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

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ORTHO MOLECULAR PRODUCTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ORTHO MOLECULAR PRODUCTS, INC.

1991 DUNCAN PLACE
WOODSTOCK, IL 60098

1991 DUNCAN PLACE
WOODSTOCK, IL 60098

2b Employer Identification Number (EIN)
39-1558890

2c Sponsor's telephone number
815-337-0089

2d Business code (see instructions)
325410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2014	NATHAN ALBERTSON
	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

ORTHO MOLECULAR PRODUCTS, INC.

1991 DUNCAN PLACE
WOODSTOCK, IL 60098

3b Administrator's EIN
39-1558890

3c Administrator's telephone number
815-337-0089

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**	154
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**	150
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	162
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	162
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	107
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 2S 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ORTHO MOLECULAR PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ORTHO MOLECULAR PRODUCTS, INC.

D Employer Identification Number (EIN)
39-1558890

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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)

AMERICAN COMMUNITY WEALTH MANAGEMEN

1290 LAKE AVE
WOODSTOCK, IL 60098

(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?
27 61	ADVISOR	18873	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(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 60	RECORDKEEPER	219	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
AMERICAN COMMUNITY WEALTH MANAGEMEN	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.
OPP DEVELOPING MKT Y - OPPENHEIMERF 13-2953455	$5M+=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.
BLKRK EQUITY DIV I - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	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.
BLKRK GLOBAL ALLOC I - BNY MELLON I 760 MOORE ROAD KING OF PRUSSIA, PA 19406	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.
BLKRK HI YLD BD INST - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	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.
DREY BASIC S&P 500 - DREYFUS TRANSF 13-2614959	0.15%

(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.
FKLN INTL SMCPGR ADV - FRANKLIN TEM 94-3167260	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 VAL PLS IS - ALPS FUND SE 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 ENTERPRISE I - JANUS SERVICES 43-1804048	0.10%

(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 GLOBAL RE T - JANUS SERVICES 43-1804048	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.
JANUS TRITON T - JANUS SERVICES LLC 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.
JPM US EQUITY SELECT - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	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.
MAINSTAY LG CAP GR I - NYLIM SERVIC 52-2206685	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.
NUVEEN MDCP INDEX I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(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.
NUVEEN SM CP IDX I - BOSTON FINANCI	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(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.
OPP DEVELOPING MKT Y - OFI GLOBAL A	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	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.
PERKINS MID CP VAL I - JANUS SERVIC 43-1804048	0.10%

(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.
PRU/J HEALTH SCI Z - PRUDENTIAL MUT 22-3703799	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.
SCOUT MID CAP - UMB FUND SERVICES I 39-1657495	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.
THORNBURG INT VAL R5 - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	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.
TMPL GLOBAL BOND ADV - FRANKLIN TEM 94-3167260	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.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ORTHO MOLECULAR PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ORTHO MOLECULAR PRODUCTS, INC.

D Employer Identification Number (EIN)
39-1558890

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	359024	582099
(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)	24935	32353
(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)	2825050	3715582
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3209009	4330034
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3209009	4330034

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)	137961	
	(B) Participants	2a(1)(B)	483392	
	(C) Others (including rollovers)	2a(1)(C)	71572	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		692925
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	37	
	(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)	1703	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1740
	(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)	127178	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		127178
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		328477
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1150320
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10203	
(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)		10203
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	19092	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19092
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29295
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1121025
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARTIN, HOOD, FRIESE & ASSOCIATES **(2)** EIN: 37-1119790

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
ORTHO MOLECULAR PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ORTHO MOLECULAR PRODUCTS, INC.

