Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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	Filed with authorized/valid electronic signature.	07/17/2017	ANDREA BAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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**	350
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)**	250
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	234
b	Retired or separated participants receiving benefits	**6b**	18
c	Other retired or separated participants entitled to future benefits	**6c**	62
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	314
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	317
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	316
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) ☐ 0 **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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)

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	57888	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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	229006	257215
(2) U.S. Government securities	1c(2)	2023363	1716862
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1317976	1257490
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2347149	1783702
(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)	2351227	2530544
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	28678	29952

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	40593619	95626449
(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	48891018	103202214
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	48891018	103202214

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(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)	84341	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84341
(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)	128359	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		128359
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	16523	
(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)		16523
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	56369485	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		56369485

		(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		56598708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2229624	
(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)		2229624
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)	57888	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		57888
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2287512
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		54311196
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) [X] 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 [X] 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:

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

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

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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 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** 982139

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): 23-3060382

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☒ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Financial Statements
and Supplemental Schedule
For the Years Ended September 30, 2016 and 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.

BDO

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

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BDO

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Woodbridge, NJ 07095-1163

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, 2016 and 2015, and the related statement of changes in net assets available for benefits for the years ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United Statements 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 the 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, 2016 and 2015, and the changes in net assets available for benefits for the years then ended, 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 Schedule of Assets (Held at End of Year) as of and for the year ended September 30, 2016, 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.

July 14, 2017

Financial Statements

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Statements of Net Assets Available for Benefits

September 30,	2016	2015
Assets		
Investments, at fair value	$103,202,214	$ 48,891,018
Total Assets	103,202,214	48,891,018
Net Assets Available for Benefits	$103,202,214	$ 48,891,018

See accompanying notes to financial statements.

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Statement of Changes in Net Assets Available for Benefits

September 30,	2016	2015
Additions		
Investment income:		
Net appreciation in fair value of investments	**$ 56,369,485**	$ 21,989,287
Dividends	**128,359**	150,396
Interest	**84,341**	100,204
Realized gains (losses)	**16,523**	-
Total Additions	**56,598,708**	22,239,887
Deductions		
Distributions to participants	**2,229,624**	2,558,099
Administrative expenses	**57,888**	57,714
Total Deductions	**2,287,512**	2,615,813
Net Increase	**54,311,196**	19,624,074
Net Assets Available for Benefits, beginning of year	**48,891,018**	29,266,944
Net Assets Available for Benefits, end of year	**$103,202,214**	$ 48,891,018

See accompanying 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.

Concentrations

As of September 30, 2016 and 2015, the Plan's assets are invested 93% and 83%, 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 3.89 shares and 12.47 shares during 2016 and 2015, 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. The election to diversify is made subsequent to year-end based upon the shares of employer stock in the participant's account at year-end.

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.

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 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. 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.

New Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient." ASU 2015-12 was issued to simplify financial reporting by employee benefit plans. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan

asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. The Company elected to early adopt Part II of ASU 2015-12 as reflected in the Plan's financial statements. Part I and III is not applicable to this Plan.

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, 2016 and 2015. 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, 2016 and 2015, 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 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.

Collaterized 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2016:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,530,544	$ -	$ -	$ 2,530,544
Common Stock	1,783,702	-	95,626,449	97,410,151
Cash and cash equivalents	257,215	-	-	257,215
Corporate bonds	-	1,257,490	-	1,257,490
Foreign bonds	-	29,952	-	29,952
U.S. government bonds and U.S. agency obligations	-	1,716,862	-	1,716,862
Total Assets at Fair Value	$ 4,571,461	$ 3,004,304	$95,626,449	$ 103,202,214

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	$ 2,351,227	$ -	$ -	$ 2,351,227
Common Stock	2,347,149	-	40,593,619	42,940,768
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	-	2,023,363	-	2,023,363
Total Assets at Fair Value	$ 4,927,382	$ 3,370,017	$ 40,593,619	$ 48,891,018

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, 2016.

	Common Stock	Collaterized Mortgage Obligation
Balance, beginning of year	$ 40,593,619	$ 0
Unrealized gains (losses)	57,426,558	(613)
Realized gains (losses)	(2,393,728)	613
Balance, end of year	$ 95,626,449	$ 0

5. Investment

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

September 30,	**2016**	2015
Number of shares	**157.29**	161.18
Cost	**$ 8,532,983**	$ 8,663,508
Fair value	**95,626,449**	40,593,619

6. 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.

7. 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.

8. 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.

9. Subsequent Events

Subsequent events have been evaluated through July 14, 2017, the date the financial statements were available to be issued.

On April 14, 2017, the Company entered into a Stock Purchase Agreement for all of the issued and outstanding stock of the Company where the sale closed on May 17, 2017.

