

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 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>BIORX 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2008</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2008</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BIORX, LLC</u> <u>10828 KENWOOD RD</u> <u>CINCINNATI, OH 45242</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>01-0808529</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-792-7080</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>446110</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>01-0808529</u>	2c Sponsor's telephone number <u>513-792-7080</u>	2d Business code (see instructions) <u>446110</u>	
2b Employer Identification Number (EIN) <u>01-0808529</u>					
2c Sponsor's telephone number <u>513-792-7080</u>					
2d Business code (see instructions) <u>446110</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.	<u>09/15/2014</u>	<u>CHERYL CLARK</u>
	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		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	211
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	228
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	30
d Subtotal. Add lines 6a , 6b , and 6c		6d	258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	259
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	160
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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: 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)		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	(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)		
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)		
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan BIORX 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BIORX, LLC	D Employer Identification Number (EIN) 01-0808529	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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?
37 64 65	RECORDKEEPER	575	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MCGLADREY LLP	b EIN: 42-0714325
c Position: ACCOUNTANTS	
d Address: 80 CITY SQUARE BOSTON, MA 02129	e Telephone: 617-912-9000

Explanation: SELECTION OF LOCAL BASED FIRM.

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 2013 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan BIORX 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BIORX, LLC	D Employer Identification Number (EIN) 01-0808529	

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	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	87707	20378
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	62709	75057
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2965324	5431941
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3115740	5527376

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3115740	5527376
---	-----------	---------	---------

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)	411912	
(B) Participants	2a(1)(B)	956864	
(C) Others (including rollovers)	2a(1)(C)	312928	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1681704
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	70	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2787	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2857
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	273513	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		273513
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		668180
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		2626254

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213923	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		213923
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	695	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		695
j Total expenses. Add all expense amounts in column (b) and enter total	2j		214618

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2411636
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: CLARK, SCHAEFER, HACKETT & COMPANY

(2) EIN: 31-0800053

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		2046871
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>BIORX 401(K) 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>BIORX, LLC</u>	D Employer Identification Number (EIN) <u>01-0808529</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
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): _____

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2013

			<u>Total that Constitute Nonexempt Prohibited Transactions</u>				
<u>Participant Contributions Transferred Late to Plan</u>			<u>Check if Late Participant Loan Repayments</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>					
\$ <u>10,610</u>	4/19/2013	8/19/2013	v	<u>-</u>	<u>10,610</u>	<u>-</u>	<u>-</u>

* All amounts, including lost earnings of \$106, were fully corrected in 2013.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2012

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 21,569	1/6/2012	1/31/2012	✓	21,569	-	-	-
19,936	1/20/2012	1/31/2012	✓	19,936	-	-	-
34	1/25/2012	2/21/2012	✓	34	-	-	-
23,562	2/3/2012	2/21/2012	✓	23,562	-	-	-
19,525	2/17/2012	2/21/2012	✓	19,525	-	-	-
19,129	3/2/2012	3/6/2012	✓	19,129	-	-	-
28,729	3/16/2012	3/22/2012	✓	28,729	-	-	-
25,364	3/23/2012	3/28/2012	✓	25,364	-	-	-
19,206	3/30/2012	4/5/2012	✓	19,206	-	-	-
20,340	4/13/2012	4/20/2012	✓	20,340	-	-	-
21,511	4/27/2012	5/2/2012	✓	21,511	-	-	-
31,891	5/11/2012	5/22/2012	✓	31,891	-	-	-
30,393	5/18/2012	5/29/2012	✓	30,393	-	-	-
18,999	5/25/2012	5/29/2012	✓	18,999	-	-	-
20,323	6/8/2012	6/27/2012	✓	20,323	-	-	-
26,118	6/22/2012	8/15/2012	✓	26,118	-	-	-
22,417	7/6/2012	8/7/2012	✓	22,417	-	-	-
26,133	7/20/2012	8/8/2012	✓	26,133	-	-	-
25,560	8/3/2012	8/31/2012	✓	25,560	-	-	-
35,546	8/10/2012	8/31/2012	✓	35,546	-	-	-
24,435	8/17/2012	8/31/2012	✓	24,435	-	-	-
20,769	8/31/2012	9/28/2012	✓	20,769	-	-	-
20,023	9/14/2012	10/9/2012	✓	20,023	-	-	-
20,395	9/28/2012	11/1/2012	✓	20,395	-	-	-
22,728	10/12/2012	11/1/2012	✓	22,728	-	-	-
21,130	10/26/2012	11/1/2012	✓	21,130	-	-	-
24,543	11/9/2012	11/14/2012	✓	24,543	-	-	-
22,420	11/16/2012	11/20/2012	✓	22,420	-	-	-
22,361	11/23/2012	11/28/2012	✓	22,361	-	-	-
19,921	12/7/2012	12/11/2012	✓	19,921	-	-	-
206	12/21/2012	12/31/2012	✓	206	-	-	-
\$ 675,216			✓	675,216	-	-	-

* During 2013 \$979 of lost earnings were remitted. Pursuant to an audit by the DOL, an additional \$3,455 of lost earnings were remitted in 2014.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2011