D Employer Identification Number (EIN)
39-1558890

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

ORTHO MOLECULAR PRODUCTS 401(K) PLAN

Woodstock, IL

Financial Statements
and Supplementary Information

December 31, 2012

C O N T E N T S

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FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits (Exhibit A) 3

Statement of Changes in Net Assets Available for Benefits (Exhibit B) 4

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SUPPLEMENTARY INFORMATION

Schedule H, line 4i - Schedule of Assets Held at End of Year (Schedule 1) 14

MARTIN HOOD FRIESE & ASSOCIATES, LLC

2507 South Neil St.
Champaign, Illinois 61820
Phone 217.351.2000
Fax 217.351.7726
www.mhfa.net

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators and Plan Trustees
Ortho Molecular Products 401(k) Plan
Woodstock, IL

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ortho Molecular Products 401(k) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditor's 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 trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2012 and 2011 and for the year ended December 31, 2012 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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, other than that derived from the information certified 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Marten, Hood, Trees & associates, LLC

Champaign, Illinois
July 16, 2014

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Investments at Fair Value	$ 4,297,681	$ 3,184,074
Participant Contribution Receivable	3,855	13,520
Employer Contribution Receivable	1,376	3,501
Notes Receivable from Participants	32,353	24,935
Total Assets	4,335,265	3,226,030
Liabilities		
Corrective Distributions Payable	21,839	-
Net Assets Available for Plan Benefits	$ 4,313,426	$ 3,226,030

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2012

Additions		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$	328,477
Interest and Dividend Income		127,215
Net Investment Income (Loss)		455,692
Interest Income on Notes Receivable from Participants		1,703
Contributions:		
Participants		473,727
Employer		135,836
Rollover		71,572
Total Contributions		681,135
Total Additions		1,138,530
Deductions		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants		10,203
Corrective Distributions		21,839
Administrative Expense		19,092
Total Deductions		51,134
Net Increase (Decrease)		1,087,396
Net Assets Available for Benefits, Beginning of Year		3,226,030
Net Assets Available for Benefits, End of Year	$	4,313,426

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Notes to Financial Statements
December 31, 2012

1. Description of Plan

The following description of the Ortho Molecular Products (Company) 401(k) Plan (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 the Company who are age eighteen or older and have at least three months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may elect to defer a portion of their annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of these contributions into various investment options. As of December 31, 2012, the Plan offered mutual funds and one money market fund.

The Company contributions are made at the option of management. Matching contributions are calculated each pay period and all participants are eligible to receive the match. During 2012, the company matched 40 percent of a participant's deferral up to a 6 percent deferral. Discretionary contributions are made at the option of management to participants employed at the end of the Plan year with at least 501 hours of service during the year or employed on the last day of the year. Management did not elect to make any discretionary contributions to the Plan for 2012. The maximum contribution to the Plan in any year is determined by the provisions in the Plan and the Internal Revenue Code and Income Tax Regulations.

Participant Accounts - Each participant's account is credited with the participant's contribution, if any, and allocations, if any, of (a) the Company's contribution, (b) plan earnings, and (c) administrative expenses. Allocations are based on participant earnings, account balances, or other participant events, as defined. The benefit to which a participant is entitled is provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested after five years of credited service, death, disability or upon reaching normal retirement age.

Notes Receivable from Participants - Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their vested balance. Note terms range from one to five years except for the purchase of a primary residence which shall be no more than ten years. The notes are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits - Upon termination of service, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in his or her account. If the participant's vested balance is $5,000 or less, the Plan provides for an automatic distribution of the amount. The Plan also allows for financial hardship withdrawals of all or part of the participant's deferral contributions and earnings thereon if the participant can prove financial hardship and is unable to meet their financial needs another way. In addition, in-service withdrawals of participants' vested interest are allowed for participants over the age 59½. If a participant becomes permanently disabled, they are allowed in-service withdrawals of 100 percent of their contributions to the Plan.

2. Summary of Significant Accounting Policies

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 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 valued at their unpaid balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Investment Fees - Certain fees are charged to the Plan for services provided by the trustee of the Plan. The trustee nets those fees with investment earnings.

Payment of Benefits - Benefits are recorded when paid.

Corrective Distributions Payable - Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding distribution expense. The Plan distributed the excess contributions to the applicable participants in 2014.

Forfeited Accounts - Forfeited amounts are used to pay plan expenses or reduce employer contributions. At December 31, 2012 and 2011, forfeited non-vested accounts totaled $7,950 and $4,402, respectively.