Supplemental Schedule

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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				
	BANK OF AMER CRP MTN	16,000; 2.000%; Due 1-11-18	$ 16,112	$ 16,074
	GOLDMAN SACHS GP	16,000; 2.375%; Due 1-22-18	$ 16,298	$ 16,177
	INT BK RECON & DEV	31,000; 1.875%; Due 3-15-19	$ 31,751	$ 31,668
	JPMORGAN CHASE MTN	16,000; 1.700%; Due 3-01-18	$ 16,038	$ 16,049
	KFW	31,000; 1.875%; Due6-30-20	$ 31,695	$ 31,650
	WELLS FARGO CO MTN	31,000; 1.400%; Due 9-08-17	$ 31,021	$ 30,991
	ALLSTATE CORP	20,000; 7.450%; Due 5-16-19	$ 26,552	$ 23,468
	AMERICAN EXPRESS CO	20,000; 8.125%; Due 5-20-19	$ 26,949	$ 23,860
	AT&T INC	26,000; 5.500%; Due 2-01-18	$ 29,140	$ 27,628
	BANK OF NY MELLON MTN	10,000; 2.100%; Due 8-01-18	$ 10,215	$ 10,185
	BB&T CORPORATION MTN	30,000; 2.050%; Due 6-19-18	$ 30,302	$ 30,479
	BERKSHIRE HATHAWAY	4,000; 1.900%; Due 1-31-17	$ 4,119	$ 4,025
	BERKSHIRE HATHAWAY	22,000; 2.100%; Due 8-14-19	$ 22,172	$ 22,551
	BK OF NY MELLON	17,000; 1.969%; Due 6-20-17	$ 17,457	$ 17,085
	CENTERPNT ENRG ABS	60,000; 2.161%; Due 10-15-21	$ 63,244	$ 61,801
	CHASE ISSUANCE ABS	51,000; 1.580%; Due 8-16-21	$ 48,940	$ 51,479
	COMERICA BANK	31,000; 2.500%; Due 6-02-20	$ 30,957	$ 31,912
	DUKE ENERGY INDIANA	30,000; 3.750%; Due 7-15-20	$ 33,737	$ 32,549
	EXXON MOBIL CORP	24,000; 2.397%; Due 3-06-22	$ 24,066	$ 24,641
	GENERAL ELEC CAP MTN	15,000; 2.200%; Due 1-09-20	$ 15,291	$ 15,452
	HONEYWELL INTL	25,000; 4.250%; Due 3-01-21	$ 27,877	$ 27,978
	JOHNSON & JOHNSON	25,000; 5.150%; Due 7-15-18	$ 30,613	$ 27,053
	JPMORGAN CHASE MTN	22,000; 2.000%; Due 8-15-18	$ 22,208	$ 22,181
	METLIFE INC	27,000; 6.817%; Due 8-15-18	$ 33,335	$ 29,881
	NATIONAL RURAL UTIL	15,000; 2.350%; Due 6-15-20	$ 15,194	$ 15,445
	NORTHERN TRUST CORP	21,000; 3.375%; Due 8-23-21	$ 21,992	$ 22,614
	PECO ENERGY CO	26,000; 5.350%; Due 3-01-18	$ 31,528	$ 27,626
	PEPSICO INC	31,000; 2.250%; Due 1-07-19	$ 31,597	$ 31,880
	PNC BANK NA	13,000; 1.500%; Due 2-23-18	$ 13,000	$ 13,060
	PNC BANK NA MTN	12,000; 6.000%; Due 12-07-17	$ 14,536	$ 12,851
	PROCTER & GAMBLE CO	28,000; 4.700%; Due 2-15-19	$ 31,436	$ 30,481
	PRUDENTIAL FINL MTN	32,000; 2.350%; Due 8-15-19	$ 32,099	$ 32,744
	PUBLIC SERV CO	33,000; 5.800%; Due 8-01-18	$ 40,366	$ 35,969
	SLM STUDENT ABS V-Q	49,120 1.269%; Due 4-25-19	$ 49,780	$ 48,976
	STATE STREET CORP	14,000; 4.956%; Due 3-15-18	$ 15,971	$ 14,645
	TARGET CORP	30,000; 3.875%; Due 7-15-20	$ 32,873	$ 33,069
	UNITED PARCEL	25,000; 3.125%; Due 1-15-21	$ 27,220	$ 26,865
	UNITED TECH CORP	17,000; 4.5000%; Due 4-15-20	$ 18,857	$ 19,143
	UNITED TECH CORP	10,000; 6.125%; Due 2-01-19	$ 11,625	$ 11,191
	WALT DISNEY CO MTN	15,000; 1.850%; Due 5-30-19	$ 15,023	$ 15,345
	AMER EXPRESS CR MTN	29,000; 2.250%; Due 5-05-21	$ 29,659	$ 29,708
	BANK OF AMER CRP MTN	21,000; 4.125%; Due 1-22-24	$ 21,580	$ 22,938
	COMCAST CORP	20,000; 6.400%; Due 3-01-40	$ 27,325	$ 28,144
	ENTERPRISE PRODUCTS	12,000; 5.700%; Due 2-15-42	$ 14,177	$ 13,687
	FORD MOTOR CO	26,000; 4.750%; Due 1-15-43	$ 25,720	$ 27,193
	GEN ELEC CAP CRP MTN	17,000; 5.875%; Due 1-14-38	$ 20,948	$ 22,979
	GOLDMAN SACHS MTN	21,000; 4.000%; Due 3-03-24	$ 21,442	$ 22,613
	JPMORGAN CHASE MTN	25,000; 4.400%; Due 7-22-20	$ 27,680	$ 27,446
	VERIZON COMM INC	25,000; 5.150%; Due 9-15-23	$ 27,908	$ 29,177
	WELLS FARGO CO MTN	14,000; 3.500%; Due 3-08-22	$ 14,315	$ 14,884
	Total Corporate Bonds		**$ 1,273,940**	**$ 1,257,490**