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 12,963	1/7/2011	2/3/2011	✓	12,963	-	-	-
15,174	1/21/2011	2/16/2011	✓	15,174	-	-	-
27,315	2/4/2011	2/24/2011	✓	27,315	-	-	-
23,776	2/10/2011	2/24/2011	✓	23,776	-	-	-
23,280	2/18/2011	3/8/2011	✓	23,280	-	-	-
15,469	3/4/2011	4/4/2011	✓	15,469	-	-	-
22,090	3/18/2011	4/4/2011	✓	22,090	-	-	-
15,739	4/1/2011	4/11/2011	✓	15,739	-	-	-
15,637	4/15/2011	5/23/2011	✓	15,637	-	-	-
16,213	4/29/2011	5/24/2011	✓	16,213	-	-	-
14,737	5/5/2011	5/24/2011	✓	14,737	-	-	-
17,596	6/10/2011	7/5/2011	✓	17,596	-	-	-
16,797	6/24/2011	7/5/2011	✓	16,797	-	-	-
16,020	7/8/2011	7/21/2011	✓	16,020	-	-	-
18,006	7/22/2011	8/10/2011	✓	18,006	-	-	-
17,565	8/5/2011	8/22/2011	✓	17,565	-	-	-
16,884	8/19/2011	8/26/2011	✓	16,884	-	-	-
16,553	9/2/2011	9/27/2011	✓	16,553	-	-	-
16,690	9/16/2011	10/14/2011	✓	16,690	-	-	-
16,378	9/30/2011	10/14/2011	✓	16,378	-	-	-
16,700	10/14/2011	10/28/2011	✓	16,700	-	-	-
28,622	8/12/2011	10/28/2011	✓	28,622	-	-	-
15,485	10/28/2011	11/23/2011	✓	15,485	-	-	-
15,022	11/11/2011	11/23/2011	✓	15,022	-	-	-
20,552	11/18/2011	12/20/2011	✓	20,552	-	-	-
15,061	11/25/2011	12/9/2011	✓	15,061	-	-	-
18,688	12/9/2011	1/5/2012	✓	18,688	-	-	-
16,418	12/23/2011	1/5/2012	✓	16,418	-	-	-
\$ 501,430			✓	501,430	-	-	-

* During 2012, lost earnings of \$1,075 were remitted; in 2013, \$1,345 lost earnings were remitted.
Pursuant to an audit by the DOL, an additional \$1,028 of lost earnings were remitted in 2014.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2010

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 8,900	1/8/2010	1/28/2010	✓	8,900	-	-	-
9,516	1/22/2010	1/28/2010	✓	9,516	-	-	-
105	1/22/2010	4/22/2013	✓	105	-	-	-
10,713	2/5/2010	2/22/2010	✓	10,713	-	-	-
10,043	2/19/2010	3/11/2010	✓	10,043	-	-	-
9,997	3/5/2010	3/24/2010	✓	9,997	-	-	-
10,578	3/19/2010	4/6/2010	✓	10,578	-	-	-
10,608	4/2/2010	4/30/2010	✓	10,608	-	-	-
12,049	4/16/2010	4/30/2010	✓	12,049	-	-	-
3,748	4/28/2010	4/22/2013	✓	3,748	-	-	-
11,323	4/30/2010	5/11/2010	✓	11,323	-	-	-
24,588	5/14/2010	6/2/2010	✓	24,588	-	-	-
12,914	5/28/2010	6/16/2010	✓	12,914	-	-	-
13,063	6/11/2010	6/25/2010	✓	13,063	-	-	-
13,118	6/25/2010	7/9/2010	✓	13,118	-	-	-
64	7/9/2010	4/22/2013	✓	64	-	-	-
12,910	7/9/2010	8/9/2010	✓	12,910	-	-	-
12,045	7/23/2010	8/9/2010	✓	12,045	-	-	-
32,784	8/6/2010	8/24/2010	✓	32,784	-	-	-
11,521	8/20/2010	9/9/2010	✓	11,521	-	-	-
12,410	9/3/2010	9/20/2010	✓	12,410	-	-	-
17,449	9/17/2010	9/29/2010	✓	17,449	-	-	-
11,688	10/1/2010	10/26/2010	✓	11,688	-	-	-
11,565	10/15/2010	10/26/2010	✓	11,565	-	-	-
11,787	10/29/2010	11/24/2010	✓	11,787	-	-	-
15,124	11/2/2010	11/24/2010	✓	15,124	-	-	-
9,097	11/12/2010	11/24/2010	✓	9,097	-	-	-
11,116	11/26/2010	12/17/2010	✓	11,116	-	-	-
14,027	12/10/2010	12/17/2010	✓	14,027	-	-	-
13,131	12/24/2010	1/11/2011	✓	13,131	-	-	-
\$ 357,981			✓	357,981	-	-	-

* During 2013 \$1,564 of lost earnings were remitted. Pursuant to an audit by the DOL, an additional \$2,035 of lost earnings were remitted in 2014.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2009

