

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 2014 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. EMPLOYEE STOCK OWNERSHIP 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>10/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>10/01/1998</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>KEARNEY, NJ 07032</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.		
SIGN HERE	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 PHARMACHEM LABORATORIES, INC. 265 HARRISON AVENUE KEARNEY, NJ 07032	3b Administrator's EIN 22-1625213
	3c Administrator's telephone number 201-246-1000
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	5 390
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) 270
a(2) Total number of active participants at the end of the plan year	6a(2) 250
b Retired or separated participants receiving benefits	6b 24
c Other retired or separated participants entitled to future benefits.....	6c 71
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 345
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e	6f 350
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 350
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2I 2P 3I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 PHARMACHEM LABORATORIES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PHARMACHEM LABORATORIES, INC.	D Employer Identification Number (EIN) 22-1625213	

Part I	Service Provider Information (see instructions)
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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

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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)

WILMINGTON TRUST

51-0099033

(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?
24 27	NONE	62696	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 ☐

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. EMPLOYEE STOCK OWNERSHIP PLAN</u>		B Three-digit plan number (PN) ► <u>002</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	6673	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	354287	229006
(2) U.S. Government securities	1c(2)	2407599	2023363
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	875600	0
(B) All other	1c(3)(B)	231425	1317976
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	2546123	2347149
(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)		
(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)	3100347	2351227
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	121558	28678

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	19631679	40593619
(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	29275291	48891018

Liabilities

g Benefit claims payable	1g	485334	0
h Operating payables	1h	1674	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	487008	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28788283	48891018
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(F) Other	2b(1)(F)	100204	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		100204

(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)	150396	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		150396

(3) Rents	2b(3)		
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(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)	21989287	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		21989287

		(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)		
c Other income	2c		7035
d Total income. Add all income amounts in column (b) and enter total	2d		22246922

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2079437	
(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)		2079437
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	64750	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		64750
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2144187

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20102735
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.
---	--	--

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. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</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>1485821</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>23-3060382</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. Employee Stock Ownership Plan

Financial Statements
and Supplemental Schedules
As of September 30, 2015 and 2014
and for the Year Ended September 30, 2015

The report accompanying these financial statements was issued by
BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of
BDO International Limited, a UK company limited by guarantee.



**Pharmachem Laboratories, Inc.
Employee Stock Ownership 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
Statement of Changes in Net Assets Available for Benefits for the Year Ended September 30, 2015	7
Notes to Financial Statements	8-15
Supplemental Schedules	
Schedule of Assets (Held at End of Year) as of September 30, 2015	17-21
Schedule of Reportable Transactions	22



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Independent Auditor's Report

The Trustees
Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan
Kearny, New Jersey

We have audited the accompanying financial statements of the Pharmachem Laboratories, Inc. Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended September 30, 2015, 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 our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2015 and 2014, and the changes in net assets available for benefits for the year ended September 30, 2015, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended September 30, 2015, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

BDO USA, LLP

July 15, 2016

Financial Statements

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

Statements of Net Assets Available for Benefits

<i>September 30,</i>	2015	2014
Assets		
Investments, at fair value	\$ 48,891,018	\$ 29,268,618
Total Assets	48,891,018	29,268,618
Liabilities		
Other liabilities	-	1,674
Net Assets Available for Benefits	\$ 48,891,018	\$ 29,266,944

See accompanying notes to financial statements.

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

Statement of Changes in Net Assets Available for Benefits

<i>September 30,</i>	2015
Additions	
Investment income:	
Net appreciation in fair value of investments	\$ 21,989,287
Dividends	150,396
Interest	100,204
Total Additions	22,239,887
Deductions	
Distributions to participants	2,558,099
Administrative expenses	57,714
Total Deductions	2,615,813
Net Increase	19,624,074
Net Assets Available for Benefits, beginning of year	29,266,944
Net Assets Available for Benefits, end of year	\$ 48,891,018

See accompanying notes to financial statements.

Pharmachem Laboratories, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

1. Plan Description

The following description of the Pharmachem Laboratories, Inc. Employee Stock Ownership Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for complete description of the Plan's provisions.

General

Pharmachem Laboratories, Inc. (the "Company") established the Plan on October 1, 1998. The Plan operates as an employee stock ownership plan ("ESOP"), and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the "Code"), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is administered by a Plan Committee (the "Committee") appointed by the Company's Board of Directors (the "Board"). Wilmington Trust is the Plan's Trustee.

Effective March 15, 2012, the Company froze participation and contributions to the ESOP. Specifically, the Company amended the ESOP to provide that (i) no further contributions will be made to the ESOP by the Company; and (ii) no new employees or rehired employees shall be permitted to commence or resume participation in the ESOP.

Eligibility

Prior to March 15, 2012, nonunion employees of the Company and its participating subsidiaries were generally eligible to participate in the Plan after one year of service and attainment of 21 years of age, providing they worked at least 1,000 hours during such Plan year and were employed on the last working day of the Plan year. Participants who did not have at least 1,000 hours of service during such Plan year or were not employed on the last working day of the Plan year were generally not eligible for an allocation of Company contributions for such year.

Participating subsidiaries include American Ingredients, Inc., Avoca, Inc., and MPT Delivery Systems, Inc.

Vesting and Forfeitures

The Company amended the ESOP to provide that each participant's ESOP account shall become 100% vested and non-forfeitable on September 30, 2011.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each Plan year with an allocation of Plan earnings and administrative expenses. Allocations are based on the participant's account balance, relative to the total of all of the participants' account balances.

Pharmachem Laboratories, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Concentrations

As of September 30, 2015 and 2014, the Plan's assets are invested 83% and 67%, respectively, in the Company's common stock.

Payment of Benefits

Distributions from the Plan will be made when a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Company and its participating subsidiaries. Distributions are made in cash or, if a trustee elects, in the form of Company common shares, plus cash for any fractional share.

Under the provisions of the Plan, the Company is obligated to repurchase participant shares that have been allocated under the terms of the Plan from participants withdrawing from the Plan (subject to certain provisions). The Company repurchased from participants 12.46 shares and 11.46 shares during 2015 and 2014, respectively.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent.

Voting Rights

All Company stock held by the trust shall be voted by the trustee in accordance with instructions from the Committee. Notwithstanding the foregoing, participants and/or beneficiaries shall be entitled to direct the voting of any voting shares of Company stock allocated to their Company stock accounts with respect to any vote required for the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all the assets of a trade or business, or other similar transactions prescribed by regulation. In accordance with instructions from the Committee, the trustee shall vote any unallocated shares held by the trust as well as any allocated shares for which a participant has failed to give timely voting direction, in the best interest of plan participants and beneficiaries.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the plan subject to the provisions of ERISA.

