

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1992</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PHARMACHEM LABORATORIES, INC.</u> <u>265 HARRISON AVENUE</u> <u>KEARNY, NJ 07032-4315</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-1625213</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>201-246-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-1625213</u>	2c Plan Sponsor's telephone number <u>201-246-1000</u>	2d Business code (see instructions) <u>311900</u>	
2b Employer Identification Number (EIN) <u>22-1625213</u>					
2c Plan Sponsor's telephone number <u>201-246-1000</u>					
2d Business code (see instructions) <u>311900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2016	ANDREA BAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 553
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 502
a(2) Total number of active participants at the end of the plan year	6a(2) 480
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 52
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 532
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 532
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 393
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
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 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHARMACHEM LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>22-1625213</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGMT.

94-3106735

(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)

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
19 59	TRUST COMPANY	0	Yes ☒ No ☐	Yes ☒ No ☐	8428	Yes ☐ No ☒

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

NEWPORT RETIREMENT SERVICES

62-1868111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 50 60 64	ASSET HOLDER	6813	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
19 50 59	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHARMACHEM LABORATORIES, INC.</u>		D Employer Identification Number (EIN) <u>22-1625213</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>10361</u>	<u>8600</u>
(2) Participant contributions.....	1b(2)	<u>33552</u>	<u>26677</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>1400683</u>	<u>1361434</u>
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	<u>907571</u>	<u>893073</u>
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>25996164</u>	<u>26383349</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28348331	28673133

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28348331	28673133
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	528928	
(B) Participants	2a(1)(B)	1810589	
(C) Others (including rollovers)	2a(1)(C)	113673	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2453190
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	154	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	34268	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34422
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-493253
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1994359

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1632506	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1632506
f Corrective distributions (see instructions).....	2f		2252
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	6813	
(2) Contract administrator fees.....	2i(2)	24447	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	3539	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		34799
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1669557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		324802
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>PHARMACHEM LABORATORIES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHARMACHEM LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>22-1625213</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: 0.0% 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): _____

**Pharmachem Laboratories, Inc.
Retirement Savings Plan**

Financial Statements
and Supplemental Schedule
Years Ended September 30, 2015 and 2014

**Pharmachem Laboratories, Inc.
Retirement Savings Plan**

Contents

Independent Auditor's Report	3-4
Financial Statements	
Statements of Net Assets Available for Benefits as of September 30, 2015 and 2014	6
Statements of Changes in Net Assets Available for Benefits for the Years Ended September 30, 2015 and 2014	7
Notes to Financial Statements	8-14
Supplemental Schedule	
Schedule of Assets (Held at End of Year) as of September 30, 2015	16



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Independent Auditor's Report

The Trustees
Pharmachem Laboratories, Inc.
Retirement Savings Plan
Kearny, New Jersey

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pharmachem Laboratories, Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedule

The supplemental schedule, Schedule of Assets (Held at End of Year) as of September 30 2015, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

July 15, 2016

Financial Statements

**Pharmachem Laboratories, Inc.
Retirement Savings Plan**

Statements of Net Assets Available for Benefits

<i>September 30,</i>	2015	2014
Assets		
Investments at fair value	\$ 27,686,406	\$ 27,349,213
Cash	58,377	47,634
Total Assets	27,744,783	27,396,847
Receivables		
Employer contributions	8,600	10,361
Participants' contributions	26,677	33,552
Notes receivable from participants	893,073	907,571
Total Receivables	928,350	951,484
Net Assets Available for Benefits	\$ 28,673,133	\$ 28,348,331

See accompanying notes to financial statements.

