Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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

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.	10/13/2014	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	162
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**	166
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	13
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	179
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	112
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

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

A Name of plan 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

FIDELITY INVESTMENTS INSTITUTIONAL

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

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?
27 61	ADVISOR	24734	Yes [X] No [ ]	Yes [X] No [ ]	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?
37 60 64 65	RECORDKEEPER	313	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 - OPPENHEIMER 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 IN 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 P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK HI YLD BD INST - BNY MELLON 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 TRANS 200 PARK AVENUE NEW YORK, NY 10166	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 TE 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 S 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 SERVICE 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	0.35%

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 LL 43-1804048	0.35%

(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 FINA 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 SERVI 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 FINAN	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 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.
OPP DEVELOPING MKT Y - OFI GLOBAL	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 SERVI 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 MU 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 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 FINA 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 TE 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

2013

This Form is Open to Public Inspection

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

A Name of plan
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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	582099	529878
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	32353	54211
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3715582	5104550
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4330034	5688639
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4330034	5688639

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)	182169	
(B) Participants	2a(1)(B)	583907	
(C) Others (including rollovers)	2a(1)(C)	37312	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		803388
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2432	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2477
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	297558	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		297558
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		430725
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1534148
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	150496	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		150496
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	25047	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25047
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		175543
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1358605
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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 AND 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? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
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**

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, 2013

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

Notes to Financial Statements 5-13

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, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013 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, 2013 and 2012 and for the year ended December 31, 2013 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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
October 07, 2014

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments at Fair Value	$ 5,634,428	$ 4,297,681
Participant Contribution Receivable	11,298	3,855
Employer Contribution Receivable	3,631	1,376
Notes Receivable from Participants	54,211	32,353
Total Assets	5,703,568	4,335,265
Liabilities		
Corrective Distributions Payable	21,839	21,839
Net Assets Available for Plan Benefits	$ 5,681,729	$ 4,313,426

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Additions	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation (Depreciation) in Value of Investments	$ 430,724
Interest and Dividend Income	297,603
Net Investment Income (Loss)	728,327
Interest Income on Notes Receivable from Participants	2,432
Contributions:	
Participants	591,350
Employer	184,424
Rollover	37,312
Total Contributions	813,086
Total Additions	1,543,845
Deductions	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	150,496
Administrative Expense	25,046
Total Deductions	175,542
Net Increase (Decrease)	1,368,303
Net Assets Available for Benefits, Beginning of Year	4,313,426
Net Assets Available for Benefits, End of Year	$ 5,681,729

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Notes to Financial Statements
December 31, 2013

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 18 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, 2013, 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 2013, the company matched 45 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 2013. 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, net of investment fees, 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.

Forfeited Accounts - Forfeited amounts are used to pay plan expenses or reduce employer contributions. At December 31, 2013 and 2012, forfeited non-vested accounts totaled $17,500 and $7,950, respectively.

2. Summary of Significant Accounting Policies

Use of Estimates and Basis of Accounting - 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.

Subsequent Events - The Plan has evaluated subsequent events through October 07, 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.

	2013	2012
Investments at Fair Value	$ 5,634,428	$ 4,297,681
Notes Receivable from Participants	$ 54,211	$ 32,353
Net Appreciation in Value of Investments	$ 430,724	
Interest and Dividend Income	$ 297,603	
Interest Income on Notes Receivable from Participants	$ 2,432	
Administrative Expense	$ 25,046	

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, 2013.

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, 2013:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 529,878	$ -	$ -	$ 529,878
Mutual Funds:				
Target Date Fund	3,444,987	-	-	3,444,987
Multisector Bond	408,256	-	-	408,256
Health	376,130	-	-	376,130
Intermediate Term Bond	139,477	-	-	139,477
World Bond	111,567	-	-	111,567
Short Government	91,624	-	-	91,624
Large Blend	78,108	-	-	78,108
Large Value	70,133	-	-	70,133
Nontraditional Bond	66,624	-	-	66,624
Small Blend	56,167	-	-	56,167
Tactical Allocation	47,682	-	-	47,682
Foreign Large Growth	39,417	-	-	39,417
World Allocation	37,829	-	-	37,829
Mid Cap Growth	29,761	-	-	29,761
Mid Cap Blend	26,694	-	-	26,694
Other	80,094	-	-	80,094
Total Investments	$ 5,634,428	$ -	$ -	$ 5,634,428

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
Other	95,660	-	-	95,660
Total Investments	$ 4,297,681	$ -	$ -	$ 4,297,681

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:

	2013	2012
Fidelity Advisor Freedom 2035 Fund	$ 845,422	$ 410,532
Fidelity Advisor Freedom 2040 Fund	706,009	540,505
Fidelity Advisor Freedom 2045 Fund	631,577	403,447
Fidelity Advisor Freedom 2030 Fund	562,648	407,976
Fidelity Retirement Money Market Fund	529,878	582,099
Fidelity Advisor Freedom 2025 Fund	423,827	342,570
PIMCO Income Fund	408,256	349,773
Prudential Jennison Health Sciences Fund	376,130	*
Other - Less than Five Percent	1,150,681	1,260,779
Total Investments, at Fair Value	$ 5,634,428	$ 4,297,681

* - 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, 2013:

Fidelity – Trustee

- Certain Plan investments are held and managed by the trustee.
- Recordkeeping fees totaling $313 are included in administrative expenses on Exhibit B.
- Asset based fees ranging from 0.10 percent - 0.35 percent, netted with earnings.

American Community Wealth Management – Investment Advisor

- Investment advisor fees totaling $24,733 are included in administrative expenses on Exhibit B.
- Asset based fees of 0.25 percent, netted with earnings.

Notes Receivable from Participants are considered to be both party-in-interest and related-party transactions.

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. In the event of plan termination, participants will become 100 percent vested in their employer contributions.

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 IRC. Although the Plan has been amended since receiving this advisory letter, the plan

administrator and the volume submitter sponsor believe that the Plan is designed and is 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, 2013, the Plan's federal tax filings for fiscal years 2010 through 2013 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 failed to implement an auto-enrollment feature included in the Plan document effective September 1, 2011. However, the Plan was amended effective September 22, 2014 to eliminate the auto enrollment feature.
- The Plan's 2011 tax compliance testing was not completed.

Despite the 2014 amendment, and 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. Subsequent Plan Amendments

In addition to the Plan amendment to remove the auto enrollment feature effective September 22, 2014 noted above, the Plan was also amended effective September 22, 2014 to change the eligibility requirement from three months of service to two months of service. In addition, as part of this amendment, the Plan's entry dates were changed from January 1 and July 1 to the first of each month.

12. 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.

13. 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:

	2013	2012
Net Assets Available for Benefits Per the Financial Statements	$ 5,681,729	$ 4,313,426
2013 Receivable not recorded on Form 5500	(14,929)	-
2012 Receivable not recorded on Form 5500	-	(5,231)
2012 Corrective Distribution Payable not recorded on Form 5500	21,839	21,839
Net Assets Available for Benefits Per the Form 5500	$ 5,688,639	$ 4,330,034

	2013
Net Change in Net Assets Available for Benefits per the Financial Statements	$ 1,368,303
2013 Receivable not recorded on Form 5500	(14,929)
2012 Receivable not recorded on Form 5500	5,231
Net Change in Net Assets per Form 5500	$ 1,358,605

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, 2013

(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	**	$ 529,878
	Mutual Funds		
*	Fidelity Advisor Freedom 2035 Fund	**	845,422
*	Fidelity Advisor Freedom 2040 Fund	**	706,009
*	Fidelity Advisor Freedom 2045 Fund	**	631,577
*	Fidelity Advisor Freedom 2030 Fund	**	562,648
*	Fidelity Advisor Freedom 2025 Fund	**	423,827
	PIMCO Income Fund	**	408,256
	Prudential Jennison Health Sciences Fund	**	376,130
	PIMCO Total Return Fund	**	139,477
*	Fidelity Advisor Freedom 2050 Fund	**	132,133
	Templeton Global Bond Fund	**	111,567
	Janus Triton Fund	**	91,624
	BlackRock Equity Dividend Fund	**	70,133
	PIMCO Unconstrained Bond Fund	**	66,624
*	Fidelity Advisor Freedom 2020 Fund	**	64,336
	Nuveen Small Cap Index Fund	**	56,167
	Dreyfus Basic S&P 500 Stock Index Fund	**	50,216
	PIMCO All Asset All Authority Fund	**	47,682
*	Fidelity Advisor Freedom 2015 Fund	**	45,486
	Thornburg International Value Fund	**	39,417
	BlackRock Global Allocation Fund	**	37,829
	Janus Enterprise Fund	**	29,519
	PIMCO StockPlus Fund	**	24,708
	Heartland Value Plus Fund	**	19,516
	Perkins Mid Cap Value Fund	**	17,735
*	Fidelity Advisor Freedom 2005 Fund	**	16,780
*	Fidelity Advisor Freedom 2055 Fund	**	16,769
	BlackRock High Yield Bond Fund	**	13,322
	Nuveen Mid Cap Index Fund	**	12,304
	Franklin International Small Cap Growth Fund	**	8,393
	Janus Global Research Fund	**	6,788
	PIMCO Investment Grade Corporate Bond Fund	**	6,245
	Scout Mid Cap Fund	**	5,997
	Oppenheimer Developing Markets Fund	**	5,146
*	Fidelity Advisor New Insights Fund	**	3,484
	JPM US Equity Select Fund	**	3,184
	Mainstay Large Cap Growth Fund	**	3,049
*	Fidelity Advisor Freedom Income Fund	**	2,651
	PIMCO Commodity Real Return Strategy Fund	**	1,909
*	Fidelity Advisor Mid Cap II Fund	**	242
*	Fidelity Advisor Materials Fund	**	229
*	Fidelity Advisor Floating Rate Fund	**	20
			5,104,550
	Notes Receivable from Participants		
	Loan Interest Rate: 5.25 to 6.25 Percent	**	54,211
	Total Assets Held at End of Year		$ 5,688,639