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 8,844	1/9/2009	1/16/2009	✓	-	8,844	-	-
9,050	1/23/2009	2/6/2009	✓	-	9,050	-	-
8,754	2/6/2009	2/24/2009	✓	-	8,754	-	-
9,094	2/20/2009	3/10/2009	✓	-	9,094	-	-
9,233	3/6/2009	3/27/2009	✓	-	9,233	-	-
9,512	3/20/2009	3/27/2009	✓	-	9,512	-	-
8,997	4/3/2009	4/13/2009	✓	-	8,997	-	-
8,942	4/17/2009	5/20/2009	✓	-	8,942	-	-
8,963	5/1/2009	5/20/2009	✓	-	8,963	-	-
11,046	5/15/2009	5/20/2009	✓	-	11,046	-	-
9,281	5/29/2009	6/2/2009	✓	-	9,281	-	-
10,020	6/12/2009	7/6/2009	✓	-	10,020	-	-
9,588	6/26/2009	7/6/2009	✓	-	9,588	-	-
339	6/26/2009	7/6/2009	✓	-	339	-	-
77	7/10/2009	4/22/2013	✓	-	77	-	-
9,086	7/10/2009	7/28/2009	✓	-	9,086	-	-
10,172	7/24/2009	8/26/2009	✓	-	10,172	-	-
10,842	8/7/2009	8/26/2009	✓	-	10,842	-	-
10,574	8/21/2009	9/8/2009	✓	-	10,574	-	-
11,787	9/4/2009	9/22/2009	✓	-	11,787	-	-
10,147	9/18/2009	9/28/2009	✓	-	10,147	-	-
10,015	10/2/2009	10/16/2009	✓	-	10,015	-	-
10,931	10/16/2009	11/5/2009	✓	-	10,931	-	-
14,862	10/30/2009	11/18/2009	✓	-	14,862	-	-
11,921	11/13/2009	11/27/2009	✓	-	11,921	-	-
11,841	11/27/2009	12/11/2009	✓	-	11,841	-	-
9,130	12/11/2009	1/8/2010	✓	-	9,130	-	-
9,315	12/24/2009	1/8/2010	✓	-	9,315	-	-
\$ 262,363			✓	-	262,363	-	-

* All amounts, including lost earnings, have been fully corrected in 2013.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2008

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 5,259	1/11/2008	1/24/2008	✓	-	5,259	-	-
5,154	1/25/2008	2/5/2008	✓	-	5,154	-	-
7,524	2/8/2008	2/20/2008	✓	-	7,524	-	-
7,851	2/22/2008	3/13/2008	✓	-	7,851	-	-
7,875	3/7/2008	3/13/2008	✓	-	7,875	-	-
7,524	3/21/2008	4/3/2008	✓	-	7,524	-	-
9,417	4/4/2008	4/15/2008	✓	-	9,417	-	-
9,739	4/18/2008	4/29/2008	✓	-	9,739	-	-
9,702	5/2/2008	5/27/2008	✓	-	9,702	-	-
9,777	5/16/2008	5/27/2008	✓	-	9,777	-	-
9,037	5/30/2008	6/2/2008	✓	-	9,037	-	-
8,780	6/13/2008	6/24/2008	✓	-	8,780	-	-
8,709	6/27/2008	7/8/2008	✓	-	8,709	-	-
8,424	7/11/2008	7/22/2008	✓	-	8,424	-	-
12,454	7/25/2008	8/19/2008	✓	-	12,454	-	-
8,911	8/8/2008	8/19/2008	✓	-	8,911	-	-
9,051	8/22/2008	9/2/2008	✓	-	9,051	-	-
9,346	9/5/2008	9/18/2008	✓	-	9,346	-	-
9,354	9/19/2008	10/7/2008	✓	-	9,354	-	-
9,067	10/3/2008	10/16/2008	✓	-	9,067	-	-
8,985	10/17/2008	10/30/2008	✓	-	8,985	-	-
9,135	10/31/2008	11/17/2008	✓	-	9,135	-	-
10,180	11/18/2008	4/22/2013	✓	-	10,180	-	-
9,207	11/14/2008	11/28/2008	✓	-	9,207	-	-
9,428	11/28/2008	12/15/2008	✓	-	9,428	-	-
9,772	12/12/2008	12/19/2008	✓	-	9,772	-	-
9,609	12/26/2008	1/8/2009	✓	-	9,609	-	-
\$ 239,271			✓	-	239,271	-	-

* All amounts, including lost earnings of \$1,811, have been fully corrected in 2013.

BioRx 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2013 and 2012

TABLE OF CONTENTS

Independent Auditors' Report	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to the Financial Statements.....	5-10
Supplemental Schedules:	
Schedule H, Line 4(a) – Schedules of Delinquent Participant Contributions	11-16
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	17

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
BioRx 401(k) Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the BioRx 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013, the related statement of changes in net assets available for benefits for the year 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the 2013 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's assets and executes transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

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 on the 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

one east fourth street, ste. 1200
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

Other Matter – Supplemental Schedules

The supplemental schedules of delinquent participant contributions for the years ended December 31, 2012, 2011, 2010, 2009 and 2008 and the schedule of assets (held at end of year) as of December 31, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of December 31, 2012, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated September 30, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hockett & Co.

Cincinnati, Ohio
July 30, 2014

BioRx 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value	\$ 5,452,319	3,053,031
Receivables:		
Notes receivable from participants	<u>75,057</u>	<u>62,709</u>
Net assets available for benefits	\$ <u>5,527,376</u>	<u>3,115,740</u>

See accompanying notes to financial statements.