**Pharmachem Laboratories, Inc.
Retirement Savings Plan**

Statements of Changes in Net Assets Available for Benefits

<i>Year ended September 30,</i>	2015	2014
Additions		
Investment Income:		
Net (depreciation) appreciation in fair value of investments	\$ (1,711,558)	\$ 3,024,543
Dividends and capital gains/losses, net	1,216,593	(469,863)
Interest	154	150
Total Investment Income	(492,811)	2,554,830
Interest Income on Notes Receivable from Participants	34,268	30,156
Contributions		
Participants	1,807,629	1,702,168
Employer	528,062	503,682
Rollover	113,673	113,480
Total Contributions	2,449,364	2,319,330
Total Additions	2,449,364	4,904,316
Deductions		
Benefits paid to participants	(1,634,759)	(555,070)
Administrative expenses	(31,260)	(6,125)
Total Deductions	(1,666,019)	(561,195)
Net Increase	324,802	4,343,121
Net Assets Available for Benefits, beginning of year	28,348,331	24,005,210
Net Assets Available for Benefits, end of year	\$ 28,673,133	\$ 28,348,331

See accompanying notes to financial statements.

Pharmachem Laboratories, Inc. Retirement Savings Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Pharmachem Laboratories, Inc. Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan under the provisions of Section 401(k) of the Internal Revenue Code (“IRC”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Employees of Pharmachem Laboratories, Inc. (“Pharmachem”) and its participating subsidiaries (the “Company” and the “Plan Sponsor”) automatically become eligible for participation on the entry date, October 1, January 1, April 1, or July 1, following the date one year of service is completed, providing they have attained the age of 21 and have worked 1,000 hours.

Effective October 1, 2012, employees of all subsidiaries are allowed to enroll in the Plan.

Contributions

Participants may contribute up to 100% of their annual compensation, as defined in the Plan, subject to limits as defined by the IRC. Roth deferrals by participants are also available. Catch up contributions are permitted up to the limit as defined by the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds at Charles Schwab Investment Management, Inc. as investment options for participants.

The Company contributes a discretionary matching contribution up to 50% of the participants' annual contribution, not to exceed 2.5% of gross salary.

Participant Accounts

Each participant's account is credited with the participant's elected contributions and allocations of (a) the Company's matching contributions, and (b) Plan Earnings. Allocations are based on participant earnings, deferrals or account balances, as defined. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested accounts.

Pharmachem Laboratories, Inc. Retirement Savings Plan

Notes to Financial Statements

Vesting

Employee salary deferral contributions, qualified non-elective contributions, employee rollovers, and respective earnings thereon are immediately vested. Vesting in the remainder of the participants' accounts is based on years of service. Participants are 100% vested in the Company's matching contribution after six years of credited service, according to a vesting schedule of 20% per year of credited service, beginning at year two. Participants become immediately vested due to death or disability, regardless of years of service.

Notes Receivable from Participants

Participants may borrow from their Plan accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the participant's highest outstanding note balance to the Plan during a one-year period, as defined, or 50% of their vested account balances less current outstanding note balances. All notes, other than those used to purchase a principal residence, must be repaid within five years. Notes used to purchase a principal residence can currently have terms of up to 30 years. The notes are secured by the vested balance in the participant's account. The interest rate on each note is set at prime plus 1% at inception. At September 30, 2015 and 2014, outstanding notes bear interest at rates ranging from 4.25% to 8.25%, respectively. Principal and interest are paid ratably through payroll deductions or another approved manner, with payments made not less frequently than quarterly.

Payment of Benefits

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

Forfeited Accounts

At September 30, 2015 and 2014, forfeited non-vested accounts totaled \$24,147 and \$24,561, respectively. The forfeited portion of nonvested accounts will be used to reduce future employer contributions. During the plan years ending September 30, 2015 and 2014, the Plan did not use any forfeited non-vested accounts to reduce employer contributions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded

Pharmachem Laboratories, Inc. Retirement Savings Plan

Notes to Financial Statements

on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains or losses on investments bought or sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Administrative Costs and Expenses

Various administrative functions are performed by officers or employees of the sponsor companies. No such officer or employee receives compensation from the Plan. The Company has elected to absorb substantially all significant costs relating to the Plan and those costs are excluded from these financial statements.