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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			
	Pending Cash		$ (4,712)	$ (4,712)
	Principal Cash		$ 858	$ 858
	Principal Cash		$ 485	$ 485
	Principal Cash		$ 436	$ 436
	UBS Bank USA Deposit Account		$ 35,860	$ 35,860
	UBS Bank USA Deposit Account		$ 14,909	$ 16,086
	UBS Bank USA Deposit Account		$ 32,152	$ 32,152
	UBS Bank USA Deposit Account		$ 2	$ 2
	UBS Bank USA Deposit Account		$ 14,317	$ 14,317
	UBS Money Ser Liquid Assets		$ 37,765	$ 37,765
	Wilmington US Govt Money Mkt CL SLCT		$ 14,446	$ 14,507
	U.S. Treasury Bills		$ 89,836	$ 89,999
*	Suntrust Bank MTN		$ 22,055	$ 19,460
	Total Cash and Cash Equivalents		**$ 258,409**	$ 257,215
	Mutual Funds			
	VANGUARD DIVIDEND APPRECIATION ETF		$ 192,289	$ 210,580
	BLACKROCK BD ALL TGT SH-S		$ 684,297	$ 653,691
	LEGG MASON PART SMASH-C		$ 110,287	$ 111,181
	LEGG MASON PART SMASH-EC		$ 283,111	$ 287,562
	LEGG MASON PART SMASH-M		$ 314,955	$ 325,777
	BLACKROCK HIGH YIELD BOND - INST		$ 337,510	$ 312,489
	JEFFERIES ASSET MGMT COMODITY ST ALL		$ 332,581	$ 226,785
	HARDING LOEVNER EMRG MKTS FD CL-ADV		$ 190,000	$ 200,484
	OPPENHEIMER DEV MARKETS FD CLASS Y		$ 218,894	$ 201,995
	Total Mutual Funds		**$ 2,663,924**	$ 2,530,544
	U.S. Government Bonds, U.S. Agency Obligations			
	FHLMC	47,000; 1.000%; Due 9-29-17	$ 47,175	$ 47,147
	FHLMC GD PL #G18452	74,180; 2.500%; Due 12-01-27	$ 77,402	$ 77,091
	FNMA PL #AS4204	23,311; 2.500%; Due 1-01-30	$ 24,014	$ 24,214
	FNMA PL #AS4314	15,324; 2.500%; Due 1-01-30	$ 15,698	$ 15,918
	FHLMC	33,000; 3.750%; Due 3-27-19	$ 37,524	$ 35,283
	FHLMC GD PL #G08669	67,645; 4.000%; Due 9-01-45	$ 71,833	$ 72,771
	FHLMC GD PL #G60440	82,954; 3.500%; Due 3-01-46	$ 87,943	$ 88,793
	FNMA	57,000; 1.875%; Due 9-18-18	$ 58,417	$ 58,198
	FNMA	10,000; 6.625%; Due 11-15-30	$ 15,241	$ 15,455
	FNMA PL #AL8960	51,882; 4.500%; Due 5-01-46	$ 56,991	$ 57,020
	U.S. TREASURY NOTES	63,000; 0.500%; Due 4-30-17	$ 62,877	$ 62,986
	U.S. TREASURY NOTES	18,000; 0.625%; Due 2-15-17	$ 17,966	$ 18,017
	U.S. TREASURY NOTES	20,000; 0.625%; Due 5-31-17	$ 19,985	$ 20,004
	U.S. TREASURY NOTES	63,000; 0.750%; Due 2-28-17	$ 63,047	$ 63,020
	U.S. TREASURY NOTES	77,000; 0.750%; Due 3-15-17	$ 76,744	$ 77,102
	U.S. TREASURY NOTES	81,000; 0.750%; Due 8-31-18	$ 81,006	$ 80,985
	U.S. TREASURY NOTES	196,000; 0.875%; Due 3-31-18	$ 196,613	$ 196,398
	U.S. TREASURY NOTES	48,000; 0.875%; Due 4-15-19	$ 47,978	$ 48,032
	U.S. TREASURY NOTES	82,000; 1.000%; Due 12-31-17	$ 82,205	$ 82,289
	U.S. TREASURY NOTES	103,000; 1.375%; Due 8-31-20	$ 102,280	$ 104,264
	U.S. TREASURY BONDS	78,000; 1.750%; Due 5-15-23	$ 73,201	$ 80,264
	U.S. TREASURY NOTES	68,000; 1.500%; Due 8-15-26	$ 67,543	$ 67,466
	U.S. TREASURY NOTES	104,000; 2.000%; Due 2-15-25	$ 100,636	$ 107,957

