	231,673
	<u>\$ 2,794,877</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,794,877</u>

Investments at fair value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target date balanced stock funds	\$ 3,206,845	\$ -	\$ -	\$ 3,206,845
Large cap stock funds	198,359	-	-	198,359
Mid cap stock funds	175,857	-	-	175,857
Bond funds	96,629	-	-	96,629
Small cap stock funds	62,949	-	-	62,949
Specialty stock funds	32,920	-	-	32,920
International stock funds	20,972	-	-	20,972
	3,794,531	-	-	3,794,531
Money market fund	1,458,560	-	-	1,458,560
	<u>\$ 5,253,091</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,253,091</u>

5. PLAN TERMINATION

As discussed in Note 10, the Board of Directors of the sponsor voted in June 2013 to terminate the Plan.

6. RELATED PARTY TRANSACTIONS

The Sponsor incurs costs on behalf of the Plan and also provides recordkeeping and administrative services to the Plan at no cost.

Certain investments held by the Plan are managed by the Custodian. Accordingly, transactions qualify as party-in-interest transactions as defined by ERISA.

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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 statement of net assets available for benefits.

8. RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per Form 5500 to the financial statements:

	2012	2011
Net assets available for benefits per Form 5500	\$ 2,820,457	\$ 5,474,171
Deemed distribution - participant loans	-	186
Sponsor contribution receivable	4,712	-
Net assets available for benefits per financial statements	<u>\$ 2,825,169</u>	<u>\$ 5,474,357</u>

The following is a reconciliation of the changes in net assets available for benefits per Form 5500 to the financial statements:

	2012	2011
Decrease in net assets available for benefits per Form 5500	\$ (2,653,714)	\$ (607,217)
Current year deemed distribution - participant loans	-	186
Prior year deemed distribution - participant loans	(186)	(173)
Sponsor contribution receivable	4,712	-
Decrease in net assets available for benefits per financial statements	<u>\$ (2,649,188)</u>	<u>\$ (607,204)</u>

9. TAX STATUS

The Plan uses a prototype plan document provided by the Fidelity Management Trust Company. Fidelity Management Trust Company received an opinion letter from the IRS, dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan has not obtained a determination from the IRS on its adoption of the prototype plan. In accordance with Revenue Procedure 2002-6, the Sponsor has chosen to rely on the opinion letter of the prototype plan. Subsequent to this opinion letter, the prototype plan has been amended. The Sponsor believes the Plan, as amended, is being operated in compliance with the applicable requirements of the IRC and, therefore, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 and 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2009.

10. SUBSEQUENT EVENTS

As discussed in Note 1, during 2013, the Sponsor determined that the Plan was deemed to have partially terminated on November 1, 2011 under IRC. As a result of the partial termination, participants became fully vested in their entire account balances and no forfeitures should have occurred during 2012. The Sponsor made a contribution during 2013 to restore participant accounts for the erroneous forfeitures in the amount of \$4,712. This amount is included in Sponsor contributions receivable on the accompanying Statement of Net Assets Available for Benefits.

The Board of Directors of the Sponsor voted in June 2013 to terminate the Plan.

RADICISPANDEX 401(k) RETIREMENT PLAN
EIN 57-0901376; PLAN #001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Aberdeen Street Trust	FA Freedom 2030 A	**	\$ 443,954
*	Fidelity Aberdeen Street Trust	FA Freedom 2025 A	**	398,760
*	Fidelity Aberdeen Street Trust	FA Freedom 2040 A	**	353,799
*	Fidelity Contrafund	FA New Insights A	**	266,176
*	Fidelity Aberdeen Street Trust	FA Freedom 2035 A	**	254,825
*	Fidelity Hereford Street Trust	Fidelity Prime Money Market Fund	**	231,673
*	Fidelity Advisor Series I	FA Lev Co Stock A	**	191,051
*	Fidelity Aberdeen Street Trust	FA Freedom 2015 A	**	147,980
*	Fidelity Aberdeen Street Trust	FA Freedom 2010 A	**	112,829
*	Fidelity Aberdeen Street Trust	FA Freedom 2020 A	**	109,461
*	PIMCO Funds	Pimco Total Return R	**	56,420
*	Fidelity Advisor Series VII	FA Industrials	**	40,359
*	Eaton Vance Special Investment Trust	EV Div Builder A	**	35,664
*	Fidelity Advisor Series I	FA Small Cap A	**	35,528
*	Heartland Funds	Heartland Value Inv.	**	33,162
*	Columbia Funds Series Trust	Columbia Mid Cap Value A	**	32,547
*	Fidelity Aberdeen Street Trust	FA Freedom 2050 A	**	22,616
*	Fidelity Advisor Series VIII	FA Emerging Markets A	**	17,546
*	Fidelity Aberdeen Street Trust	FA Freedom 2045 A	**	10,527
*	Participant Loans	Interest rates of 5.50% with maturity dates from 2014-2017	**	25,580
				<u>\$2,820,457</u>

* Indicates party-in-interest in Plan

** Cost information omitted due to participant directed funds

NOTE: Information in the above schedule, except for participant loan information, was derived from schedules certified by Fidelity Management Trust Company.