The Plan provides for directional transactional charges, such as those for benefit payments or loan transactions, to be charged directly to the participant involved. Investment related expenses are included in net appreciation of fair value of investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Risks and Uncertainties

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of September 30, 2015 or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

3. Investments - Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Charles Schwab Trust Company ("Charles Schwab"), the custodian of the Plan, as of September 30, 2015 and 2014 and for the years then ended. All investments are participant-directed.

Pharmachem Laboratories, Inc. Retirement Savings Plan

Notes to Financial Statements

Investments:

<i>September 30,</i>	2015	2014
Mutual funds	\$ 27,744,783	\$ 27,349,213
Cash	58,377	47,634

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

<i>September 30,</i>	2015	2014
Mutual Funds		
Vanguard 500 Index FD Admiral	\$ 4,320,034	\$ 4,356,614
Vanguard 500 Index Signal	1,618,575	*
Harbor Capital Appreciation	2,611,476	2,560,201
PIMCO Total Return Fund	*	1,739,201
T. Rowe Price Retirement 2020	1,758,726	1,971,313
Schwab Investor Money Fund	*	1,398,118
Morgan Stanley Mid Cap Growth I	1,626,347	*

**Investments are less than 5% of Plan net assets as of year end.*

During 2015 and 2014, the Plan's investments in mutual funds (including gains or losses on investments bought and sold, as well as held during the year) appreciated in value by (\$1,711,558) and \$3,024,543, respectively. Dividend and capital gains/losses, net for the years ended September 30, 2015 and 2014 amounted to \$1,218,593 and \$(469,863), respectively, and interest income amounted to \$154 and \$150 in 2015 and 2014, respectively. Unallocated investments at September 30, 2014 represent remitted funds to the Plan that have not yet been allocated to the proper funds.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the input must be observable for substantially the full term of the asset or liability.

Pharmachem Laboratories, Inc. Retirement Savings Plan

Notes to Financial Statements

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2015 and 2014.

Mutual Funds -Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2015:

	Assets at Fair Value				Total
	Level 1	Level 2	Level 3		
Mutual Funds					
Asset Allocation Funds	\$ 6,685,498	\$ -	\$ -	\$	6,685,498
Large Blend Funds	4,320,034	-	-		4,320,034
Large Growth Funds	2,611,476	-	-		2,611,476
Intermediate-Term Bond Funds	1,628,170	-	-		1,628,170
Money Market Funds	1,361,434	-	-		1,361,434
Mid-Cap Growth Funds	1,088,899	-	-		1,088,899
Foreign Large Blend Funds	1,091,396	-	-		1,091,396
Mid-Cap Blend Funds	1,265,135	-	-		1,265,135
Moderate Allocation Funds	1,618,575	-	-		1,618,575
Multi-Sector Bond Funds	1,038,776	-	-		1,038,776
Diversified Emerging Market Funds	459,474	-	-		459,474
World Stock Funds	622,489	-	-		622,489
Small Growth Funds	809,619	-	-		809,619
High Yield Bond Funds	660,670	-	-		660,670
Large Value Funds	646,526	-	-		646,526
Real Estate Funds	643,591	-	-		643,591
Small Blend Funds	234,577	-	-		234,577
Conservative Allocation Funds	789,742	-	-		789,742
Retirement Income Funds	168,702	-	-		168,702
Total Assets at Fair Value	\$ 27,744,783	\$ -	\$ -	\$	27,744,783

Pharmachem Laboratories, Inc. Retirement Savings Plan

Notes to Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2014:

	Assets at Fair Value				Total
	Level 1	Level 2	Level 3		
Mutual Funds					
Asset Allocation Funds	\$ 5,940,791	\$ -	\$ -	\$ -	5,940,791
Large Blend Funds	4,356,614	-	-	-	4,356,614
Large Growth Funds	2,560,542	-	-	-	2,560,542
Intermediate-Term Bond Funds	1,739,201	-	-	-	1,739,201
Money Market Funds	1,398,118	-	-	-	1,398,118
Mid-Cap Growth Funds	1,319,570	-	-	-	1,319,570
Foreign Large Blend Funds	1,277,042	-	-	-	1,277,042
Mid-Cap Blend Funds	1,366,905	-	-	-	1,366,905
Moderate Allocation Funds	1,168,168	-	-	-	1,168,168
Multi-Sector Bond Funds	1,021,678	-	-	-	1,021,678
Diversified Emerging Market Funds	705,991	-	-	-	705,991
World Stock Funds	681,847	-	-	-	681,847
Small Growth Funds	717,327	-	-	-	717,327
High Yield Bond Funds	632,403	-	-	-	632,403
Large Value Funds	692,369	-	-	-	692,369
Real Estate Funds	604,709	-	-	-	604,709
Small Blend Funds	285,723	-	-	-	285,723
Conservative Allocation Funds	731,016	-	-	-	731,016
Retirement Income Funds	149,199	-	-	-	149,199
Total Assets at Fair Value	\$ 27,349,213	\$ -	\$ -	\$ -	27,349,213

5. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan, subject to the provisions of ERISA. In the event the Plan terminates, the participants will become 100% vested in their account balances.

6. Tax Status

The Plan was amended and restated in June 2007 when the Plan adopted the Southeastern Pension Services Inc. c/o LAMCO Prototype Non-Standardized Profit Sharing Plan ("Prototype Plan"). The Prototype Plan received an opinion letter from the Internal Revenue Service dated March 31, 2008 and March 31, 2014 based on a January 31, 2006 submission, stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code ("IRC"). Although the Plan has been further amended, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

**Pharmachem Laboratories, Inc.
Retirement Savings Plan**

Notes to Financial Statements

7. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Charles Schwab Investment Management, Inc. Charles Schwab Trust Company, an affiliated entity, is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

8. Subsequent Events

Subsequent events have been evaluated through July 15, 2016, the date the financial statements were available to be issued.

Supplemental Schedule

Pharmachem Laboratories, Inc.
Retirement Savings Plan

Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 001

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Mutual Funds				
Harbor Capital Appreciation	Mutual fund	(1) \$	2,611,476	
T Rowe Price Retirement 2020	Mutual fund	(1)	1,758,726	
* Schwab Investor Money Fund	Mutual fund	(1)	1,361,434	
Morgan Stanley Inst TR Mid-Cap Gr	Mutual fund	(1)	1,088,899	
Vanguard Wellington Admiral	Mutual fund	(1)	1,618,575	
T Rowe Price Spectrum Income	Mutual fund	(1)	1,038,776	
Harbor International Fund	Mutual fund	(1)	669,253	
Artisan MidCap Value	Mutual fund	(1)	576,585	
Oppenheimer Developing Mkts Y	Mutual fund	(1)	459,474	
Vanguard Global Equity FD Investor	Mutual fund	(1)	622,489	
T Rowe Price Retirement 2030	Mutual fund	(1)	589,941	
T Rowe Price High Yield	Mutual fund	(1)	660,670	
T Rowe Price Retirement 2025	Mutual fund	(1)	692,598	
Vanguard Windsor II Admiral	Mutual fund	(1)	646,526	
T Rowe Price Retirement 2015	Mutual fund	(1)	1,372,505	
T Rowe Price Real Estate	Mutual fund	(1)	643,591	
T Rowe Price Retirement 2010	Mutual fund	(1)	682,342	
T Rowe Price Retirement 2035	Mutual fund	(1)	750,874	
T Rowe Price Retirement 2040	Mutual fund	(1)	481,168	
Royce Total Return Instl CL	Mutual fund	(1)	234,577	
Vanguard Small Cap Growth Index	Mutual fund	(1)	408,631	
Vanguard Wellesley Income	Mutual fund	(1)	789,742	
T Rowe Price Retirement Income	Mutual fund	(1)	168,702	
T Rowe Price Retirement 2045	Mutual fund	(1)	215,502	
T Rowe Price Retirement 2050	Mutual fund	(1)	90,502	
T Rowe Price Retirement 2055	Mutual fund	(1)	51,340	
Lazard International Strategic	Mutual fund	(1)	422,142	
Vanguard Mid Cap Index Fund Admiral	Mutual fund	(1)	688,550	
Vanguard Small Cap Index Admiral	Mutual fund	(1)	400,989	
Vanguard 500 Index FD Admiral	Mutual fund	(1)	4,320,034	
Dodge & Cox Income FD			1,626,347	
Vanguard Total Bond Mkt Index ADM				1,823
	Due at various dates through September 2017, with interest rates of 4.25% to 8.25%			
* Notes receivable from participants		-		893,073
Total			\$	28,637,856