Put Option

Under federal income tax regulations, the employer stock that is held by the plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any

Pharmachem Laboratories, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Administrative Costs and Expenses

As provided in the Plan agreement, administrative expenses may be paid by either by the Plan or by the Company. Administrative expenses represent fees paid for trustee and investment advisory services.

Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. No such officer or employee receives compensation from the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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.

Investment Valuation and Income Recognition

Investments are reported at fair value. The common stock of the Company, which is reported at the price per share, is determined annually by an independent appraisal. 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 or losses on investments bought or sold as well as held during the year.

Benefit Payments

Benefit payments are recorded when paid.

Risks and Uncertainties

The Plan invests in various investment securities including Company stock, which are exposed to various risks such as interest rate, market, credit risk, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. 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.

Pharmachem Laboratories, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

3. Tax Status

The Plan's latest determination letters from the Internal Revenue Service, dated May 28, 2015 and February 22, 2012, state that the Plan is qualified under the Code and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

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.

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 Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2015 and 2014. The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended September 30, 2015 and 2014, there were no transfers into or out of Level 3.

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 SEC. These funds are required to

Pharmachem Laboratories, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks (Non-Employer): Valued at the closing price reported on the active market on which the individual securities are traded.

Common stocks (Employer): Valued at estimated fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and fair value of Company assets and liabilities. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

The valuation process involves the Trustee's selection of an independent appraiser. The Trustee accumulates the data for the appraiser from the audited financial statements of the Company. The appraiser prepares a preliminary report which Plan management, along with the ESOP Trustee, reviews in detail, discusses, and approves.

Cash and Cash Equivalents: Valued at cost plus accrued interest.

Corporate and foreign bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government bonds and U.S. agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Collateralized mortgage obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

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.

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Pharmachem Laboratories, Inc. Employee Stock Ownership 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, 2015:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Fixed income	\$ 2,351,227	\$ -	\$ -	\$ 2,351,227
Common Stock				
Basic materials	3,992	-	-	3,992
Consumer products	437,892	-	-	437,892
Energy	133,673	-	-	133,673
Finance	224,669	-	-	224,669
Healthcare	256,872	-	40,593,619	40,850,491
Industrial	408,868	-	-	408,868
Services	379,699	-	-	379,699
Technology	379,612	-	-	379,612
Utilities	121,872	-	-	121,872
Cash and cash equivalents	229,006	-	-	229,006
Corporate bonds	-	1,317,976	-	1,317,976
Foreign bonds	-	28,678	-	28,678
U.S. government bonds and U.S. agency obligations				
U.S. government bonds	-	1,397,850	-	1,397,850
U.S. agency obligations	-	625,513	-	625,513
Total Assets at Fair Value	\$ 4,927,382	\$ 3,370,017	\$ 40,593,619	\$ 48,891,018

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			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Fixed income	\$ 3,100,347	\$ -	\$ -	\$ 3,100,347
Common Stock				
Basic materials	23,008	-	-	23,008
Consumer products	399,387	-	-	399,387
Energy	80,653	-	-	80,653
Finance	205,266	-	-	205,266
Healthcare	390,563	-	19,631,679	20,022,242
Industrial	343,398	-	-	343,398
Insurance	124,008	-	-	124,008
Services	469,317	-	-	469,317
Technology	329,994	-	-	329,994
Utilities	180,529	-	-	180,529
Cash and cash equivalents	354,287	-	-	354,287
Corporate bonds	-	1,107,026	-	1,107,026
Foreign bonds	-	12,161	-	12,161
U.S. government bonds and U.S. agency obligations				
U.S. government bonds	-	1,655,114	-	1,655,114
U.S. agency obligations	-	752,484	-	752,484
Collateralized mortgage obligations	-	-	109,397	109,397
Total Assets at Fair Value	\$ 6,000,757	\$ 3,526,785	\$ 19,741,076	\$ 29,268,618

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended September 30, 2015.

	Common Stock	Collateralized Mortgage Obligation
Balance , beginning of year	\$ 19,631,679	\$ 109,397
Unrealized gains (losses)	22,429,324	2,787
Sales	(1,467,384)	(112,184)
Balance , end of year	\$ 40,593,619	\$ -

5. Investment

The Plan's investment in Pharmachem Laboratories, Inc.'s common shares is as follows:

<i>September 30,</i>	2015	2014
Number of shares	161.18	173.64
Cost	\$ 8,663,508	\$ 9,333,980
Fair value	40,593,619	19,631,679

The investment in the Company's common stock is not participant-directed and represents 5% or more of the Plan's net assets.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$21,989,287 as follows:

Mutual funds	\$ (269,374)
Common stock	22,256,538
Corporate bonds	(22,650)
Foreign bonds	(589)
U.S. government bonds and U.S. agency obligations	22,575
Collateralized mortgage obligations	2,787
	\$ 21,989,287

6. Related Party and Party-in-Interest Transactions

The Plan invests in Company common stock. This is a related party and therefore, any transactions would qualify as party-in-interest transactions. The Plan has a number of service providers. Such providers are parties-in-interest under ERISA.

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**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

7. Reconciliation of Financial Statements to Form 5500

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

<i>September 30,</i>	2015	2014
Net assets available for benefits per financial statements	\$ 48,891,018	\$ 29,266,944
Other receivables	-	6,673
Benefit claims payable	-	(485,334)
Net Assets Available for Benefits Per the Form 5500	\$ 48,891,018	\$ 28,788,283

The following is a reconciliation of total benefit payments per the financial statements to the Form 5500:

<i>September 30, 2015</i>		
Total benefit payments per the financial statements		\$ 2,558,099
Less: Benefit payments made after September 30, 2014		478,662
Total Deductions Per the Form 5500		\$ 2,079,437