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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
	U.S. TREASURY NOTES	70,000; 2.250%; Due 11-15-25	$ 70,022	$ 74,485
	U.S. TREASURY BONDS	25,000; 3.000%; Due 5-15-45	$ 25,994	$ 28,785
	U.S. TREASURY BONDS	33,000; 3.375%; Due 5-15-44	$ 35,344	$ 40,682
	U.S. TREASURY NOTES	41,000; 2.125%; Due 9-30-21	$ 41,769	$ 42,838
	U.S. TREASURY TIPS	13,204; 1.000%; Due 2-15-46	$ 13,496	$ 14,612
	U.S. TREASURY TIPS	10,990; 2.125%; Due 2-15-41	$ 14,848	$ 14,786
	Total U.S. Government Bonds, U.S. Agency Obligations		**$ 1,685,792**	**$ 1,716,862**
	Common Stock			
	CORE LABORATORIES NV		$ 6,072	$ 4,156
	PRAXAIR INC COM		$ 35,077	$ 36,249
	VF CORP		$ 29,654	$ 39,235
	BRITISH AMERICAN TOBACCO - SP ADR		$ 38,752	$ 43,146
	COCA COLA CO COM		$ 41,424	$ 41,474
	COLGATE PALMOLIVE CO COM		$ 32,630	$ 42,260
	DIAGEO PLC SPONSORED ADR		$ 43,338	$ 42,703
	PEPSICO INC COM		$ 38,016	$ 42,855
	KAPSTONE PAPER & PACKAGING CORP		$ 7,199	$ 5,184
	SILGAN HOLDINGS INCORPORATED		$ 7,460	$ 7,639
	AUTOLIV INC		$ 7,978	$ 8,330
	BOSTON BEER INCORPORATED CLASS A		$ 6,238	$ 5,279
	BURLINGTON STORES INC		$ 7,232	$ 9,641
	CARTER HOLDINGS		$ 8,679	$ 7,284
	CHINA LODGING CORP SPONS ADR		$ 4,268	$ 4,960
	DAVE & BUSTER'S ENTERTAINMENT		$ 5,730	$ 5,564
	DUNKIN' BRANDS GROUP INC		$ 6,833	$ 6,666
	FOOT LOCKER INC		$ 11,373	$ 15,169
	IMAX CORPORATION		$ 6,088	$ 5,215
	SKECHERS USA		$ 7,367	$ 5,290
	CHUBB LTD		$ 40,505	$ 42,721
	INVESCO LIMITED		$ 49,949	$ 46,123
	MARSH & MCLELLAN COS INC COM		$ 35,126	$ 43,309
	AFFILIATED MANAGERS GROUP		$ 5,345	$ 4,920
	BANK OF THE OZARKS INC		$ 5,974	$ 5,261
	CBRE GROUP INC		$ 10,756	$ 10,548
	FIRST REPUBLIC BANK/SAN FRAN		$ 8,957	$ 13,803
	INTERACTIVE BROKERS GROUP INC-CL A		$ 2,541	$ 3,915
	MARKETAXESS HOLDINGS INC		$ 2,206	$ 6,624
	NAVIENT CORP		$ 4,712	$ 4,717
	MEDTRONIC PLC		$ 22,153	$ 42,422
	NOVARTIS AG ADR		$ 32,896	$ 40,585
	AKORN INC		$ 9,294	$ 8,532
	ALIGN TECHNOLOGY INCORPORATED		$ 7,992	$ 13,500
	CENTENE CORPORATION		$ 5,949	$ 10,647
	DEXCOM INC		$ 6,240	$ 11,220
	HORIZON PHARMA PLC		$ 6,642	$ 3,753
	ICON PLC		$ 6,651	$ 9,439
	IDEXX LABS COMMON		$ 6,699	$ 10,024
	IONIS PHARMACEUTICALS INC		$ 4,277	$ 5,826
	JAZZ PHARMACEUTICALS COM		$ 8,849	$ 7,532
	MEDIDATA SOLUTIONS INC		$ 7,055	$ 8,364
	MEDIVATION INC		$ 9,026	$ 17,745
	MOMENTA PHARMACEUTICALS INC		$ 3,638	$ 3,869
	OPHTHOTECH CORP		$ 7,005	$ 4,705

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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
	RADIUS HEALTH INC		$ 4,851	$ 4,976
	SUPERNUS PHARMACEUTICALS INC		$ 4,257	$ 6,281
	UNVL HEALTH SERVICES INC CL B		$ 5,511	$ 8,133
	CRANE CO		$ 44,836	$ 42,595
	LOCKHEED MARTIN CORPORATION COM		$ 35,672	$ 39,794
	ROCKWELL AUTOMATION INC.		$ 40,718	$ 45,388
	UNION PACIFIC CORP COM		$ 42,715	$ 44,864
	UNITED TECHNOLOGIES CORP COM		$ 35,005	$ 40,742
	ARISTA NETWORKS INC		$ 6,553	$ 7,147
	BE AEROSPACE INC		$ 6,646	$ 4,804
	HAWAIIAN HOLDINGS INC		$ 7,949	$ 8,068
	HD SUPPLY HOLDINGS INC		$ 7,363	$ 8,283
	NORDSON CORPORATION		$ 7,602	$ 10,162
	PROTO LABS INC		$ 6,287	$ 5,632
	SABRE CORP		$ 11,415	$ 11,272
	VEEVA SYSTEMS INC		$ 3,216	$ 4,788
	XYLEM INC-W/I		$ 5,819	$ 7,238
	HOME DEPOT INC COM		$ 36,109	$ 40,406
	JOHNSON CONTROLS INTERNATIONAL PLC		$ 46,321	$ 36,991
	MCDONALD'S CORPORATION		$ 42,134	$ 41,645
	NORSTROM INC COM		$ 58,640	$ 52,814
	OLD DOMINION FREIGHT LINE INC		$ 7,893	$ 8,645
	MICHAELS COS INC/THE		$ 7,413	$ 6,647
	MIDDELBY CORPORATION		$ 8,978	$ 10,508
	NORWEGIAN CRUISE LINE HOLDINGS		$ 10,354	$ 9,463
	PRESTIGE BRANDS HOLDINGS INC		$ 5,808	$ 4,924
	UNITED RENTALS INC COM		$ 6,017	$ 6,201
	WABTEC CORP COM		$ 8,258	$ 8,982
	WILLIAM SONOMA INC COM		$ 12,444	$ 9,501
	WYNDHAM WORLDWIDE CORP		$ 8,106	$ 7,608
	ACCENTURE PLC-C CL A		$ 38,194	$ 45,814
	INTEL CORP COM		$ 27,887	$ 46,584
	MICROSOFT CORP		$ 28,227	$ 42,797
	TEXAS INSTRUMENTS		$ 28,295	$ 42,950
	TABLEAU SOFTWARE INC		$ 9,964	$ 7,406
	IAC/INTERATIVE CORP		$ 7,891	$ 7,746
	ACI WORLDWIDE INC		$ 7,110	$ 5,698
	BROADRIDGE FINANCIAL SOLUTIONS INC		$ 7,992	$ 9,965
	BROADSOFT INC		$ 6,774	$ 8,332
	DOLBY LABORATORIES INC CL		$ 5,846	$ 8,144
	ENTEGRIS INC		$ 5,101	$ 7,996
	FORTINET INC		$ 9,954	$ 10,082
	FS NETWORKS INC		$ 9,777	$ 11,342
	GARTNER INC		$ 5,481	$ 6,899
	GENPACT LTD		$ 6,064	$ 5,149
	GLOBAL PAYMENTS INC		$ 6,627	$ 8,367
	GUIDEWIRE SOFTWARE INC		$ 3,109	$ 3,479
	MANHATTAN ASSOCS INC		$ 2,999	$ 5,647
	MERCADOLIBRE INC		$ 12,795	$ 18,312
	POWER INTEGRATION INC		$ 5,536	$ 7,059
	SPLUNK INC		$ 9,462	$ 9,330
	TERDATA CORP		$ 6,251	$ 5,952
	TOTAL SYSTEMS SERVICES INC		$ 6,501	$ 9,524