Subsequent Events - The Plan has evaluated subsequent events through July 16, 2014, the date on which the financial statements were available to be issued.

3. Information Certified by Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no auditing procedures were performed on the following information certified by Fidelity Management Trust Company, the trustee of the Plan, as complete and accurate except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

	2012	2011
Investments at Fair Value	$ 4,297,681	$ 3,184,074
Notes Receivable from Participants	$ 32,353	$ 24,935
Net Appreciation in Fair Value of Investments	$ 328,477	
Interest and Dividends	$ 127,215	
Interest Income on Notes Receivable from Participants	$ 1,703	
Administrative Expenses	$ 19,092	

4. Investment Valuation

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value under generally accepted accounting principles. The 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 820-10 are described below:

Level 1 Inputs to the valuation methodology are based on 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. The 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, 2012.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual Funds and Money Market Fund:* Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 582,099	$ -	$ -	$ 582,099
Mutual Funds:				
Target Date Fund	2,327,209	-	-	2,327,209
Multisector Bond	349,773	-	-	349,773
Intermediate Term Bond	191,303	-	-	191,303
Health	138,803	-	-	138,803
World Bond	137,031	-	-	137,031
Corporate Bond	89,131	-	-	89,131
Nontraditional Bond	56,463	-	-	56,463
Large Value	55,718	-	-	55,718
Diversified Emerging Markets	50,033	-	-	50,033
World Stock	49,638	-	-	49,638
Tactical Allocation	45,105	-	-	45,105
Large Blend	41,207	-	-	41,207
World Allocation	31,590	-	-	31,590
Foreign Large Growth	30,230	-	-	30,230
Mid Cap Blend	26,688	-	-	26,688
Short Government	19,581	-	-	19,581
Mid Cap Value	15,996	-	-	15,996
Large Growth	14,393	-	-	14,393
Small Value	13,427	-	-	13,427
Small Blend	11,348	-	-	11,348
High Yield Bond	11,211	-	-	11,211
Mid Cap Growth	6,237	-	-	6,237
Commodities Broad Basket	2,144	-	-	2,144
Retirement Income	1,247	-	-	1,247
Natural Resources	76	-	-	76
Total Investments	$ 4,297,681	$ -	$ -	$ 4,297,681

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 359,024	$ -	$ -	$ 359,024
Mutual Funds:				
Target Date Fund	1,898,295	-	-	1,898,295
Multisector Bond	253,323	-	-	253,323
Intermediate Term Bond	161,793	-	-	161,793
World Bond	105,684	-	-	105,684
Corporate Bond	64,406	-	-	64,406
Health	45,921	-	-	45,921
Nontraditional Bond	41,152	-	-	41,152
Tactical Allocation	34,356	-	-	34,356
Diversified Emerging Markets	33,108	-	-	33,108
World Stock	32,824	-	-	32,824
World Allocation	22,973	-	-	22,973
Foreign Large Growth	22,271	-	-	22,271
Mid Cap Blend	18,408	-	-	18,408
Large Blend	16,898	-	-	16,898
Large Value	12,133	-	-	12,133
Mid Cap Value	12,109	-	-	12,109
Small Value	10,961	-	-	10,961
Short Government	10,926	-	-	10,926
Small Blend	9,308	-	-	9,308
Large Growth	9,023	-	-	9,023
High Yield Bond	4,950	-	-	4,950
Mid Cap Growth	2,190	-	-	2,190
Commodities Broad Basket	2,038	-	-	2,038
Total Investments	$ 3,184,074	$ -	$ -	$ 3,184,074

5. Investments

All investments are participant directed. The following individual plan investments represent five percent or more of the Plan's net assets as of December 31:

	2012	2011
Fidelity Retirement Money Market Fund	$ 582,099	$ 359,024
Fidelity Advisor Freedom 2040 Fund	540,505	410,428
Fidelity Advisor Freedom 2035 Fund	410,532	478,632
Fidelity Advisor Freedom 2030 Fund	407,976	306,933
Fidelity Advisor Freedom 2045 Fund	403,447	272,055
PIMCO Income Fund	349,773	253,323
Fidelity Advisor Freedom 2025 Fund	342,570	294,680
PIMCO Total Return Fund	*	161,793
Other - Less than Five Percent	1,260,779	647,206
Total Investments, at Fair Value	$ 4,297,681	$ 3,184,074

* - This investment was less than five percent of net assets at December 31.