8. Subsequent Events

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

Supplemental Schedules

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate Bonds				
ALLSTATE CORP	20,000; 7.45%; Due 5-16-19	\$ 26,552	\$ 24,440	
AMER EXPRESS CR MTN	27,000; 2.80%; Due 9-19-16	\$ 28,126	\$ 27,492	
AMERICAN EXPRESS CO	20,000; 8.15%; Due 5-20-19	\$ 26,949	\$ 24,781	
AT&T INC	26,000; 5.50%; Due 2-01-18	\$ 29,140	\$ 28,406	
BANK OF AMER CRP MTN	21,000; 4.25%; Due 1-22-24	\$ 21,580	\$ 22,117	
BANK OF NY MELLON MTN	10,000; 2.10%; Due 8-01-18	\$ 10,215	\$ 10,148	
BB&T CORPORATION MTN	30,000; 2.05%; Due 6-19-18	\$ 30,302	\$ 30,474	
BERKSHIRE HATHAWAY	4,000; 1.90%; Due 1-31-17	\$ 4,119	\$ 4,066	
BERKSHIRE HATHAWAY	22,000; 2.10%; Due 8-14-19	\$ 22,172	\$ 22,444	
BK OF NY MELLON	17,000; 1.97%; Due 6-20-17	\$ 17,457	\$ 17,224	
CENTERPNT ENRG ABS	60,000; 2.16%; Due 10-15-21	\$ 63,244	\$ 62,069	
CHASE ISSUANCE ABS	51,000; 1.58%; Due 8-16-21	\$ 48,940	\$ 50,969	
COMCAST CORP	22,000; 6.40%; Due 3-01-40	\$ 30,057	\$ 28,129	
COMERICA BANK	29,000; 5.20%; Due 8-22-17	\$ 33,667	\$ 30,939	
DUKE ENERGY INDIANA	30,000; 3.75%; Due 7-15-20	\$ 33,737	\$ 32,315	
ENTERPRISE PRODUCTS	13,000; 5.70%; Due 2-15-42	\$ 15,472	\$ 13,105	
FLORIDA PWR & LT	29,000; 5.55%; Due 11-01-17	\$ 35,231	\$ 32,159	
FORD MOTOR CO	28,000; 4.75%; Due 1-15-43	\$ 27,698	\$ 26,542	
GEN ELEC CAP CRP MTN	17,000; 5.88%; Due 1-14-38	\$ 20,948	\$ 21,411	
GENERAL ELEC CAP MTN	15,000; 2.20%; Due 1-09-20	\$ 15,291	\$ 15,283	
GOLDMAN SACHS MTN	21,000; 4.00%; Due 3-03-24	\$ 21,442	\$ 21,677	
HONEYWELL INTL	25,000; 4.25%; Due 3-01-21	\$ 27,877	\$ 27,908	
IBM CORP	30,000; 7.63%; Due 10-15-18	\$ 40,546	\$ 36,271	
JOHNSON & JOHNSON	25,000; 5.15%; Due 7-15-18	\$ 30,613	\$ 27,972	
JPMORGAN CHASE MTN	33,000; 1.35%; Due 7-15-18	\$ 33,031	\$ 33,043	
JPMORGAN CHASE MTN	23,000; 3.15%; Due 7-05-16	\$ 23,751	\$ 23,560	
JPMORGAN CHASE MTN	25,000; 4.40%; Due 7-22-20	\$ 27,680	\$ 27,201	
KIMBERLY-CLARK	30,000; 6.13%; Due 8-01-17	\$ 37,679	\$ 33,006	
METLIFE INC	27,000; 6.82%; Due 8-15-18	\$ 33,335	\$ 30,988	
NATIONAL RURAL UTIL	15,000; 2.35%; Due 6-15-20	\$ 15,194	\$ 15,150	
NORTHERN TRUST CORP	21,000; 3.38%; Due 8-23-21	\$ 21,992	\$ 22,278	
PECO ENERGY CO	26,000; 5.35%; Due 3-01-18	\$ 31,528	\$ 28,304	
PEPSICO INC	31,000; 2.25%; Due 1-07-19	\$ 31,597	\$ 31,793	
PNC BANK NA	13,000; 1.50%; Due 2-23-18	\$ 13,000	\$ 12,993	
PNC BANK NA MTN	12,000; 6.00%; Due 12-07-17	\$ 14,536	\$ 13,314	
PROCTER & GAMBLE CO	28,000; 4.70%; Due 2-15-19	\$ 31,436	\$ 31,083	
PRUDENTIAL FINL MTN	32,000; 2.35%; Due 8-15-19	\$ 32,099	\$ 32,270	
PUBLIC SERV CO	33,000; 5.80%; Due 8-01-18	\$ 40,366	\$ 37,241	
SLM STUDENT ABS V-Q	72,000; 1.27%; Due 4-25-19	\$ 72,968	\$ 70,777	
STATE STREET CORP	14,000; 4.96%; Due 3-15-18	\$ 15,971	\$ 14,961	
TARGET CORP	32,000; 6.00%; Due 1-15-18	\$ 40,505	\$ 36,851	
UNITED PARCEL	25,000; 3.13%; Due 1-15-21	\$ 27,220	\$ 26,228	
UNITED TECH CORP	17,000; 4.50%; Due 4-15-20	\$ 18,857	\$ 19,151	
UNITED TECH CORP	10,000; 6.13%; Due 2-01-19	\$ 11,625	\$ 11,450	
US BANK NA CIN MTN	37,000; 2.13%; Due 10-28-19	\$ 37,416	\$ 37,607	
VERIZON COMM INC	25,000; 5.15%; Due 9-15-23	\$ 27,908	\$ 27,671	
WALT DISNEY CO MTN	1,500; 1.85%; Due 5-30-19	\$ 15,023	\$ 15,188	
WELLS FARGO CO MTN	33,000; 1.40%; Due 9-08-17	\$ 33,023	\$ 33,024	
WELLS FARGO CO MTN	14,000; 3.50%; Due 3-08-22	\$ 14,315	\$ 14,503	
Total Corporate Bonds			\$ 1,317,976	