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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
	DOMINION RESOURCES INC		$ 38,136	$ 41,443
	NEXTERA ENERGY INC		$ 26,437	$ 40,977
	EXXON MOBIL CORP		$ 43,514	$ 42,593
	ADVANCED ENERGY INDUSTRIES		$ 4,246	$ 6,010
	CHENIERE ENERGY INC		$ 5,447	$ 6,801
	DIAMONDBACK ENERGY INC		$ 6,759	$ 8,399
	Total Common Stock		**$ 1,579,111**	$ 1,783,702
	Foreign Bond			
	United Mexican Sts Mtn Be Sr Glbl Nt	28,000; 3.500%; Due 1-21-21	$ 29,151	$ 29,952
	Total Foreign Bond		**$ 29,151**	**$ 29,952**
	Pharmachem Stock			
*	Pharmachem Laboratories Inc. Common		$ 9,327,852	$ 95,626,449
	Total Pharmachem Stock		**$ 9,327,852**	**$ 95,626,449**

** Represents party-in interest transaction.*

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PHARMACHEM LABORATORIES, INC.

265 HARRISON AVENUE

KEARNEY NJ 07032

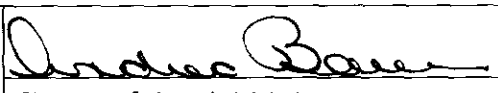
2b Employer Identification Number (EIN) 22-1625213

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		7/17/17	ANDREA BAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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	350
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	250
a(2)	Total number of active participants at the end of the plan year	234
b	Retired or separated participants receiving benefits	18
c	Other retired or separated participants entitled to future benefits	62
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	314
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	3
f	Total. Add lines **6d** and **6e**	317
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	316
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

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

a Pension Schedules		**b General Schedules**	
(1)	☒ **R** (Retirement Plan Information)	(1)	☒ **H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ **I** (Financial Information – Small Plan)
		(3)	☐ **A** (Insurance Information)
		(4)	☒ **C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☐ **D** (DFE/Participating Plan Information)
		(6)	☐ **G** (Financial Transaction Schedules)