BioRx 401 (k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 668,180
Interest and dividends	<u>273,583</u>
	<u>941,763</u>

Interest income on notes receivable from participants	<u>2,787</u>
---	--------------

Contributions:

Participant	956,864
Employer	411,912
Rollover	<u>312,928</u>
	<u>1,681,704</u>

Total additions to net assets	<u>2,626,254</u>
-------------------------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	213,923
Administrative expenses	<u>695</u>
Total deductions from net assets	<u>214,618</u>

Net increase	2,411,636
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>3,115,740</u>
End of year	\$ <u><u>5,527,376</u></u>

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN:

The following description of BioRx 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of BioRx, LLC (the "Company" or "Sponsor"). The Plan was established on January 1, 2008. The Plan is subject to the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility requirement

An employee is eligible to participate in the Plan on the first day of the first month coinciding with or following their employment and attainment of age 21.

Contributions

Participants may elect to contribute to the Plan up to 90% of their eligible compensation not to exceed statutory limits.

Employer matching contributions are made in accordance with safe harbor provisions. The safe harbor matching contribution made by the Sponsor is calculated as 100% of the first 3% of the participant's eligible compensation contributed to the Plan and 50% of the next 2% of the participant's eligible compensation contributed to the Plan. All safe harbor matching contributions are 100% vested at the date of the contribution.

Rollovers

With the approval of the Sponsor, the Plan may receive any amounts received by an employee as a distribution from another qualified plan provided that the receipt of such amounts does not adversely affect the qualified tax status of the Plan. Participants are fully vested in these amounts.

Participant accounts

Each participant's account is credited with the participant's contributions, safe harbor matching contribution and an allocation of plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and forfeitures

Participants are vested immediately in their contributions plus actual earnings thereon. Participants are also immediately fully vested in safe harbor matching contributions made by the Sponsor. As such, for the year ended December 31, 2013, there were no forfeitures of non-vested employer contributions. Total unallocated forfeitures in the Plan as of December 31, 2013 and 2012 were \$0 and \$1,301, respectively, due to excess employer matching contributions made and subsequently allocated to the forfeiture account.

Investment options

Upon enrollment in the Plan, a participant may direct all contributions to selected investments as made available and determined by the plan administrator in 1% increments. Participants may select from several mutual funds or one money market fund. Participants may change their investment options daily.

Payment of benefits

Upon death, disability, retirement, or any other type of termination a participant may elect to receive a lump-sum amount equal to the value of his or her account. In service distributions are permitted for participants who are age 59 ½ or older. Participant account balances less than \$1,000 can be distributed without consent upon termination of service. Participants may withdraw, at any time, upon substantial financial hardship as defined in the plan documents, any portion of the balance in their account, which is attributable to their voluntary tax-deferred contributions and earnings. Participants are prohibited from making contributions to the Plan for six months following receipt of a hardship withdrawal. All distributions are subject to the applicable provisions of the plan agreement.

Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. Loan terms range up to 5 years or over 10 years for the purchase of a primary residence. The loans are collateralized by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Sponsor. The rate of 4.25% is used on all loans outstanding at December 31, 2013 and mature through 2018. Principal and interest are paid ratably through biweekly payroll deductions.

Administrative expenses

The Sponsor pays all administrative expenses of the Plan, except for the investment fees of mutual funds and administrative costs associated with notes receivable from participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**Basis of accounting**

The financial statements of the Plan have been prepared on an accrual basis of accounting.

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 reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. Delinquent notes receivable from participants are recorded as distributions based on the terms of the plan document.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

The Plan has evaluated subsequent events through the report date, the date that the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS:

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level1 - 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

Money market: Money market fund is valued at cost which approximates fair value.

Mutual funds: Mutual funds are valued at the quoted daily closing price reported by each fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value 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 assets at fair value as of December 31, 2013 and 2012:

	<u>Assets at Fair Value as of December 31, 2013</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Growth funds	\$ 2,046,195	-	-	\$ 2,046,195
Blend funds	2,455,244	-	-	2,455,244
Value funds	669,436	-	-	669,436
Fixed income funds	<u>261,066</u>	<u>-</u>	<u>-</u>	<u>261,066</u>
Total mutual funds	5,431,941	-	-	5,431,941
Money market fund	<u>20,378</u>	<u>-</u>	<u>-</u>	<u>20,738</u>
Total investments	\$ <u>5,452,319</u>	<u>-</u>	<u>-</u>	\$ <u>5,452,319</u>

	<u>Assets at Fair Value as of December 31, 2012</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Growth funds	\$ 1,152,459	-	-	1,152,459
Blend funds	1,258,315	-	-	1,258,315
Value funds	350,165	-	-	350,165
Fixed income funds	<u>204,385</u>	<u>-</u>	<u>-</u>	<u>204,385</u>
Total mutual funds	2,965,324	-	-	2,965,324
Money market fund	<u>87,707</u>	<u>-</u>	<u>-</u>	<u>87,707</u>
Total investments	\$ <u>3,053,031</u>	<u>-</u>	<u>-</u>	\$ <u>3,053,031</u>

4. INVESTMENTS:

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Fidelity Blue Chip Growth Fund	\$ 410,377	*
Fidelity Freedom 2025 Fund	388,926	201,779
Fidelity Freedom 2035 Fund	361,258	196,592
Fidelity Leveraged Company Stock Fund	315,597	198,861
Fidelity Export & Multinational Fund	301,310	194,781
Fidelity OTC Portfolio	299,426	162,348
Fidelity Freedom 2030 Fund	289,439	*
Fidelity Puritan Fund	288,737	197,558

* Indicates value at end of year was less than 5%

During 2013, the Plan's investments in mutual funds appreciated in value (including gains and losses on investments bought and sold, as well as held during the year) by \$668,180.