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Cash and Cash Equivalents				
PRINCIPAL CASH		\$ 7,104	\$ 7,104	
SUNTRUST BANK MTN		\$ 22,055	\$ 20,235	
UBS BANK USA DEPOSIT ACCOUNT		\$ 124,316	\$ 124,316	
* Wilmington Prime Money Mkt CL SLCT		\$ 77,351	\$ 77,351	
Total Cash and Cash Equivalents			\$ 229,006	
Mutual Funds				
BLACKROCK BD ALL TGT SH-S	68,576	689,491	661,758	
BLACKROCK HIGH YIELD BOND - INST	63,920	529,333	474,287	
JEFFERIES ASSET MGMT COMODITY ST ALL	32,796	354,459	225,634	
LEGG MASON PART SMASH-C	10,857	105,170	103,249	
LEGG MASON PART SMASH-EC	30,147	280,653	271,627	
LEGG MASON PART SMASH-M	29,030	308,014	314,683	
OPPENHEIMER DEV MARKETS FD CLASS Y	5,143	192,741	148,423	
THORNBURG DEVELOPING WLD-I	9,926	187,868	151,566	
Total Mutual Funds			\$ 2,351,227	
U.S. Government Bonds, U.S. Agency Obligations				
FHLMC	50, 00; 1.00%; Due 9-29-17	50,187	50,303	
FHLMC	31,000; 3.75%; Due 3-27-19	35,362	33,754	
FHLMC GD PL #G08592	69,572; 4.00%; Due 6-01-44	74,559	74,358	
FHLMC GD PL #G08641	82,663; 3.50%; Due 5-01-45	85,226	86,336	
FHLMC GD PL #G18452	86,746; 2.50%; Due 12-01-27	90,515	89,480	
FNMA	52, 000; 5.00%; Due 2-13-17	59,200	55,492	
FNMA	10,000; 6.63%; Due 11-15-30	15,241	14,687	
FNMA PL #AL6306	52,374; 4.50%; Due 1-01-45	57,152	56,933	
FNMA PL #AS4204	27,652; 2.50%; Due 1-01-30	28,486	28,275	
FNMA PL #AS4314	18,387; 2.50%; Due 1-01-30	18,835	18,800	
FNMA V-Q	117,000; 0.56%; Due 4-01-16	117,000	117,096	
U.S. TREASURY NOTES	119,000; 0.25%; Due 2-29-16	118,784	119,056	
U.S. TREASURY NOTES	28,000; 0.25%; Due 5-15-16	27,835	28,002	
U.S. TREASURY NOTES	127,000; 0.38%; Due 3-31-16	126,841	127,124	
U.S. TREASURY NOTES	112,000; 0.38%; Due 4-30-16	111,985	112,106	
U.S. TREASURY NOTES	67,000; 0.50%; Due 4-30-17	66,869	66,949	
U.S. TREASURY NOTES	36,000; 0.63%; Due 2-15-17	35,932	36,067	
U.S. TREASURY NOTES	21,000; 0.63%; Due 5-31-17	20,984	21,016	
U.S. TREASURY NOTES	31,000; 0.63%; Due 7-15-16	31,007	31,073	
U.S. TREASURY NOTES	82,; 0.75%; Due 3-15-17	81,728	82,280	
U.S. TREASURY NOTES	110,000; 1.38%; Due 8-31-20	109,231	110,129	
U.S. TREASURY NOTES	142,000; 1.50%; Due 2-28-19	142,197	144,056	
U.S. TREASURY BONDS	100,000; 1.75%; Due 5-15-23	93,847	99,804	
U.S. TREASURY NOTES	84,000; 1.75%; Due 5-15-22	85,677	84,678	
U.S. TREASURY NOTES	129,000; 2.00%; Due 2-15-25	124,828	128,818	
U.S. TREASURY NOTES	64,000; 3.63%; Due 2-15-20	75,415	70,599	
U.S. TREASURY BONDS	27,000; 3.00%; Due 5-15-45	28,114	27,934	
U.S. TREASURY BONDS	48,000; 3.38%; Due 5-15-44	51,123	53,289	
U.S. TREASURY NOTES	41,000; 2.13%; Due 9-30-21	41,769	42,185	
U.S. TREASURY TIPS	10,675; 2.13%; Due 2-15-41	\$ 15,021	\$ 12,684	
Total U.S. Government Bonds, U.S. Agency Obligations			\$ 2,023,363	

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
Common Stock				
ACI WORLDWIDE INC	330	\$	7,981	\$ 6,970
AGIOS PHARMACEUTICALS INC	34	\$	3,634	\$ 2,400
AKORN INC	303	\$	9,149	\$ 8,637
ALIGN TECHNOLOGY INCORPORATED	165	\$	9,158	\$ 9,365
AMAG PHARMACEUTICALS INC	57		3,833	2,265
AUTOLIV INC	136	\$	13,911	\$ 14,825
AVIS BUDGET GROUP INC	156	\$	9,319	\$ 6,814
BE AEROSPACE INC	106	\$	7,575	\$ 4,653
BITAUTO HOLDINGS LTD SPONS ADR	129	\$	5,404	\$ 3,840
BOEING CO COM	400	\$	31,720	\$ 52,380
BRITISH AMERICAN TOBACCO - SP ADR	600	\$	63,598	\$ 66,048
BROADSOFT INC	113	\$	4,210	\$ 3,385
BURLINGTON STORES INC	202	\$	12,275	\$ 10,310
CARRIZO OIL & GAS INCORPORATED	192	\$	10,704	\$ 5,864
CARTER HOLDINGS	76	\$	7,839	\$ 6,889
CBRE GROUP INC	434	\$	12,383	\$ 13,888
CENTENE CORPORATION	184		6,885	9,978
CIENA CORP	409	\$	7,459	\$ 8,474
COLGATE PALMOLIVE CO COM	1,000	\$	57,246	\$ 63,460
CORE LABORATORIES NV	40	\$	6,564	\$ 3,992
CRANE CO	1,300		86,223	60,593
DEXCOM INC	123	\$	5,492	\$ 10,561
DIAGEO PLC SPONSORED ADR	700	\$	82,436	\$ 75,453
DIAMONDBACK ENERGY INC	96	\$	7,459	\$ 6,202
DILLARDS INC CLASS A COMMON	62	\$	5,959	\$ 5,418
DOLBY LABORATORIES INC CL	174	\$	6,781	\$ 5,672
DOMINION RESOURCES INC	900	\$	61,510	\$ 63,342
DUNKIN' BRANDS GROUP INC	147	\$	7,847	\$ 7,203
ENANTA PHARMACEUTICAL	207	\$	8,281	\$ 7,481
ENTEGRIS INC	533	\$	5,923	\$ 7,030
EXPEDIA INC	144	\$	10,053	\$ 16,946
FIREEYE INC	171	\$	7,380	\$ 5,441
FIRST REPUBLIC BANK/SAN FRAN	210	\$	10,508	\$ 13,182
FOOT LOCKER INC	257	\$	13,049	\$ 18,496
FORTINET INC	319	\$	11,631	\$ 13,551
FS NETWORKS INC	104	\$	11,173	\$ 12,043
GARTNER INC	90	\$	6,324	\$ 7,554
GLOBAL PAYMENTS INC	135	\$	9,400	\$ 15,489
GUIDEWIRE SOFTWARE INC	67	\$	3,592	\$ 3,523
HAIN CELESTIAL GROUP INC	164	\$	9,554	\$ 8,462
HD SUPPLY HOLDINGS INC	441	\$	12,538	\$ 12,621
HEARTLAND PAYMENT SYSTEMS INC	187	\$	7,600	\$ 11,783
HOME DEPOT INC COM	600	\$	68,998	\$ 69,294
HORIZON PHARMA PLC	241	\$	7,733	\$ 4,777
IAC/INTERACTIVE CORP	230	\$	14,636	\$ 15,012
ICON PLC	124	\$	6,760	\$ 8,800
IDEXX LABS COMMON	97	\$	7,301	\$ 7,202
ILLINOIS TOOL WKS INC COM	800	\$	52,026	\$ 65,848
IMAX CORPORATION	208	\$	7,035	\$ 7,028
INFINERA CORP	571	\$	10,906	\$ 11,169
INTEL CORP COM	2,100	\$	47,457	\$ 63,294