6. Administrative Expenses

Expenses incurred in the administration of the Plan were paid by the Plan's sponsor except those included in Note 7.

7. Party-in-Interest Transactions

Transactions with companies that provide services to the Plan are considered party-in-interest transactions. The following party-in-interest transactions occurred during the year ended December 31, 2012:

Fidelity - Trustee

- Certain Plan investments are held and managed by the trustee.
- Recordkeeping fees totaling $219 are included in administrative expenses on Exhibit B.
- Asset based fees ranging from 0.10 percent - 0.25 percent, netted with earnings.

American Community Wealth Management – Investment Advisor

- Investment advisor fees totaling $18,873 are included in administrative expenses on Exhibit B.

Notes Receivable from Participants

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

9. Tax Status

On March 31, 2008, the Internal Revenue Service (IRS) stated that the prototype adopted by the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving this determination letter, the plan administrator and the volume submitter provider believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

As of December 31, 2012, the Plan's federal tax filings for fiscal years 2009 through 2012 remain open for review by tax authorities.

10. Uncertain Tax Positions

The following operational failures could potentially affect the qualified status of the plan.

- The Plan has failed to implement an auto-enrollment feature included in the Plan document effective September 1, 2011. The Plan was amended affective January 1, 2014 to eliminate the auto enrollment feature.
- The Plan has failed to file its audit report with the Form 5500 by the deadline prescribed by the IRS and DOL.
- The Plan's tax compliance testing for years prior to 2012 has not been completed.

Because these matters represent operational failures in violation of the Plan's provisions, it is likely that an examination by an authoritative body would result in sanctions to the plan sponsor that if not satisfied by the plan sponsor could threaten the qualified status of the Plan.

11. 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 and the valuation techniques used for investments, it is at least reasonably possible that changes in the value 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.

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and the change in net assets available for benefits to Schedule H of Form 5500:

	2012	2011
Net Assets Available for Benefits Per the Financial Statements	$ 4,313,426	$ 3,226,030
2011 Receivable not recorded on Form 5500	-	(17,021)
2012 Receivable not recorded on Form 5500	(5,231)	-
2012 Corrective Distribution Payable	21,839	-
Net Assets Available for Benefits Per the Form 5500	$ 4,330,034	$ 3,209,009

	2012	2011
Net Change in Net Assets Available for Benefits per the Financial Statements	$ 1,087,396	
2011 Receivable not on Form 5500	17,021	
2012 Receivable not on Form 5500	(5,231)	
2012 Corrective Distributions	21,839	
Net Change in Net Assets per Form 5500	$ 1,121,025	

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 39-1558890 Plan# 001
December 31, 2012