5. INFORMATION CERTIFIED BY TRUSTEE:

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee, has certified to the accuracy and completeness of all investments as of December 31, 2013 and 2012, and the related investment income for the year ended December 31, 2013.

6. PARTY-IN-INTEREST TRANSACTIONS:

Certain plan investments are shares of mutual funds and a money market fund managed by Fidelity Management Trust Company, the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions as that term is defined in Section 3(14) of ERISA. The Plan issues loans to participants, which are secured by the balances in the participant's accounts, which also constitute party-in-interest transactions.

7. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

8. TAX STATUS:

Effective May 4, 2009, the Plan adopted a non-standardized form of a prototype plan sponsored by Fidelity Management and Research Company. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan, and recognize a tax liability if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

9. RISK AND UNCERTAINTIES:

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

10. DEPARTMENT OF LABOR AUDIT:

In December 2013, the Department of Labor (DOL) initiated an audit of the Plan. The result of the audit was the requirement of the Plan sponsor to remit additional lost earnings on delinquent contributions remitted during the years 2010 through 2013. The additional lost earnings were remitted in full in the subsequent year. In June 2014, the Plan sponsor received notice from the DOL that due to the fact that the sponsor had taken correction action, the DOL's investigation was concluded and therefore no further action would be taken. The additional lost earnings were not material and were not recorded as a receivable in the accompanying financial statements.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2013

			<u>Total that Constitute Nonexempt Prohibited Transactions</u>				
<u>Participant Contributions Transferred Late to Plan</u>			<u>Check if Late Participant Loan Repayments</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>					
\$ <u>10,610</u>	4/19/2013	8/19/2013	v	<u>-</u>	<u>10,610</u>	<u>-</u>	<u>-</u>

* All amounts, including lost earnings of \$106, were fully corrected in 2013.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2012

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 21,569	1/6/2012	1/31/2012	✓	21,569	-	-	-
19,936	1/20/2012	1/31/2012	✓	19,936	-	-	-
34	1/25/2012	2/21/2012	✓	34	-	-	-
23,562	2/3/2012	2/21/2012	✓	23,562	-	-	-
19,525	2/17/2012	2/21/2012	✓	19,525	-	-	-
19,129	3/2/2012	3/6/2012	✓	19,129	-	-	-
28,729	3/16/2012	3/22/2012	✓	28,729	-	-	-
25,364	3/23/2012	3/28/2012	✓	25,364	-	-	-
19,206	3/30/2012	4/5/2012	✓	19,206	-	-	-
20,340	4/13/2012	4/20/2012	✓	20,340	-	-	-
21,511	4/27/2012	5/2/2012	✓	21,511	-	-	-
31,891	5/11/2012	5/22/2012	✓	31,891	-	-	-
30,393	5/18/2012	5/29/2012	✓	30,393	-	-	-
18,999	5/25/2012	5/29/2012	✓	18,999	-	-	-
20,323	6/8/2012	6/27/2012	✓	20,323	-	-	-
26,118	6/22/2012	8/15/2012	✓	26,118	-	-	-
22,417	7/6/2012	8/7/2012	✓	22,417	-	-	-
26,133	7/20/2012	8/8/2012	✓	26,133	-	-	-
25,560	8/3/2012	8/31/2012	✓	25,560	-	-	-
35,546	8/10/2012	8/31/2012	✓	35,546	-	-	-
24,435	8/17/2012	8/31/2012	✓	24,435	-	-	-
20,769	8/31/2012	9/28/2012	✓	20,769	-	-	-
20,023	9/14/2012	10/9/2012	✓	20,023	-	-	-
20,395	9/28/2012	11/1/2012	✓	20,395	-	-	-
22,728	10/12/2012	11/1/2012	✓	22,728	-	-	-
21,130	10/26/2012	11/1/2012	✓	21,130	-	-	-
24,543	11/9/2012	11/14/2012	✓	24,543	-	-	-
22,420	11/16/2012	11/20/2012	✓	22,420	-	-	-
22,361	11/23/2012	11/28/2012	✓	22,361	-	-	-
19,921	12/7/2012	12/11/2012	✓	19,921	-	-	-
206	12/21/2012	12/31/2012	✓	206	-	-	-
\$ 675,216			✓	675,216	-	-	-

* During 2013 \$979 of lost earnings were remitted. Pursuant to an audit by the DOL, an additional \$3,455 of lost earnings were remitted in 2014.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2011