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
INTERACTIVE BROKERS GROUP INC-CL A	130	\$ 2,976	\$ 5,131	
INVESCO LIMITED	2,000	\$ 69,031	\$ 62,460	
ISIS PHARMACEUTICALS COM	205	\$ 5,515	\$ 8,286	
JAZZ PHARMACEUTICALS COM	60	\$ 8,545	\$ 7,969	
JOHNSON CONTROLS INC COM	1,600	\$ 77,899	\$ 66,176	
KAPSTONE PAPER & PACKAGING CORP	325	\$ 8,538	\$ 5,366	
KERYZ BIOPHARMACEUTICALS INC	326	\$ 4,513	\$ 1,148	
MANHATTAN ASSOCS INC	114	\$ 3,488	\$ 7,102	
MARKETAXESS HOLDINGS INC	46	\$ 2,537	\$ 4,272	
MARSH & MCLELLAN COS INC COM	1,200	\$ 65,453	\$ 62,664	
MEDIDATA SOLUTIONS INC	168	\$ 7,902	\$ 7,074	
MEDIVATION INC	250	\$ 10,351	\$ 10,625	
MEDTRONIC PLC	900	\$ 40,607	\$ 60,246	
MERCADOLIBRE INC	115	\$ 14,863	\$ 10,472	
MICROSOFT CORP	1,400	\$ 53,187	\$ 61,964	
MIDDELBY CORPORATION	101	\$ 10,668	\$ 10,624	
MOMENTA PHARMACEUTICALS INC	178	\$ 1,871	\$ 2,921	
NEXTERA ENERGY INC	600	\$ 45,204	\$ 58,530	
NORDSON CORPORATION	117	\$ 8,719	\$ 7,364	
NORSTROM INC COM	800	\$ 49,036	\$ 57,368	
NOVARTIS AG ADR	600	\$ 37,935	\$ 55,152	
COMMON	900	\$ 68,076	\$ 59,535	
OLD DOMINION FREIGHT LINE INC	193	\$ 12,090	\$ 11,773	
PEPSICO INC COM	800	\$ 77,190	\$ 75,440	
POWER INTEGRATION INC	129	\$ 6,377	\$ 5,440	
PROTO LABS INC	80	\$ 5,508	\$ 5,360	
ROBERT HALF INTL INC COM	222	\$ 10,045	\$ 11,358	
ROCKWELL AUTOMATION INC.	500	\$ 55,062	\$ 50,735	
SABRE CORP	316	\$ 9,038	\$ 8,589	
SCHLUMBERGER LTD	900	\$ 81,216	\$ 62,073	
SIGNET JEWELERS LTD	80	\$ 8,223	\$ 10,890	
SILGAN HOLDINGS INCORPORATED	173	\$ 8,546	\$ 9,003	
SKECHERS USA	74	\$ 7,881	\$ 9,922	
SPLUNK INC	186	\$ 11,069	\$ 10,295	
SUPERNUS PHARMACEUTICALS INC	281	\$ 4,710	\$ 3,942	
TABLEAU SOFTWARE INC	154	\$ 11,451	\$ 12,286	
TANDEM DIABETES CARE INC	133	\$ 1,730	\$ 1,172	
TEXAS INSTRUMENTS	1,300	\$ 60,105	\$ 64,376	
TORONTO-DOMINION BANK	1,600	\$ 76,895	\$ 63,072	
TOTAL SYSTEMS SERVICES INC	401	\$ 12,906	\$ 18,217	
TOWERS, WATSON & CO	100	\$ 10,784	\$ 11,738	
UNION PACIFIC CORP COM	800	\$ 74,287	\$ 70,728	
UNITED TECHNOLOGIES CORP COM	700	\$ 61,105	\$ 62,293	
UNITED THERAPEUTICALS CORP	39	\$ 4,230	\$ 5,118	
UNVL HEALTH SERVICES INC CL B	77	\$ 6,430	\$ 9,610	
VERINT SYSTEMS INC	123	\$ 7,350	\$ 5,307	
VF CORP	800	\$ 32,793	\$ 54,568	
WABTEC CORP COM	181	\$ 13,588	\$ 15,937	
WILLIAM SONOMA INC COM	207	\$ 13,849	\$ 15,804	
WUXI PHARMATECH INC-ADR	281	\$ 9,952	\$ 12,142	
WYNDHAM WORLDWIDE CORP	132	\$ 9,468	\$ 9,491	
YUM! BRANDS INC	700	\$ 50,421	\$ 55,965	

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
YY INC ADR	131	\$ 8,381	\$ 7,149	
Total Common Stock		\$	\$ 2,347,149	
Foreign Bond				
United Mexican Sts Mtn Be Sr Gbl Nt	28,000; 3.50%; Due 1-21-21	\$ 29,151	\$ 28,678	
Total Foreign Bond			\$ 28,678	
Pharmachem Stock				
* Pharmachem Laboratories Inc. Common	161.17	8,663,508	\$ 40,593,619	
Total Pharmachem Stock			\$ 40,593,619	

* Represents party-in interest transaction.

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Reportable Transactions
Employer Identification Number 22-1625213 - Plan Number 002**

(a) Identity of Party involved	(b) Description of Asset	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset at transaction date	(i) Net gain or (loss)
Pharmachem Laboratories Inc.	Common Stock	\$	- \$ 1,467,384	\$	-	\$ 669,773	\$ 1,467,384	\$ 797,611

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

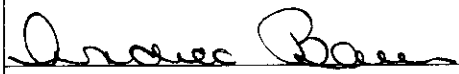
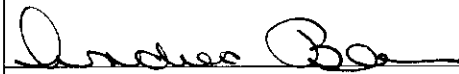
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 PHARMACHEM LABORATORIES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 10/01/1998
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PHARMACHEM LABORATORIES, INC. 265 HARRISON AVENUE KEARNEY NJ 07032	2b Employer Identification Number (EIN) 22-1625213
	2c Plan Sponsor's telephone number 201-246-1000
	2d Business code (see instructions) 311900

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  Signature of plan administrator	Date	ANDREA BAUER Enter name of individual signing as plan administrator
SIGN HERE  Signature of employer/plan sponsor	Date	ANDREA BAUER 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)

For Paperwork Reduction Act Notice and DMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☐ Same as Plan Sponsor PHARMACHEM LABORATORIES, INC. 265 HARRISON AVENUE KEARNEY NJ 07032	3b Administrator's EIN 22-1625213 3c Administrator's telephone number 201-246-1000
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	5 390
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 270 6a(2) 250 6b 24 6c 71 6d 345 6e 5 6f 350 6g 350 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2I 2P 3I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 _____