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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				
	BANK OF AMER CRP MTN	16,000; 2.000%; Due 1-11-18	$ 16,112	$ 16,074
	GOLDMAN SACHS GP	16,000; 2.375%; Due 1-22-18	$ 16,298	$ 16,177
	INT BK RECON & DEV	31,000; 1.875%; Due 3-15-19	$ 31,751	$ 31,668
	JPMORGAN CHASE MTN	16,000; 1.700%; Due 3-01-18	$ 16,038	$ 16,049
	KFW	31,000; 1.875%; Due6-30-20	$ 31,695	$ 31,650
	WELLS FARGO CO MTN	31,000; 1.400%; Due 9-08-17	$ 31,021	$ 30,991
	ALLSTATE CORP	20,000; 7.450%; Due 5-16-19	$ 26,552	$ 23,468
	AMERICAN EXPRESS CO	20,000; 8.125%; Due 5-20-19	$ 26,949	$ 23,860
	AT&T INC	26,000; 5.500%; Due 2-01-18	$ 29,140	$ 27,628
	BANK OF NY MELLON MTN	10,000; 2.100%; Due 8-01-18	$ 10,215	$ 10,185
	BB&T CORPORATION MTN	30,000; 2.050%; Due 6-19-18	$ 30,302	$ 30,479
	BERKSHIRE HATHAWAY	4,000; 1.900%; Due 1-31-17	$ 4,119	$ 4,025
	BERKSHIRE HATHAWAY	22,000; 2.100%; Due 8-14-19	$ 22,172	$ 22,551
	BK OF NY MELLON	17,000; 1.969%; Due 6-20-17	$ 17,457	$ 17,085
	CENTERPNT ENRG ABS	60,000; 2.161%; Due 10-15-21	$ 63,244	$ 61,801
	CHASE ISSUANCE ABS	51,000; 1.580%; Due 8-16-21	$ 48,940	$ 51,479
	COMERICA BANK	31,000; 2.500%; Due 6-02-20	$ 30,957	$ 31,912
	DUKE ENERGY INDIANA	30,000; 3.750%; Due 7-15-20	$ 33,737	$ 32,549
	EXXON MOBIL CORP	24,000; 2.397%; Due 3-06-22	$ 24,066	$ 24,641
	GENERAL ELEC CAP MTN	15,000; 2.200%; Due 1-09-20	$ 15,291	$ 15,452
	HONEYWELL INTL	25,000; 4.250%; Due 3-01-21	$ 27,877	$ 27,978
	JOHNSON & JOHNSON	25,000; 5.150%; Due 7-15-18	$ 30,613	$ 27,053
	JPMORGAN CHASE MTN	22,000; 2.000%; Due 8-15-18	$ 22,208	$ 22,181
	METLIFE INC	27,000; 6.817%; Due 8-15-18	$ 33,335	$ 29,881
	NATIONAL RURAL UTIL	15,000; 2.350%; Due 6-15-20	$ 15,194	$ 15,445
	NORTHERN TRUST CORP	21,000; 3.375%; Due 8-23-21	$ 21,992	$ 22,614
	PECO ENERGY CO	26,000; 5.350%; Due 3-01-18	$ 31,528	$ 27,626
	PEPSICO INC	31,000; 2.250%; Due 1-07-19	$ 31,597	$ 31,880
	PNC BANK NA	13,000; 1.500%; Due 2-23-18	$ 13,000	$ 13,060
	PNC BANK NA MTN	12,000; 6.000%; Due 12-07-17	$ 14,536	$ 12,851
	PROCTER & GAMBLE CO	28,000; 4.700%; Due 2-15-19	$ 31,436	$ 30,481
	PRUDENTIAL FINL MTN	32,000; 2.350%; Due 8-15-19	$ 32,099	$ 32,744
	PUBLIC SERV CO	33,000; 5.800%; Due 8-01-18	$ 40,366	$ 35,969
	SLM STUDENT ABS V-Q	49,120 1.269%; Due 4-25-19	$ 49,780	$ 48,976
	STATE STREET CORP	14,000; 4.956%; Due 3-15-18	$ 15,971	$ 14,645
	TARGET CORP	30,000; 3.875%; Due 7-15-20	$ 32,873	$ 33,069
	UNITED PARCEL	25,000; 3.125%; Due 1-15-21	$ 27,220	$ 26,865
	UNITED TECH CORP	17,000; 4.5000%; Due 4-15-20	$ 18,857	$ 19,143
	UNITED TECH CORP	10,000; 6.125%; Due 2-01-19	$ 11,625	$ 11,191
	WALT DISNEY CO MTN	15,000; 1.850%; Due 5-30-19	$ 15,023	$ 15,345
	AMER EXPRESS CR MTN	29,000; 2.250%; Due 5-05-21	$ 29,659	$ 29,708
	BANK OF AMER CRP MTN	21,000; 4.125%; Due 1-22-24	$ 21,580	$ 22,938
	COMCAST CORP	20,000; 6.400%; Due 3-01-40	$ 27,325	$ 28,144
	ENTERPRISE PRODUCTS	12,000; 5.700%; Due 2-15-42	$ 14,177	$ 13,687
	FORD MOTOR CO	26,000; 4.750%; Due 1-15-43	$ 25,720	$ 27,193
	GEN ELEC CAP CRP MTN	17,000; 5.875%; Due 1-14-38	$ 20,948	$ 22,979
	GOLDMAN SACHS MTN	21,000; 4.000%; Due 3-03-24	$ 21,442	$ 22,613
	JPMORGAN CHASE MTN	25,000; 4.400%; Due 7-22-20	$ 27,680	$ 27,446
	VERIZON COMM INC	25,000; 5.150%; Due 9-15-23	$ 27,908	$ 29,177
	WELLS FARGO CO MTN	14,000; 3.500%; Due 3-08-22	$ 14,315	$ 14,884
	Total Corporate Bonds		**$ 1,273,940**	**$ 1,257,490**