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 12,963	1/7/2011	2/3/2011	✓	12,963	-	-	-
15,174	1/21/2011	2/16/2011	✓	15,174	-	-	-
27,315	2/4/2011	2/24/2011	✓	27,315	-	-	-
23,776	2/10/2011	2/24/2011	✓	23,776	-	-	-
23,280	2/18/2011	3/8/2011	✓	23,280	-	-	-
15,469	3/4/2011	4/4/2011	✓	15,469	-	-	-
22,090	3/18/2011	4/4/2011	✓	22,090	-	-	-
15,739	4/1/2011	4/11/2011	✓	15,739	-	-	-
15,637	4/15/2011	5/23/2011	✓	15,637	-	-	-
16,213	4/29/2011	5/24/2011	✓	16,213	-	-	-
14,737	5/5/2011	5/24/2011	✓	14,737	-	-	-
17,596	6/10/2011	7/5/2011	✓	17,596	-	-	-
16,797	6/24/2011	7/5/2011	✓	16,797	-	-	-
16,020	7/8/2011	7/21/2011	✓	16,020	-	-	-
18,006	7/22/2011	8/10/2011	✓	18,006	-	-	-
17,565	8/5/2011	8/22/2011	✓	17,565	-	-	-
16,884	8/19/2011	8/26/2011	✓	16,884	-	-	-
16,553	9/2/2011	9/27/2011	✓	16,553	-	-	-
16,690	9/16/2011	10/14/2011	✓	16,690	-	-	-
16,378	9/30/2011	10/14/2011	✓	16,378	-	-	-
16,700	10/14/2011	10/28/2011	✓	16,700	-	-	-
28,622	8/12/2011	10/28/2011	✓	28,622	-	-	-
15,485	10/28/2011	11/23/2011	✓	15,485	-	-	-
15,022	11/11/2011	11/23/2011	✓	15,022	-	-	-
20,552	11/18/2011	12/20/2011	✓	20,552	-	-	-
15,061	11/25/2011	12/9/2011	✓	15,061	-	-	-
18,688	12/9/2011	1/5/2012	✓	18,688	-	-	-
16,418	12/23/2011	1/5/2012	✓	16,418	-	-	-
\$ 501,430			✓	501,430	-	-	-

* During 2012, lost earnings of \$1,075 were remitted; in 2013, \$1,345 lost earnings were remitted.
Pursuant to an audit by the DOL, an additional \$1,028 of lost earnings were remitted in 2014.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2010

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 8,900	1/8/2010	1/28/2010	✓	8,900	-	-	-
9,516	1/22/2010	1/28/2010	✓	9,516	-	-	-
105	1/22/2010	4/22/2013	✓	105	-	-	-
10,713	2/5/2010	2/22/2010	✓	10,713	-	-	-
10,043	2/19/2010	3/11/2010	✓	10,043	-	-	-
9,997	3/5/2010	3/24/2010	✓	9,997	-	-	-
10,578	3/19/2010	4/6/2010	✓	10,578	-	-	-
10,608	4/2/2010	4/30/2010	✓	10,608	-	-	-
12,049	4/16/2010	4/30/2010	✓	12,049	-	-	-
3,748	4/28/2010	4/22/2013	✓	3,748	-	-	-
11,323	4/30/2010	5/11/2010	✓	11,323	-	-	-
24,588	5/14/2010	6/2/2010	✓	24,588	-	-	-
12,914	5/28/2010	6/16/2010	✓	12,914	-	-	-
13,063	6/11/2010	6/25/2010	✓	13,063	-	-	-
13,118	6/25/2010	7/9/2010	✓	13,118	-	-	-
64	7/9/2010	4/22/2013	✓	64	-	-	-
12,910	7/9/2010	8/9/2010	✓	12,910	-	-	-
12,045	7/23/2010	8/9/2010	✓	12,045	-	-	-
32,784	8/6/2010	8/24/2010	✓	32,784	-	-	-
11,521	8/20/2010	9/9/2010	✓	11,521	-	-	-
12,410	9/3/2010	9/20/2010	✓	12,410	-	-	-
17,449	9/17/2010	9/29/2010	✓	17,449	-	-	-
11,688	10/1/2010	10/26/2010	✓	11,688	-	-	-
11,565	10/15/2010	10/26/2010	✓	11,565	-	-	-
11,787	10/29/2010	11/24/2010	✓	11,787	-	-	-
15,124	11/2/2010	11/24/2010	✓	15,124	-	-	-
9,097	11/12/2010	11/24/2010	✓	9,097	-	-	-
11,116	11/26/2010	12/17/2010	✓	11,116	-	-	-
14,027	12/10/2010	12/17/2010	✓	14,027	-	-	-
13,131	12/24/2010	1/11/2011	✓	13,131	-	-	-
\$ <u>357,981</u>			✓	<u>357,981</u>	-	-	-

* During 2013 \$1,564 of lost earnings were remitted. Pursuant to an audit by the DOL, an additional \$2,035 of lost earnings were remitted in 2014.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2009