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Reportable Transactions
Employer Identification Number 22-1625213 - Plan Number 002**

(a) Identity of Party involved	(b) Description of Asset	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset at transaction date	(i) Net gain or (loss)
Pharmachem Laboratories Inc.	Common Stock	\$ -	\$ 1,467,384	\$ -	\$ -	\$ 669,773	\$ 1,467,384	\$ 797,611

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate Bonds				
ALLSTATE CORP	20,000; 7.45%; Due 5-16-19	\$ 26,552	\$ 24,440	
AMER EXPRESS CR MTN	27,000; 2.80%; Due 9-19-16	\$ 28,126	\$ 27,492	
AMERICAN EXPRESS CO	20,000; 8.15%; Due 5-20-19	\$ 26,949	\$ 24,781	
AT&T INC	26,000; 5.50%; Due 2-01-18	\$ 29,140	\$ 28,406	
BANK OF AMER CRP MTN	21,000; 4.25%; Due 1-22-24	\$ 21,580	\$ 22,117	
BANK OF NY MELLON MTN	10,000; 2.10%; Due 8-01-18	\$ 10,215	\$ 10,148	
BB&T CORPORATION MTN	30,000; 2.05%; Due 6-19-18	\$ 30,302	\$ 30,474	
BERKSHIRE HATHAWAY	4,000; 1.90%; Due 1-31-17	\$ 4,119	\$ 4,066	
BERKSHIRE HATHAWAY	22,000; 2.10%; Due 8-14-19	\$ 22,172	\$ 22,444	
BK OF NY MELLON	17,000; 1.97%; Due 6-20-17	\$ 17,457	\$ 17,224	
CENTERPNT ENRG ABS	60,000; 2.16%; Due 10-15-21	\$ 63,244	\$ 62,069	
CHASE ISSUANCE ABS	51,000; 1.58%; Due 8-16-21	\$ 48,940	\$ 50,969	
COMCAST CORP	22,000; 6.40%; Due 3-01-40	\$ 30,057	\$ 28,129	
COMERICA BANK	29,000; 5.20%; Due 8-22-17	\$ 33,667	\$ 30,939	
DUKE ENERGY INDIANA	30,000; 3.75%; Due 7-15-20	\$ 33,737	\$ 32,315	
ENTERPRISE PRODUCTS	13,000; 5.70%; Due 2-15-42	\$ 15,472	\$ 13,105	
FLORIDA PWR & LT	29,000; 5.55%; Due 11-01-17	\$ 35,231	\$ 32,159	
FORD MOTOR CO	28,000; 4.75%; Due 1-15-43	\$ 27,698	\$ 26,542	
GEN ELEC CAP CRP MTN	17,000; 5.88%; Due 1-14-38	\$ 20,948	\$ 21,411	
GENERAL ELEC CAP MTN	15,000; 2.20%; Due 1-09-20	\$ 15,291	\$ 15,283	
GOLDMAN SACHS MTN	21,000; 4.00%; Due 3-03-24	\$ 21,442	\$ 21,677	
HONEYWELL INTL	25,000; 4.25%; Due 3-01-21	\$ 27,877	\$ 27,908	
IBM CORP	30,000; 7.63%; Due 10-15-18	\$ 40,546	\$ 36,271	
JOHNSON & JOHNSON	25,000; 5.15%; Due 7-15-18	\$ 30,613	\$ 27,972	
JPMORGAN CHASE MTN	33,000; 1.35%; Due 7-15-18	\$ 33,031	\$ 33,043	
JPMORGAN CHASE MTN	23,000; 3.15%; Due 7-05-16	\$ 23,751	\$ 23,560	
JPMORGAN CHASE MTN	25,000; 4.40%; Due 7-22-20	\$ 27,680	\$ 27,201	
KIMBERLY-CLARK	30,000; 6.13%; Due 8-01-17	\$ 37,679	\$ 33,006	
METLIFE INC	27,000; 6.82%; Due 8-15-18	\$ 33,335	\$ 30,988	
NATIONAL RURAL UTIL	15,000; 2.35%; Due 6-15-20	\$ 15,194	\$ 15,150	
NORTHERN TRUST CORP	21,000; 3.38%; Due 8-23-21	\$ 21,992	\$ 22,278	
PECO ENERGY CO	26,000; 5.35%; Due 3-01-18	\$ 31,528	\$ 28,304	
PEPSICO INC	31,000; 2.25%; Due 1-07-19	\$ 31,597	\$ 31,793	
PNC BANK NA	13,000; 1.50%; Due 2-23-18	\$ 13,000	\$ 12,993	
PNC BANK NA MTN	12,000; 6.00%; Due 12-07-17	\$ 14,536	\$ 13,314	
PROCTER & GAMBLE CO	28,000; 4.70%; Due 2-15-19	\$ 31,436	\$ 31,083	
PRUDENTIAL FINL MTN	32,000; 2.35%; Due 8-15-19	\$ 32,099	\$ 32,270	
PUBLIC SERV CO	33,000; 5.80%; Due 8-01-18	\$ 40,366	\$ 37,241	
SLM STUDENT ABS V-Q	72,000; 1.27%; Due 4-25-19	\$ 72,968	\$ 70,777	
STATE STREET CORP	14,000; 4.96%; Due 3-15-18	\$ 15,971	\$ 14,961	
TARGET CORP	32,000; 6.00%; Due 1-15-18	\$ 40,505	\$ 36,851	
UNITED PARCEL	25,000; 3.13%; Due 1-15-21	\$ 27,220	\$ 26,228	
UNITED TECH CORP	17,000; 4.50%; Due 4-15-20	\$ 18,857	\$ 19,151	
UNITED TECH CORP	10,000; 6.13%; Due 2-01-19	\$ 11,625	\$ 11,450	
US BANK NA CIN MTN	37,000; 2.13%; Due 10-28-19	\$ 37,416	\$ 37,607	
VERIZON COMM INC	25,000; 5.15%; Due 9-15-23	\$ 27,908	\$ 27,671	
WALT DISNEY CO MTN	1,500; 1.85%; Due 5-30-19	\$ 15,023	\$ 15,188	
WELLS FARGO CO MTN	33,000; 1.40%; Due 9-08-17	\$ 33,023	\$ 33,024	
WELLS FARGO CO MTN	14,000; 3.50%; Due 3-08-22	\$ 14,315	\$ 14,503	
Total Corporate Bonds			\$ 1,317,976	