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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			
	Pending Cash		$ (4,712)	$ (4,712)
	Principal Cash		$ 858	$ 858
	Principal Cash		$ 485	$ 485
	Principal Cash		$ 436	$ 436
	UBS Bank USA Deposit Account		$ 35,860	$ 35,860
	UBS Bank USA Deposit Account		$ 14,909	$ 16,086
	UBS Bank USA Deposit Account		$ 32,152	$ 32,152
	UBS Bank USA Deposit Account		$ 2	$ 2
	UBS Bank USA Deposit Account		$ 14,317	$ 14,317
	UBS Money Ser Liquid Assets		$ 37,765	$ 37,765
	Wilmington US Govt Money Mkt CL SLCT		$ 14,446	$ 14,507
	U.S. Treasury Bills		$ 89,836	$ 89,999
*	Suntrust Bank MTN		$ 22,055	$ 19,460
	Total Cash and Cash Equivalents		**$ 258,409**	$ 257,215
	Mutual Funds			
	VANGUARD DIVIDEND APPRECIATION ETF		$ 192,289	$ 210,580
	BLACKROCK BD ALL TGT SH-S		$ 684,297	$ 653,691
	LEGG MASON PART SMASH-C		$ 110,287	$ 111,181
	LEGG MASON PART SMASH-EC		$ 283,111	$ 287,562
	LEGG MASON PART SMASH-M		$ 314,955	$ 325,777
	BLACKROCK HIGH YIELD BOND - INST		$ 337,510	$ 312,489
	JEFFERIES ASSET MGMT COMODITY ST ALL		$ 332,581	$ 226,785
	HARDING LOEVNER EMRG MKTS FD CL-ADV		$ 190,000	$ 200,484
	OPPENHEIMER DEV MARKETS FD CLASS Y		$ 218,894	$ 201,995
	Total Mutual Funds		**$ 2,663,924**	$ 2,530,544
	U.S. Government Bonds, U.S. Agency Obligations			
	FHLMC	47,000; 1.000%; Due 9-29-17	$ 47,175	$ 47,147
	FHLMC GD PL #G18452	74,180; 2.500%; Due 12-01-27	$ 77,402	$ 77,091
	FNMA PL #AS4204	23,311; 2.500%; Due 1-01-30	$ 24,014	$ 24,214
	FNMA PL #AS4314	15,324; 2.500%; Due 1-01-30	$ 15,698	$ 15,918
	FHLMC	33,000; 3.750%; Due 3-27-19	$ 37,524	$ 35,283
	FHLMC GD PL #G08669	67,645; 4.000%; Due 9-01-45	$ 71,833	$ 72,771
	FHLMC GD PL #G60440	82,954; 3.500%; Due 3-01-46	$ 87,943	$ 88,793
	FNMA	57,000; 1.875%; Due 9-18-18	$ 58,417	$ 58,198
	FNMA	10,000; 6.625%; Due 11-15-30	$ 15,241	$ 15,455
	FNMA PL #AL8960	51,882; 4.500%; Due 5-01-46	$ 56,991	$ 57,020
	U.S. TREASURY NOTES	63,000; 0.500%; Due 4-30-17	$ 62,877	$ 62,986
	U.S. TREASURY NOTES	18,000; 0.625%; Due 2-15-17	$ 17,966	$ 18,017
	U.S. TREASURY NOTES	20,000; 0.625%; Due 5-31-17	$ 19,985	$ 20,004
	U.S. TREASURY NOTES	63,000; 0.750%; Due 2-28-17	$ 63,047	$ 63,020
	U.S. TREASURY NOTES	77,000; 0.750%; Due 3-15-17	$ 76,744	$ 77,102
	U.S. TREASURY NOTES	81,000; 0.750%; Due 8-31-18	$ 81,006	$ 80,985
	U.S. TREASURY NOTES	196,000; 0.875%; Due 3-31-18	$ 196,613	$ 196,398
	U.S. TREASURY NOTES	48,000; 0.875%; Due 4-15-19	$ 47,978	$ 48,032
	U.S. TREASURY NOTES	82,000; 1.000%; Due 12-31-17	$ 82,205	$ 82,289
	U.S. TREASURY NOTES	103,000; 1.375%; Due 8-31-20	$ 102,280	$ 104,264
	U.S. TREASURY BONDS	78,000; 1.750%; Due 5-15-23	$ 73,201	$ 80,264
	U.S. TREASURY NOTES	68,000; 1.500%; Due 8-15-26	$ 67,543	$ 67,466
	U.S. TREASURY NOTES	104,000; 2.000%; Due 2-15-25	$ 100,636	$ 107,957

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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
	U.S. TREASURY NOTES	70,000; 2.250%; Due 11-15-25	$ 70,022	$ 74,485
	U.S. TREASURY BONDS	25,000; 3.000%; Due 5-15-45	$ 25,994	$ 28,785
	U.S. TREASURY BONDS	33,000; 3.375%; Due 5-15-44	$ 35,344	$ 40,682
	U.S. TREASURY NOTES	41,000; 2.125%; Due 9-30-21	$ 41,769	$ 42,838
	U.S. TREASURY TIPS	13,204; 1.000%; Due 2-15-46	$ 13,496	$ 14,612
	U.S. TREASURY TIPS	10,990; 2.125%; Due 2-15-41	$ 14,848	$ 14,786
	Total U.S. Government Bonds, U.S. Agency Obligations		**$ 1,685,792**	**$ 1,716,862**
	Common Stock			
	CORE LABORATORIES NV		$ 6,072	$ 4,156
	PRAXAIR INC COM		$ 35,077	$ 36,249
	VF CORP		$ 29,654	$ 39,235
	BRITISH AMERICAN TOBACCO - SP ADR		$ 38,752	$ 43,146
	COCA COLA CO COM		$ 41,424	$ 41,474
	COLGATE PALMOLIVE CO COM		$ 32,630	$ 42,260
	DIAGEO PLC SPONSORED ADR		$ 43,338	$ 42,703
	PEPSICO INC COM		$ 38,016	$ 42,855
	KAPSTONE PAPER & PACKAGING CORP		$ 7,199	$ 5,184
	SILGAN HOLDINGS INCORPORATED		$ 7,460	$ 7,639
	AUTOLIV INC		$ 7,978	$ 8,330
	BOSTON BEER INCORPORATED CLASS A		$ 6,238	$ 5,279
	BURLINGTON STORES INC		$ 7,232	$ 9,641
	CARTER HOLDINGS		$ 8,679	$ 7,284
	CHINA LODGING CORP SPONS ADR		$ 4,268	$ 4,960
	DAVE & BUSTER'S ENTERTAINMENT		$ 5,730	$ 5,564
	DUNKIN' BRANDS GROUP INC		$ 6,833	$ 6,666
	FOOT LOCKER INC		$ 11,373	$ 15,169
	IMAX CORPORATION		$ 6,088	$ 5,215
	SKECHERS USA		$ 7,367	$ 5,290
	CHUBB LTD		$ 40,505	$ 42,721
	INVESCO LIMITED		$ 49,949	$ 46,123
	MARSH & MCLELLAN COS INC COM		$ 35,126	$ 43,309
	AFFILIATED MANAGERS GROUP		$ 5,345	$ 4,920
	BANK OF THE OZARKS INC		$ 5,974	$ 5,261
	CBRE GROUP INC		$ 10,756	$ 10,548
	FIRST REPUBLIC BANK/SAN FRAN		$ 8,957	$ 13,803
	INTERACTIVE BROKERS GROUP INC-CL A		$ 2,541	$ 3,915
	MARKETAXESS HOLDINGS INC		$ 2,206	$ 6,624
	NAVIENT CORP		$ 4,712	$ 4,717
	MEDTRONIC PLC		$ 22,153	$ 42,422
	NOVARTIS AG ADR		$ 32,896	$ 40,585
	AKORN INC		$ 9,294	$ 8,532
	ALIGN TECHNOLOGY INCORPORATED		$ 7,992	$ 13,500
	CENTENE CORPORATION		$ 5,949	$ 10,647
	DEXCOM INC		$ 6,240	$ 11,220
	HORIZON PHARMA PLC		$ 6,642	$ 3,753
	ICON PLC		$ 6,651	$ 9,439
	IDEXX LABS COMMON		$ 6,699	$ 10,024
	IONIS PHARMACEUTICALS INC		$ 4,277	$ 5,826
	JAZZ PHARMACEUTICALS COM		$ 8,849	$ 7,532
	MEDIDATA SOLUTIONS INC		$ 7,055	$ 8,364
	MEDIVATION INC		$ 9,026	$ 17,745
	MOMENTA PHARMACEUTICALS INC		$ 3,638	$ 3,869
	OPHTHOTECH CORP		$ 7,005	$ 4,705