* 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, 2013

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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, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013 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, 2013 and 2012 and for the year ended December 31, 2013 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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
October 07, 2014

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments at Fair Value	$ 5,634,428	$ 4,297,681
Participant Contribution Receivable	11,298	3,855
Employer Contribution Receivable	3,631	1,376
Notes Receivable from Participants	54,211	32,353
Total Assets	5,703,568	4,335,265
Liabilities		
Corrective Distributions Payable	21,839	21,839
Net Assets Available for Plan Benefits	$ 5,681,729	$ 4,313,426

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Additions	
Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation (Depreciation) in Value of Investments	$ 430,724
Interest and Dividend Income	297,603
Net Investment Income (Loss)	728,327
Interest Income on Notes Receivable from Participants	2,432
Contributions:	
Participants	591,350
Employer	184,424
Rollover	37,312
Total Contributions	813,086
Total Additions	1,543,845
Deductions	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	150,496
Administrative Expense	25,046
Total Deductions	175,542
Net Increase (Decrease)	1,368,303
Net Assets Available for Benefits, Beginning of Year	4,313,426
Net Assets Available for Benefits, End of Year	$ 5,681,729

See Accompanying Notes

ORTHO MOLECULAR PRODUCTS 401(K) PLAN
Notes to Financial Statements
December 31, 2013

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 18 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, 2013, 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 2013, the company matched 45 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 2013. 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, net of investment fees, 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.

Forfeited Accounts - Forfeited amounts are used to pay plan expenses or reduce employer contributions. At December 31, 2013 and 2012, forfeited non-vested accounts totaled $17,500 and $7,950, respectively.

2. Summary of Significant Accounting Policies

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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.

Subsequent Events - The Plan has evaluated subsequent events through October 07, 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.

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Net Appreciation in Value of Investments	$ 430,724	
Interest and Dividend Income	$ 297,603	
Interest Income on Notes Receivable from Participants	$ 2,432	
Administrative Expense	$ 25,046	

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, 2013.

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, 2013:

	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 529,878	$ -	$ -	$ 529,878
Mutual Funds:				
Target Date Fund	3,444,987	-	-	3,444,987
Multisector Bond	408,256	-	-	408,256
Health	376,130	-	-	376,130
Intermediate Term Bond	139,477	-	-	139,477
World Bond	111,567	-	-	111,567
Short Government	91,624	-	-	91,624
Large Blend	78,108	-	-	78,108
Large Value	70,133	-	-	70,133
Nontraditional Bond	66,624	-	-	66,624
Small Blend	56,167	-	-	56,167
Tactical Allocation	47,682	-	-	47,682
Foreign Large Growth	39,417	-	-	39,417
World Allocation	37,829	-	-	37,829
Mid Cap Growth	29,761	-	-	29,761
Mid Cap Blend	26,694	-	-	26,694
Other	80,094	-	-	80,094
Total Investments	$ 5,634,428	$ -	$ -	$ 5,634,428

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
Other	95,660	-	-	95,660
Total Investments	$ 4,297,681	$ -	$ -	$ 4,297,681

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:

	2013	2012
Fidelity Advisor Freedom 2035 Fund	$ 845,422	$ 410,532
Fidelity Advisor Freedom 2040 Fund	706,009	540,505
Fidelity Advisor Freedom 2045 Fund	631,577	403,447
Fidelity Advisor Freedom 2030 Fund	562,648	407,976
Fidelity Retirement Money Market Fund	529,878	582,099
Fidelity Advisor Freedom 2025 Fund	423,827	342,570
PIMCO Income Fund	408,256	349,773
Prudential Jennison Health Sciences Fund	376,130	*
Other - Less than Five Percent	1,150,681	1,260,779
Total Investments, at Fair Value	$ 5,634,428	$ 4,297,681

* - 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, 2013:

Fidelity – Trustee

- Certain Plan investments are held and managed by the trustee.
- Recordkeeping fees totaling $313 are included in administrative expenses on Exhibit B.
- Asset based fees ranging from 0.10 percent - 0.35 percent, netted with earnings.