(a) Party-In-Interest	(b) & (c) Identity of Issue & Description of Investment	(d) Cost	(e) Current Value
Investments at Fair Value			
	Money Market Fund		
*	Fidelity Retirement Money Market Fund	**	$ 582,099
	Mutual Funds		
*	Fidelity Advisor Freedom 2040 Fund	**	540,505
*	Fidelity Advisor Freedom 2035 Fund	**	410,532
*	Fidelity Advisor Freedom 2030 Fund	**	407,976
*	Fidelity Advisor Freedom 2045 Fund	**	403,447
	PIMCO Income Fund	**	349,773
*	Fidelity Advisor Freedom 2025 Fund	**	342,570
	PIMCO Total Return Fund	**	191,303
	Prudential Jennison Health Sciences Fund	**	138,803
*	Fidelity Advisor Freedom 2050 Fund	**	137,318
	Templeton Global Bond Fund	**	137,031
	PIMCO Investment Grade Corporate Bond Fund	**	89,131
	PIMCO Unconstrained Bond Fund	**	56,463
	BlackRock Equity Dividend Fund	**	55,718
	Oppenheimer Developing Markets Fund	**	50,033
	Janus Global Research Fund	**	49,638
	PIMCO All Asset All Authority Fund	**	45,105
	Dreyfus Basic S&P 500 Stock Index Fund	**	36,673
*	Fidelity Advisor Freedom 2020 Fund	**	35,410
*	Fidelity Advisor Freedom 2015 Fund	**	35,070
	BlackRock Global Allocation Fund	**	31,590
	Thornburg International Value Fund	**	30,230
	Janus Triton Fund	**	19,581
	Perkins Mid Cap Value Fund	**	15,996
	Nuveen Mid Cap Index Fund	**	14,306
	Mainstay Large Cap Growth Fund	**	13,472
	Heartland Value Plus Fund	**	13,427
	Scout Mid Cap Fund	**	12,382
*	Fidelity Advisor Small Cap Fund	**	11,348
	BlackRock High Yield Bond Fund	**	11,211
*	Fidelity Advisor Freedom 2005 Fund	**	8,102
*	Fidelity Advisor Freedom 2055 Fund	**	6,279
	Janus Enterprise Fund	**	6,163
	PIMCO StockPlus Fund	**	3,155
	PIMCO Commodity Real Return Strategy Fund	**	2,144
	JPM US Equity Select Fund	**	1,379
*	Fidelity Advisor Freedom Income Fund	**	1,247
*	Fidelity Advisor New Insights Fund	**	921
*	Fidelity Advisor Materials Fund	**	76
*	Fidelity Advisor Mid Cap II Fund	**	74
			3,715,582
*	**Notes Receivable from Participants**		
	Loan Interest Rate: 5.25 to 6.25 Percent	**	32,353
	Total Assets Held at End of Year		$ 4,330,034

* This fund is managed by a Party-in-Interest.
** Cost information is omitted as all investments are participant directed.

ORTHO MOLECULAR PRODUCTS 401(K) PLAN

Woodstock, IL

Financial Statements
and Supplementary Information

December 31, 2012

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Statement of Changes in Net Assets Available for Benefits (Exhibit B) 4

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SUPPLEMENTARY INFORMATION

Schedule H, line 4i - Schedule of Assets Held at End of Year (Schedule 1) 14

MARTIN HOOD FRIESE & ASSOCIATES, LLC

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Champaign, Illinois 61820
Phone 217.351.2000
Fax 217.351.7726
www.mhfa.net

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators and Plan Trustees
Ortho Molecular Products 401(k) Plan
Woodstock, IL

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ortho Molecular Products 401(k) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditor's 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 trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2012 and 2011 and for the year ended December 31, 2012 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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, other than that derived from the information certified 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Marten, Hood, Trees & associates, LLC

Champaign, Illinois
July 16, 2014

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Investments at Fair Value	$ 4,297,681	$ 3,184,074
Participant Contribution Receivable	3,855	13,520
Employer Contribution Receivable	1,376	3,501
Notes Receivable from Participants	32,353	24,935
Total Assets	4,335,265	3,226,030
Liabilities		
Corrective Distributions Payable	21,839	-
Net Assets Available for Plan Benefits	$ 4,313,426	$ 3,226,030

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2012

Additions		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$	328,477
Interest and Dividend Income		127,215
Net Investment Income (Loss)		455,692
Interest Income on Notes Receivable from Participants		1,703
Contributions:		
Participants		473,727
Employer		135,836
Rollover		71,572
Total Contributions		681,135
Total Additions		1,138,530
Deductions		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants		10,203
Corrective Distributions		21,839
Administrative Expense		19,092
Total Deductions		51,134
Net Increase (Decrease)		1,087,396
Net Assets Available for Benefits, Beginning of Year		3,226,030
Net Assets Available for Benefits, End of Year	$	4,313,426

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Notes to Financial Statements
December 31, 2012

1. Description of Plan

The following description of the Ortho Molecular Products (Company) 401(k) Plan (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 the Company who are age eighteen or older and have at least three months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may elect to defer a portion of their annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of these contributions into various investment options. As of December 31, 2012, the Plan offered mutual funds and one money market fund.