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Cash and Cash Equivalents				
PRINCIPAL CASH		\$ 7,104	\$ 7,104	
SUNTRUST BANK MTN		\$ 22,055	\$ 20,235	
UBS BANK USA DEPOSIT ACCOUNT		\$ 124,316	\$ 124,316	
* Wilmington Prime Money Mkt CL SLCT		\$ 77,351	\$ 77,351	
Total Cash and Cash Equivalents			\$ 229,006	
Mutual Funds				
BLACKROCK BD ALL TGT SH-S	68,576	689,491	661,758	
BLACKROCK HIGH YIELD BOND - INST	63,920	529,333	474,287	
JEFFERIES ASSET MGMT COMODITY ST ALL	32,796	354,459	225,634	
LEGG MASON PART SMASH-C	10,857	105,170	103,249	
LEGG MASON PART SMASH-EC	30,147	280,653	271,627	
LEGG MASON PART SMASH-M	29,030	308,014	314,683	
OPPENHEIMER DEV MARKETS FD CLASS Y	5,143	192,741	148,423	
THORNBURG DEVELOPING WLD-I	9,926	187,868	151,566	
Total Mutual Funds			\$ 2,351,227	
U.S. Government Bonds, U.S. Agency Obligations				
FHLMC	50, 00; 1.00%; Due 9-29-17	50,187	50,303	
FHLMC	31,000; 3.75%; Due 3-27-19	35,362	33,754	
FHLMC GD PL #G08592	69,572; 4.00%; Due 6-01-44	74,559	74,358	
FHLMC GD PL #G08641	82,663; 3.50%; Due 5-01-45	85,226	86,336	
FHLMC GD PL #G18452	86,746; 2.50%; Due 12-01-27	90,515	89,480	
FNMA	52, 000; 5.00%; Due 2-13-17	59,200	55,492	
FNMA	10,000; 6.63%; Due 11-15-30	15,241	14,687	
FNMA PL #AL6306	52,374; 4.50%; Due 1-01-45	57,152	56,933	
FNMA PL #AS4204	27,652; 2.50%; Due 1-01-30	28,486	28,275	
FNMA PL #AS4314	18,387; 2.50%; Due 1-01-30	18,835	18,800	
FNMA V-Q	117,000; 0.56%; Due 4-01-16	117,000	117,096	
U.S. TREASURY NOTES	119,000; 0.25%; Due 2-29-16	118,784	119,056	
U.S. TREASURY NOTES	28,000; 0.25%; Due 5-15-16	27,835	28,002	
U.S. TREASURY NOTES	127,000; 0.38%; Due 3-31-16	126,841	127,124	
U.S. TREASURY NOTES	112,000; 0.38%; Due 4-30-16	111,985	112,106	
U.S. TREASURY NOTES	67,000; 0.50%; Due 4-30-17	66,869	66,949	
U.S. TREASURY NOTES	36,000; 0.63%; Due 2-15-17	35,932	36,067	
U.S. TREASURY NOTES	21,000; 0.63%; Due 5-31-17	20,984	21,016	
U.S. TREASURY NOTES	31,000; 0.63%; Due 7-15-16	31,007	31,073	
U.S. TREASURY NOTES	82,; 0.75%; Due 3-15-17	81,728	82,280	
U.S. TREASURY NOTES	110,000; 1.38%; Due 8-31-20	109,231	110,129	
U.S. TREASURY NOTES	142,000; 1.50%; Due 2-28-19	142,197	144,056	
U.S. TREASURY BONDS	100,000; 1.75%; Due 5-15-23	93,847	99,804	
U.S. TREASURY NOTES	84,000; 1.75%; Due 5-15-22	85,677	84,678	
U.S. TREASURY NOTES	129,000; 2.00%; Due 2-15-25	124,828	128,818	
U.S. TREASURY NOTES	64,000; 3.63%; Due 2-15-20	75,415	70,599	
U.S. TREASURY BONDS	27,000; 3.00%; Due 5-15-45	28,114	27,934	
U.S. TREASURY BONDS	48,000; 3.38%; Due 5-15-44	51,123	53,289	
U.S. TREASURY NOTES	41,000; 2.13%; Due 9-30-21	41,769	42,185	
U.S. TREASURY TIPS	10,675; 2.13%; Due 2-15-41	\$ 15,021	\$ 12,684	
Total U.S. Government Bonds, U.S. Agency Obligations			\$ 2,023,363	

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
Common Stock				
ACI WORLDWIDE INC	330	\$	7,981	\$ 6,970
AGIOS PHARMACEUTICALS INC	34	\$	3,634	\$ 2,400
AKORN INC	303	\$	9,149	\$ 8,637
ALIGN TECHNOLOGY INCORPORATED	165	\$	9,158	\$ 9,365
AMAG PHARMACEUTICALS INC	57		3,833	2,265
AUTOLIV INC	136	\$	13,911	\$ 14,825
AVIS BUDGET GROUP INC	156	\$	9,319	\$ 6,814
BE AEROSPACE INC	106	\$	7,575	\$ 4,653
BITAUTO HOLDINGS LTD SPONS ADR	129	\$	5,404	\$ 3,840
BOEING CO COM	400	\$	31,720	\$ 52,380
BRITISH AMERICAN TOBACCO - SP ADR	600	\$	63,598	\$ 66,048
BROADSOFT INC	113	\$	4,210	\$ 3,385
BURLINGTON STORES INC	202	\$	12,275	\$ 10,310
CARRIZO OIL & GAS INCORPORATED	192	\$	10,704	\$ 5,864
CARTER HOLDINGS	76	\$	7,839	\$ 6,889
CBRE GROUP INC	434	\$	12,383	\$ 13,888
CENTENE CORPORATION	184		6,885	9,978
CIENA CORP	409	\$	7,459	\$ 8,474
COLGATE PALMOLIVE CO COM	1,000	\$	57,246	\$ 63,460
CORE LABORATORIES NV	40	\$	6,564	\$ 3,992
CRANE CO	1,300		86,223	60,593
DEXCOM INC	123	\$	5,492	\$ 10,561
DIAGEO PLC SPONSORED ADR	700	\$	82,436	\$ 75,453
DIAMONDBACK ENERGY INC	96	\$	7,459	\$ 6,202
DILLARDS INC CLASS A COMMON	62	\$	5,959	\$ 5,418
DOLBY LABORATORIES INC CL	174	\$	6,781	\$ 5,672
DOMINION RESOURCES INC	900	\$	61,510	\$ 63,342
DUNKIN' BRANDS GROUP INC	147	\$	7,847	\$ 7,203
ENANTA PHARMACEUTICAL	207	\$	8,281	\$ 7,481
ENTEGRIS INC	533	\$	5,923	\$ 7,030
EXPEDIA INC	144	\$	10,053	\$ 16,946
FIREEYE INC	171	\$	7,380	\$ 5,441
FIRST REPUBLIC BANK/SAN FRAN	210	\$	10,508	\$ 13,182
FOOT LOCKER INC	257	\$	13,049	\$ 18,496
FORTINET INC	319	\$	11,631	\$ 13,551
FS NETWORKS INC	104	\$	11,173	\$ 12,043
GARTNER INC	90	\$	6,324	\$ 7,554
GLOBAL PAYMENTS INC	135	\$	9,400	\$ 15,489
GUIDEWIRE SOFTWARE INC	67	\$	3,592	\$ 3,523
HAIN CELESTIAL GROUP INC	164	\$	9,554	\$ 8,462
HD SUPPLY HOLDINGS INC	441	\$	12,538	\$ 12,621
HEARTLAND PAYMENT SYSTEMS INC	187	\$	7,600	\$ 11,783
HOME DEPOT INC COM	600	\$	68,998	\$ 69,294
HORIZON PHARMA PLC	241	\$	7,733	\$ 4,777
IAC/INTERACTIVE CORP	230	\$	14,636	\$ 15,012
ICON PLC	124	\$	6,760	\$ 8,800
IDEXX LABS COMMON	97	\$	7,301	\$ 7,202
ILLINOIS TOOL WKS INC COM	800	\$	52,026	\$ 65,848
IMAX CORPORATION	208	\$	7,035	\$ 7,028
INFINERA CORP	571	\$	10,906	\$ 11,169
INTEL CORP COM	2,100	\$	47,457	\$ 63,294