American Community Wealth Management – Investment Advisor

- Investment advisor fees totaling $24,733 are included in administrative expenses on Exhibit B.
- Asset based fees of 0.25 percent, netted with earnings.

Notes Receivable from Participants are considered to be both party-in-interest and related-party transactions.

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. In the event of plan termination, participants will become 100 percent vested in their employer contributions.

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 IRC. Although the Plan has been amended since receiving this advisory letter, the plan

administrator and the volume submitter sponsor believe that the Plan is designed and is 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, 2013, the Plan's federal tax filings for fiscal years 2010 through 2013 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 failed to implement an auto-enrollment feature included in the Plan document effective September 1, 2011. However, the Plan was amended effective September 22, 2014 to eliminate the auto enrollment feature.
- The Plan's 2011 tax compliance testing was not completed.

Despite the 2014 amendment, and 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. Subsequent Plan Amendments

In addition to the Plan amendment to remove the auto enrollment feature effective September 22, 2014 noted above, the Plan was also amended effective September 22, 2014 to change the eligibility requirement from three months of service to two months of service. In addition, as part of this amendment, the Plan's entry dates were changed from January 1 and July 1 to the first of each month.

12. 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.

13. 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:

	2013	2012
Net Assets Available for Benefits Per the Financial Statements	$ 5,681,729	$ 4,313,426
2013 Receivable not recorded on Form 5500	(14,929)	-
2012 Receivable not recorded on Form 5500	-	(5,231)
2012 Corrective Distribution Payable not recorded on Form 5500	21,839	21,839
Net Assets Available for Benefits Per the Form 5500	$ 5,688,639	$ 4,330,034

	2013
Net Change in Net Assets Available for Benefits per the Financial Statements	$ 1,368,303
2013 Receivable not recorded on Form 5500	(14,929)
2012 Receivable not recorded on Form 5500	5,231
Net Change in Net Assets per Form 5500	$ 1,358,605

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, 2013

(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	**	$ 529,878
	Mutual Funds		
*	Fidelity Advisor Freedom 2035 Fund	**	845,422
*	Fidelity Advisor Freedom 2040 Fund	**	706,009
*	Fidelity Advisor Freedom 2045 Fund	**	631,577
*	Fidelity Advisor Freedom 2030 Fund	**	562,648
*	Fidelity Advisor Freedom 2025 Fund	**	423,827
	PIMCO Income Fund	**	408,256
	Prudential Jennison Health Sciences Fund	**	376,130
	PIMCO Total Return Fund	**	139,477
*	Fidelity Advisor Freedom 2050 Fund	**	132,133
	Templeton Global Bond Fund	**	111,567
	Janus Triton Fund	**	91,624
	BlackRock Equity Dividend Fund	**	70,133
	PIMCO Unconstrained Bond Fund	**	66,624
*	Fidelity Advisor Freedom 2020 Fund	**	64,336
	Nuveen Small Cap Index Fund	**	56,167
	Dreyfus Basic S&P 500 Stock Index Fund	**	50,216
	PIMCO All Asset All Authority Fund	**	47,682
*	Fidelity Advisor Freedom 2015 Fund	**	45,486
	Thornburg International Value Fund	**	39,417
	BlackRock Global Allocation Fund	**	37,829
	Janus Enterprise Fund	**	29,519
	PIMCO StockPlus Fund	**	24,708
	Heartland Value Plus Fund	**	19,516
	Perkins Mid Cap Value Fund	**	17,735
*	Fidelity Advisor Freedom 2005 Fund	**	16,780
*	Fidelity Advisor Freedom 2055 Fund	**	16,769
	BlackRock High Yield Bond Fund	**	13,322
	Nuveen Mid Cap Index Fund	**	12,304
	Franklin International Small Cap Growth Fund	**	8,393
	Janus Global Research Fund	**	6,788
	PIMCO Investment Grade Corporate Bond Fund	**	6,245
	Scout Mid Cap Fund	**	5,997
	Oppenheimer Developing Markets Fund	**	5,146
*	Fidelity Advisor New Insights Fund	**	3,484
	JPM US Equity Select Fund	**	3,184
	Mainstay Large Cap Growth Fund	**	3,049
*	Fidelity Advisor Freedom Income Fund	**	2,651
	PIMCO Commodity Real Return Strategy Fund	**	1,909
*	Fidelity Advisor Mid Cap II Fund	**	242
*	Fidelity Advisor Materials Fund	**	229
*	Fidelity Advisor Floating Rate Fund	**	20
			5,104,550
	Notes Receivable from Participants		
	Loan Interest Rate: 5.25 to 6.25 Percent	**	54,211
	Total Assets Held at End of Year		$ 5,688,639

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