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 8,844	1/9/2009	1/16/2009	✓	-	8,844	-	-
9,050	1/23/2009	2/6/2009	✓	-	9,050	-	-
8,754	2/6/2009	2/24/2009	✓	-	8,754	-	-
9,094	2/20/2009	3/10/2009	✓	-	9,094	-	-
9,233	3/6/2009	3/27/2009	✓	-	9,233	-	-
9,512	3/20/2009	3/27/2009	✓	-	9,512	-	-
8,997	4/3/2009	4/13/2009	✓	-	8,997	-	-
8,942	4/17/2009	5/20/2009	✓	-	8,942	-	-
8,963	5/1/2009	5/20/2009	✓	-	8,963	-	-
11,046	5/15/2009	5/20/2009	✓	-	11,046	-	-
9,281	5/29/2009	6/2/2009	✓	-	9,281	-	-
10,020	6/12/2009	7/6/2009	✓	-	10,020	-	-
9,588	6/26/2009	7/6/2009	✓	-	9,588	-	-
339	6/26/2009	7/6/2009	✓	-	339	-	-
77	7/10/2009	4/22/2013	✓	-	77	-	-
9,086	7/10/2009	7/28/2009	✓	-	9,086	-	-
10,172	7/24/2009	8/26/2009	✓	-	10,172	-	-
10,842	8/7/2009	8/26/2009	✓	-	10,842	-	-
10,574	8/21/2009	9/8/2009	✓	-	10,574	-	-
11,787	9/4/2009	9/22/2009	✓	-	11,787	-	-
10,147	9/18/2009	9/28/2009	✓	-	10,147	-	-
10,015	10/2/2009	10/16/2009	✓	-	10,015	-	-
10,931	10/16/2009	11/5/2009	✓	-	10,931	-	-
14,862	10/30/2009	11/18/2009	✓	-	14,862	-	-
11,921	11/13/2009	11/27/2009	✓	-	11,921	-	-
11,841	11/27/2009	12/11/2009	✓	-	11,841	-	-
9,130	12/11/2009	1/8/2010	✓	-	9,130	-	-
9,315	12/24/2009	1/8/2010	✓	-	9,315	-	-
\$ 262,363			✓	-	262,363	-	-

* All amounts, including lost earnings, have been fully corrected in 2013.

BioRx 401 (k) Plan
Schedule H, line 4(a) - Schedule of Delinquent Participant Contributions
FIN 01-0808529 Plan No. 001
Year Ended December 31, 2008

			Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan			Check if Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 5,259	1/11/2008	1/24/2008	✓	-	5,259	-	-
5,154	1/25/2008	2/5/2008	✓	-	5,154	-	-
7,524	2/8/2008	2/20/2008	✓	-	7,524	-	-
7,851	2/22/2008	3/13/2008	✓	-	7,851	-	-
7,875	3/7/2008	3/13/2008	✓	-	7,875	-	-
7,524	3/21/2008	4/3/2008	✓	-	7,524	-	-
9,417	4/4/2008	4/15/2008	✓	-	9,417	-	-
9,739	4/18/2008	4/29/2008	✓	-	9,739	-	-
9,702	5/2/2008	5/27/2008	✓	-	9,702	-	-
9,777	5/16/2008	5/27/2008	✓	-	9,777	-	-
9,037	5/30/2008	6/2/2008	✓	-	9,037	-	-
8,780	6/13/2008	6/24/2008	✓	-	8,780	-	-
8,709	6/27/2008	7/8/2008	✓	-	8,709	-	-
8,424	7/11/2008	7/22/2008	✓	-	8,424	-	-
12,454	7/25/2008	8/19/2008	✓	-	12,454	-	-
8,911	8/8/2008	8/19/2008	✓	-	8,911	-	-
9,051	8/22/2008	9/2/2008	✓	-	9,051	-	-
9,346	9/5/2008	9/18/2008	✓	-	9,346	-	-
9,354	9/19/2008	10/7/2008	✓	-	9,354	-	-
9,067	10/3/2008	10/16/2008	✓	-	9,067	-	-
8,985	10/17/2008	10/30/2008	✓	-	8,985	-	-
9,135	10/31/2008	11/17/2008	✓	-	9,135	-	-
10,180	11/18/2008	4/22/2013	✓	-	10,180	-	-
9,207	11/14/2008	11/28/2008	✓	-	9,207	-	-
9,428	11/28/2008	12/15/2008	✓	-	9,428	-	-
9,772	12/12/2008	12/19/2008	✓	-	9,772	-	-
9,609	12/26/2008	1/8/2009	✓	-	9,609	-	-
\$ 239,271			✓	-	239,271	-	-

* All amounts, including lost earnings of \$1,811, have been fully corrected in 2013.