* Represents party-in-interest transactions.

(1) Cost information is not presented - participant directed.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Pharmachem Laboratories, Inc. Retirement Savings Plan

Employer Identification Number: ► 22-1625213

For plan year (beginning/ending): ► Oct. 1, 2014/Sept. 30, 2015

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Newport Group	Schwab Investor Money Fund	NA	1361434.41
*	Newport Group	T. Rowe Price Spectrum Income	NA	1038775.59
*	Newport Group	Vanguard Wellesley Income	NA	789741.89
*	Newport Group	Vanguard Wellington	NA	1618575.19
*	Newport Group	Vanguard Windsor II	NA	646525.57
*	Newport Group	Vanguard Index 500	NA	4320034.22
*	Newport Group	Harbor Capital Appreciation	NA	2611476.19
*	Newport Group	Artisan Mid Cap Value	NA	576585.25
*	Newport Group	Vanguard Mid Cap Index	NA	688549.61
*	Newport Group	Morgan Stanley Mid Cap Growth	NA	1088899.12
*	Newport Group	Royce Total Return Inst'l	NA	234577.10
*	Newport Group	Vanguard Small Cap Index	NA	400988.84
*	Newport Group	Vanguard Small Cap Growth Index	NA	408629.56
*	Newport Group	Harbor International	NA	669253.32
*	Newport Group	Lazard Intl Strategic Equity	NA	422142.30
*	Newport Group	T. Rowe Price Real Estate	NA	643591.38
*	Newport Group	T. Rowe Price High Yield Bond	NA	660670.00
*	Newport Group	Vanguard Global Equity	NA	622488.83
*	Newport Group	T. Rowe Price Retirement Income	NA	168702.21
*	Newport Group	T. Rowe Price Retirement 2010	NA	682342.42
*	Newport Group	T. Rowe Price Retirement 2015	NA	1372504.77
*	Newport Group	T. Rowe Price Retirement 2020	NA	1758725.98
*	Newport Group	T. Rowe Price Retirement 2025	NA	692597.58
*	Newport Group	T. Rowe Price Retirement 2030	NA	589940.66
*	Newport Group	T. Rowe Price Retirement 2035	NA	750874.32
*	Newport Group	T. Rowe Price Retirement 2040	NA	481167.99
*	Newport Group	T. Rowe Price Retirement 2045	NA	215502.03
*	Newport Group	T. Rowe Price Retirement 2050	NA	90502.19
*	Newport Group	T. Rowe Price Retirement 2055	NA	51339.55
*	Newport Group	Oppenheimer Developing Markets	NA	459474.51
*	Newport Group	Dodge & Cox Income	NA	1626346.80
*	Newport Group	Vanguard Total Bond Market Index	NA	1823.03
	Newport Group	Participant Loans 4.25%	NA	893073.30