The Company contributions are made at the option of management. Matching contributions are calculated each pay period and all participants are eligible to receive the match. During 2012, the company matched 40 percent of a participant's deferral up to a 6 percent deferral. Discretionary contributions are made at the option of management to participants employed at the end of the Plan year with at least 501 hours of service during the year or employed on the last day of the year. Management did not elect to make any discretionary contributions to the Plan for 2012. The maximum contribution to the Plan in any year is determined by the provisions in the Plan and the Internal Revenue Code and Income Tax Regulations.

Participant Accounts - Each participant's account is credited with the participant's contribution, if any, and allocations, if any, of (a) the Company's contribution, (b) plan earnings, and (c) administrative expenses. Allocations are based on participant earnings, account balances, or other participant events, as defined. The benefit to which a participant is entitled is provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested after five years of credited service, death, disability or upon reaching normal retirement age.

Notes Receivable from Participants - Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their vested balance. Note terms range from one to five years except for the purchase of a primary residence which shall be no more than ten years. The notes are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits - Upon termination of service, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in his or her account. If the participant's vested balance is $5,000 or less, the Plan provides for an automatic distribution of the amount. The Plan also allows for financial hardship withdrawals of all or part of the participant's deferral contributions and earnings thereon if the participant can prove financial hardship and is unable to meet their financial needs another way. In addition, in-service withdrawals of participants' vested interest are allowed for participants over the age 59½. If a participant becomes permanently disabled, they are allowed in-service withdrawals of 100 percent of their contributions to the Plan.

2. Summary of Significant Accounting Policies

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 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 valued at their unpaid balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Investment Fees - Certain fees are charged to the Plan for services provided by the trustee of the Plan. The trustee nets those fees with investment earnings.

Payment of Benefits - Benefits are recorded when paid.

Corrective Distributions Payable - Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding distribution expense. The Plan distributed the excess contributions to the applicable participants in 2014.

Forfeited Accounts - Forfeited amounts are used to pay plan expenses or reduce employer contributions. At December 31, 2012 and 2011, forfeited non-vested accounts totaled $7,950 and $4,402, respectively.

Subsequent Events - The Plan has evaluated subsequent events through July 16, 2014, the date on which the financial statements were available to be issued.

3. Information Certified by Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no auditing procedures were performed on the following information certified by Fidelity Management Trust Company, the trustee of the Plan, as complete and accurate except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

	2012	2011
Investments at Fair Value	$ 4,297,681	$ 3,184,074
Notes Receivable from Participants	$ 32,353	$ 24,935
Net Appreciation in Fair Value of Investments	$ 328,477	
Interest and Dividends	$ 127,215	
Interest Income on Notes Receivable from Participants	$ 1,703	
Administrative Expenses	$ 19,092	

4. Investment Valuation

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value under generally accepted accounting principles. The 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 820-10 are described below:

Level 1 Inputs to the valuation methodology are based on 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. The 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, 2012.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual Funds and Money Market Fund:* Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 582,099	$ -	$ -	$ 582,099
Mutual Funds:				
Target Date Fund	2,327,209	-	-	2,327,209
Multisector Bond	349,773	-	-	349,773
Intermediate Term Bond	191,303	-	-	191,303
Health	138,803	-	-	138,803
World Bond	137,031	-	-	137,031
Corporate Bond	89,131	-	-	89,131
Nontraditional Bond	56,463	-	-	56,463
Large Value	55,718	-	-	55,718
Diversified Emerging Markets	50,033	-	-	50,033
World Stock	49,638	-	-	49,638
Tactical Allocation	45,105	-	-	45,105
Large Blend	41,207	-	-	41,207
World Allocation	31,590	-	-	31,590
Foreign Large Growth	30,230	-	-	30,230
Mid Cap Blend	26,688	-	-	26,688
Short Government	19,581	-	-	19,581
Mid Cap Value	15,996	-	-	15,996
Large Growth	14,393	-	-	14,393
Small Value	13,427	-	-	13,427
Small Blend	11,348	-	-	11,348
High Yield Bond	11,211	-	-	11,211
Mid Cap Growth	6,237	-	-	6,237
Commodities Broad Basket	2,144	-	-	2,144
Retirement Income	1,247	-	-	1,247
Natural Resources	76	-	-	76
Total Investments	$ 4,297,681	$ -	$ -	$ 4,297,681