BioRx 401 (k) Plan
Schedule H, line 4i, Schedule of Assets (Held at Year End)
FIN 01-0808529 Plan No. 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, Maturity Value	Cost	Current Value
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	\$ 410,376
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	388,926
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	361,258
*	Fidelity Leveraged Company Stock Fund	Mutual Fund	**	315,597
*	Fidelity Export & Multinational Fund	Mutual Fund	**	301,310
*	Fidelity OTC Portfolio	Mutual Fund	**	299,425
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	289,439
*	Fidelity Puritan Fund	Mutual Fund	**	288,737
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	261,607
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	231,238
*	Fidelity International Discovery Fund	Mutual Fund	**	222,972
*	Fidelity Overseas Fund	Mutual Fund	**	176,978
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	166,791
*	Fidelity Intermediate Bond	Mutual Fund	**	155,836
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	155,068
*	Fidelity Freedom 2010 Fund	Mutual Fund	**	151,216
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	142,080
*	Fidelity Capital Appreciation Fund	Mutual Fund	**	136,169
*	Fidelity Small Cap Value Fund	Mutual Fund	**	118,521
*	Fidelity Fifty Fund	Mutual Fund	**	113,097
*	Fidelity Small Cap Discovery Fund	Mutual Fund	**	82,570
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	80,364
*	Fidelity Value Fund	Mutual Fund	**	67,627
*	Fidelity Dividend Growth Fund	Mutual Fund	**	67,198
*	Fidelity Value Discovery Fund	Mutual Fund	**	64,503
*	Fidelity Stock Select Large Cap Value Fund	Mutual Fund	**	60,569
*	Fidelity Real Estate Investment Fund	Mutual Fund	**	57,395
*	Fidelity Growth Strategies Fund	Mutual Fund	**	34,081
*	Fidelity International Capital Appreciation Fund	Mutual Fund	**	32,533
*	Fidelity Fund	Mutual Fund	**	30,155
*	Fidelity Value Strategies Fund	Mutual Fund	**	25,177
*	Fidelity Freedom 2000 Fund	Mutual Fund	**	24,566
*	Fidelity Spartan Extended Market Index Inv Fund	Mutual Fund	**	21,953
*	Fidelity Total Bond Fund	Mutual Fund	**	20,951
*	Fidelity Retirement Money Market Fund	Money Market Fund	**	20,378
*	Fidelity Stock Selector Small Cap Fund	Mutual Fund	**	16,825
*	Fidelity Freedom 2055 Fund	Mutual Fund	**	13,967
*	Fidelity Equity Dividend Income Fund	Mutual Fund	**	13,098
*	Fidelity Spartan Total Market Index Inv Fund	Mutual Fund	**	12,590
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	5,376
*	Fidelity Equity Income Fund	Mutual Fund	**	4,344
*	Fidelity Short Term Bond Fund	Mutual Fund	**	3,915
*	Fidelity Freedom Income Fund	Mutual Fund	**	3,818
*	Fidelity Freedom 2005 Fund	Mutual Fund	**	1,725
				<u>5,452,319</u>
*	Participant loans	4.25% maturing through 2017	\$ -	<u>75,057</u>

* A party in interest as defined by ERISA

** Assets are participant directed - cost not required to be disclosed.

BioRx 401 (k) Plan
Schedule H, line 4i, Schedule of Assets (Held at Year End)
FIN 01-0808529 Plan No. 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, Maturity Value	Cost	Current Value
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	\$ 410,376
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	388,926
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	361,258
*	Fidelity Leveraged Company Stock Fund	Mutual Fund	**	315,597
*	Fidelity Export & Multinational Fund	Mutual Fund	**	301,310
*	Fidelity OTC Portfolio	Mutual Fund	**	299,425
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	289,439
*	Fidelity Puritan Fund	Mutual Fund	**	288,737
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	261,607
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	231,238
*	Fidelity International Discovery Fund	Mutual Fund	**	222,972
*	Fidelity Overseas Fund	Mutual Fund	**	176,978
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	166,791
*	Fidelity Intermediate Bond	Mutual Fund	**	155,836
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	155,068
*	Fidelity Freedom 2010 Fund	Mutual Fund	**	151,216
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	142,080
*	Fidelity Capital Appreciation Fund	Mutual Fund	**	136,169
*	Fidelity Small Cap Value Fund	Mutual Fund	**	118,521
*	Fidelity Fifty Fund	Mutual Fund	**	113,097
*	Fidelity Small Cap Discovery Fund	Mutual Fund	**	82,570
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	80,364
*	Fidelity Value Fund	Mutual Fund	**	67,627
*	Fidelity Dividend Growth Fund	Mutual Fund	**	67,198
*	Fidelity Value Discovery Fund	Mutual Fund	**	64,503
*	Fidelity Stock Select Large Cap Value Fund	Mutual Fund	**	60,569
*	Fidelity Real Estate Investment Fund	Mutual Fund	**	57,395
*	Fidelity Growth Strategies Fund	Mutual Fund	**	34,081
*	Fidelity International Capital Appreciation Fund	Mutual Fund	**	32,533
*	Fidelity Fund	Mutual Fund	**	30,155
*	Fidelity Value Strategies Fund	Mutual Fund	**	25,177
*	Fidelity Freedom 2000 Fund	Mutual Fund	**	24,566
*	Fidelity Spartan Extended Market Index Inv Fund	Mutual Fund	**	21,953
*	Fidelity Total Bond Fund	Mutual Fund	**	20,951
*	Fidelity Retirement Money Market Fund	Money Market Fund	**	20,378
*	Fidelity Stock Selector Small Cap Fund	Mutual Fund	**	16,825
*	Fidelity Freedom 2055 Fund	Mutual Fund	**	13,967
*	Fidelity Equity Dividend Income Fund	Mutual Fund	**	13,098
*	Fidelity Spartan Total Market Index Inv Fund	Mutual Fund	**	12,590
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	5,376
*	Fidelity Equity Income Fund	Mutual Fund	**	4,344
*	Fidelity Short Term Bond Fund	Mutual Fund	**	3,915
*	Fidelity Freedom Income Fund	Mutual Fund	**	3,818
*	Fidelity Freedom 2005 Fund	Mutual Fund	**	1,725
				<u>5,452,319</u>
*	Participant loans	4.25% maturing through 2017	\$ -	<u>75,057</u>

* A party in interest as defined by ERISA

** Assets are participant directed - cost not required to be disclosed.