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
INTERACTIVE BROKERS GROUP INC-CL A	130	\$ 2,976	\$ 5,131	
INVESCO LIMITED	2,000	\$ 69,031	\$ 62,460	
ISIS PHARMACEUTICALS COM	205	\$ 5,515	\$ 8,286	
JAZZ PHARMACEUTICALS COM	60	\$ 8,545	\$ 7,969	
JOHNSON CONTROLS INC COM	1,600	\$ 77,899	\$ 66,176	
KAPSTONE PAPER & PACKAGING CORP	325	\$ 8,538	\$ 5,366	
KERYZ BIOPHARMACEUTICALS INC	326	\$ 4,513	\$ 1,148	
MANHATTAN ASSOCS INC	114	\$ 3,488	\$ 7,102	
MARKETAXESS HOLDINGS INC	46	\$ 2,537	\$ 4,272	
MARSH & MCLELLAN COS INC COM	1,200	\$ 65,453	\$ 62,664	
MEDIDATA SOLUTIONS INC	168	\$ 7,902	\$ 7,074	
MEDIVATION INC	250	\$ 10,351	\$ 10,625	
MEDTRONIC PLC	900	\$ 40,607	\$ 60,246	
MERCADOLIBRE INC	115	\$ 14,863	\$ 10,472	
MICROSOFT CORP	1,400	\$ 53,187	\$ 61,964	
MIDDELBY CORPORATION	101	\$ 10,668	\$ 10,624	
MOMENTA PHARMACEUTICALS INC	178	\$ 1,871	\$ 2,921	
NEXTERA ENERGY INC	600	\$ 45,204	\$ 58,530	
NORDSON CORPORATION	117	\$ 8,719	\$ 7,364	
NORSTROM INC COM	800	\$ 49,036	\$ 57,368	
NOVARTIS AG ADR	600	\$ 37,935	\$ 55,152	
COMMON	900	\$ 68,076	\$ 59,535	
OLD DOMINION FREIGHT LINE INC	193	\$ 12,090	\$ 11,773	
PEPSICO INC COM	800	\$ 77,190	\$ 75,440	
POWER INTEGRATION INC	129	\$ 6,377	\$ 5,440	
PROTO LABS INC	80	\$ 5,508	\$ 5,360	
ROBERT HALF INTL INC COM	222	\$ 10,045	\$ 11,358	
ROCKWELL AUTOMATION INC.	500	\$ 55,062	\$ 50,735	
SABRE CORP	316	\$ 9,038	\$ 8,589	
SCHLUMBERGER LTD	900	\$ 81,216	\$ 62,073	
SIGNET JEWELERS LTD	80	\$ 8,223	\$ 10,890	
SILGAN HOLDINGS INCORPORATED	173	\$ 8,546	\$ 9,003	
SKECHERS USA	74	\$ 7,881	\$ 9,922	
SPLUNK INC	186	\$ 11,069	\$ 10,295	
SUPERNUS PHARMACEUTICALS INC	281	\$ 4,710	\$ 3,942	
TABLEAU SOFTWARE INC	154	\$ 11,451	\$ 12,286	
TANDEM DIABETES CARE INC	133	\$ 1,730	\$ 1,172	
TEXAS INSTRUMENTS	1,300	\$ 60,105	\$ 64,376	
TORONTO-DOMINION BANK	1,600	\$ 76,895	\$ 63,072	
TOTAL SYSTEMS SERVICES INC	401	\$ 12,906	\$ 18,217	
TOWERS, WATSON & CO	100	\$ 10,784	\$ 11,738	
UNION PACIFIC CORP COM	800	\$ 74,287	\$ 70,728	
UNITED TECHNOLOGIES CORP COM	700	\$ 61,105	\$ 62,293	
UNITED THERAPEUTICALS CORP	39	\$ 4,230	\$ 5,118	
UNVL HEALTH SERVICES INC CL B	77	\$ 6,430	\$ 9,610	
VERINT SYSTEMS INC	123	\$ 7,350	\$ 5,307	
VF CORP	800	\$ 32,793	\$ 54,568	
WABTEC CORP COM	181	\$ 13,588	\$ 15,937	
WILLIAM SONOMA INC COM	207	\$ 13,849	\$ 15,804	
WUXI PHARMATECH INC-ADR	281	\$ 9,952	\$ 12,142	
WYNDHAM WORLDWIDE CORP	132	\$ 9,468	\$ 9,491	
YUM! BRANDS INC	700	\$ 50,421	\$ 55,965	

**Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan**

**Schedule of Assets (Held at End of Year) as of September 30, 2015
Employer Identification Number 22-1625213 - Plan Number 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
YY INC ADR	131	\$ 8,381	\$ 7,149	
Total Common Stock		\$	\$ 2,347,149	
Foreign Bond				
United Mexican Sts Mtn Be Sr Gbl Nt	28,000; 3.50%; Due 1-21-21	\$ 29,151	\$ 28,678	
Total Foreign Bond			\$ 28,678	
Pharmachem Stock				
* Pharmachem Laboratories Inc. Common	161.17	8,663,508	\$ 40,593,619	
Total Pharmachem Stock			\$ 40,593,619	

* Represents party-in interest transaction.