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 359,024	$ -	$ -	$ 359,024
Mutual Funds:				
Target Date Fund	1,898,295	-	-	1,898,295
Multisector Bond	253,323	-	-	253,323
Intermediate Term Bond	161,793	-	-	161,793
World Bond	105,684	-	-	105,684
Corporate Bond	64,406	-	-	64,406
Health	45,921	-	-	45,921
Nontraditional Bond	41,152	-	-	41,152
Tactical Allocation	34,356	-	-	34,356
Diversified Emerging Markets	33,108	-	-	33,108
World Stock	32,824	-	-	32,824
World Allocation	22,973	-	-	22,973
Foreign Large Growth	22,271	-	-	22,271
Mid Cap Blend	18,408	-	-	18,408
Large Blend	16,898	-	-	16,898
Large Value	12,133	-	-	12,133
Mid Cap Value	12,109	-	-	12,109
Small Value	10,961	-	-	10,961
Short Government	10,926	-	-	10,926
Small Blend	9,308	-	-	9,308
Large Growth	9,023	-	-	9,023
High Yield Bond	4,950	-	-	4,950
Mid Cap Growth	2,190	-	-	2,190
Commodities Broad Basket	2,038	-	-	2,038
Total Investments	$ 3,184,074	$ -	$ -	$ 3,184,074

5. Investments

All investments are participant directed. The following individual plan investments represent five percent or more of the Plan's net assets as of December 31:

	2012	2011
Fidelity Retirement Money Market Fund	$ 582,099	$ 359,024
Fidelity Advisor Freedom 2040 Fund	540,505	410,428
Fidelity Advisor Freedom 2035 Fund	410,532	478,632
Fidelity Advisor Freedom 2030 Fund	407,976	306,933
Fidelity Advisor Freedom 2045 Fund	403,447	272,055
PIMCO Income Fund	349,773	253,323
Fidelity Advisor Freedom 2025 Fund	342,570	294,680
PIMCO Total Return Fund	*	161,793
Other - Less than Five Percent	1,260,779	647,206
Total Investments, at Fair Value	$ 4,297,681	$ 3,184,074

* - This investment was less than five percent of net assets at December 31.

6. Administrative Expenses

Expenses incurred in the administration of the Plan were paid by the Plan's sponsor except those included in Note 7.

7. Party-in-Interest Transactions

Transactions with companies that provide services to the Plan are considered party-in-interest transactions. The following party-in-interest transactions occurred during the year ended December 31, 2012:

Fidelity - Trustee

- Certain Plan investments are held and managed by the trustee.
- Recordkeeping fees totaling $219 are included in administrative expenses on Exhibit B.
- Asset based fees ranging from 0.10 percent - 0.25 percent, netted with earnings.

American Community Wealth Management – Investment Advisor

- Investment advisor fees totaling $18,873 are included in administrative expenses on Exhibit B.

Notes Receivable from Participants

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

9. Tax Status

On March 31, 2008, the Internal Revenue Service (IRS) stated that the prototype adopted by the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving this determination letter, the plan administrator and the volume submitter provider believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

As of December 31, 2012, the Plan's federal tax filings for fiscal years 2009 through 2012 remain open for review by tax authorities.

10. Uncertain Tax Positions

The following operational failures could potentially affect the qualified status of the plan.

- The Plan has failed to implement an auto-enrollment feature included in the Plan document effective September 1, 2011. The Plan was amended affective January 1, 2014 to eliminate the auto enrollment feature.
- The Plan has failed to file its audit report with the Form 5500 by the deadline prescribed by the IRS and DOL.
- The Plan's tax compliance testing for years prior to 2012 has not been completed.

Because these matters represent operational failures in violation of the Plan's provisions, it is likely that an examination by an authoritative body would result in sanctions to the plan sponsor that if not satisfied by the plan sponsor could threaten the qualified status of the Plan.

11. 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 and the valuation techniques used for investments, it is at least reasonably possible that changes in the value 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.

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and the change in net assets available for benefits to Schedule H of Form 5500:

	2012	2011
Net Assets Available for Benefits Per the Financial Statements	$ 4,313,426	$ 3,226,030
2011 Receivable not recorded on Form 5500	-	(17,021)
2012 Receivable not recorded on Form 5500	(5,231)	-
2012 Corrective Distribution Payable	21,839	-
Net Assets Available for Benefits Per the Form 5500	$ 4,330,034	$ 3,209,009

	2012	2011
Net Change in Net Assets Available for Benefits per the Financial Statements	$ 1,087,396	
2011 Receivable not on Form 5500	17,021	
2012 Receivable not on Form 5500	(5,231)	
2012 Corrective Distributions	21,839	
Net Change in Net Assets per Form 5500	$ 1,121,025	

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 39-1558890 Plan# 001
December 31, 2012

(a) Party-In-Interest	(b) & (c) Identity of Issue & Description of Investment	(d) Cost	(e) Current Value
Investments at Fair Value			
	Money Market Fund		
*	Fidelity Retirement Money Market Fund	**	$ 582,099
	Mutual Funds		
*	Fidelity Advisor Freedom 2040 Fund	**	540,505
*	Fidelity Advisor Freedom 2035 Fund	**	410,532
*	Fidelity Advisor Freedom 2030 Fund	**	407,976
*	Fidelity Advisor Freedom 2045 Fund	**	403,447
	PIMCO Income Fund	**	349,773
*	Fidelity Advisor Freedom 2025 Fund	**	342,570
	PIMCO Total Return Fund	**	191,303
	Prudential Jennison Health Sciences Fund	**	138,803
*	Fidelity Advisor Freedom 2050 Fund	**	137,318
	Templeton Global Bond Fund	**	137,031
	PIMCO Investment Grade Corporate Bond Fund	**	89,131
	PIMCO Unconstrained Bond Fund	**	56,463
	BlackRock Equity Dividend Fund	**	55,718
	Oppenheimer Developing Markets Fund	**	50,033
	Janus Global Research Fund	**	49,638
	PIMCO All Asset All Authority Fund	**	45,105
	Dreyfus Basic S&P 500 Stock Index Fund	**	36,673
*	Fidelity Advisor Freedom 2020 Fund	**	35,410
*	Fidelity Advisor Freedom 2015 Fund	**	35,070
	BlackRock Global Allocation Fund	**	31,590
	Thornburg International Value Fund	**	30,230
	Janus Triton Fund	**	19,581
	Perkins Mid Cap Value Fund	**	15,996
	Nuveen Mid Cap Index Fund	**	14,306
	Mainstay Large Cap Growth Fund	**	13,472
	Heartland Value Plus Fund	**	13,427
	Scout Mid Cap Fund	**	12,382
*	Fidelity Advisor Small Cap Fund	**	11,348
	BlackRock High Yield Bond Fund	**	11,211
*	Fidelity Advisor Freedom 2005 Fund	**	8,102
*	Fidelity Advisor Freedom 2055 Fund	**	6,279
	Janus Enterprise Fund	**	6,163
	PIMCO StockPlus Fund	**	3,155
	PIMCO Commodity Real Return Strategy Fund	**	2,144
	JPM US Equity Select Fund	**	1,379
*	Fidelity Advisor Freedom Income Fund	**	1,247
*	Fidelity Advisor New Insights Fund	**	921
*	Fidelity Advisor Materials Fund	**	76
*	Fidelity Advisor Mid Cap II Fund	**	74
			3,715,582
*	**Notes Receivable from Participants**		
	Loan Interest Rate: 5.25 to 6.25 Percent	**	32,353
	Total Assets Held at End of Year		$ 4,330,034

* This fund is managed by a Party-in-Interest.
** Cost information is omitted as all investments are participant directed.