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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
	RADIUS HEALTH INC		$ 4,851	$ 4,976
	SUPERNUS PHARMACEUTICALS INC		$ 4,257	$ 6,281
	UNVL HEALTH SERVICES INC CL B		$ 5,511	$ 8,133
	CRANE CO		$ 44,836	$ 42,595
	LOCKHEED MARTIN CORPORATION COM		$ 35,672	$ 39,794
	ROCKWELL AUTOMATION INC.		$ 40,718	$ 45,388
	UNION PACIFIC CORP COM		$ 42,715	$ 44,864
	UNITED TECHNOLOGIES CORP COM		$ 35,005	$ 40,742
	ARISTA NETWORKS INC		$ 6,553	$ 7,147
	BE AEROSPACE INC		$ 6,646	$ 4,804
	HAWAIIAN HOLDINGS INC		$ 7,949	$ 8,068
	HD SUPPLY HOLDINGS INC		$ 7,363	$ 8,283
	NORDSON CORPORATION		$ 7,602	$ 10,162
	PROTO LABS INC		$ 6,287	$ 5,632
	SABRE CORP		$ 11,415	$ 11,272
	VEEVA SYSTEMS INC		$ 3,216	$ 4,788
	XYLEM INC-W/I		$ 5,819	$ 7,238
	HOME DEPOT INC COM		$ 36,109	$ 40,406
	JOHNSON CONTROLS INTERNATIONAL PLC		$ 46,321	$ 36,991
	MCDONALD'S CORPORATION		$ 42,134	$ 41,645
	NORSTROM INC COM		$ 58,640	$ 52,814
	OLD DOMINION FREIGHT LINE INC		$ 7,893	$ 8,645
	MICHAELS COS INC/THE		$ 7,413	$ 6,647
	MIDDELBY CORPORATION		$ 8,978	$ 10,508
	NORWEGIAN CRUISE LINE HOLDINGS		$ 10,354	$ 9,463
	PRESTIGE BRANDS HOLDINGS INC		$ 5,808	$ 4,924
	UNITED RENTALS INC COM		$ 6,017	$ 6,201
	WABTEC CORP COM		$ 8,258	$ 8,982
	WILLIAM SONOMA INC COM		$ 12,444	$ 9,501
	WYNDHAM WORLDWIDE CORP		$ 8,106	$ 7,608
	ACCENTURE PLC-C CL A		$ 38,194	$ 45,814
	INTEL CORP COM		$ 27,887	$ 46,584
	MICROSOFT CORP		$ 28,227	$ 42,797
	TEXAS INSTRUMENTS		$ 28,295	$ 42,950
	TABLEAU SOFTWARE INC		$ 9,964	$ 7,406
	IAC/INTERATIVE CORP		$ 7,891	$ 7,746
	ACI WORLDWIDE INC		$ 7,110	$ 5,698
	BROADRIDGE FINANCIAL SOLUTIONS INC		$ 7,992	$ 9,965
	BROADSOFT INC		$ 6,774	$ 8,332
	DOLBY LABORATORIES INC CL		$ 5,846	$ 8,144
	ENTEGRIS INC		$ 5,101	$ 7,996
	FORTINET INC		$ 9,954	$ 10,082
	FS NETWORKS INC		$ 9,777	$ 11,342
	GARTNER INC		$ 5,481	$ 6,899
	GENPACT LTD		$ 6,064	$ 5,149
	GLOBAL PAYMENTS INC		$ 6,627	$ 8,367
	GUIDEWIRE SOFTWARE INC		$ 3,109	$ 3,479
	MANHATTAN ASSOCS INC		$ 2,999	$ 5,647
	MERCADOLIBRE INC		$ 12,795	$ 18,312
	POWER INTEGRATION INC		$ 5,536	$ 7,059
	SPLUNK INC		$ 9,462	$ 9,330
	TERDATA CORP		$ 6,251	$ 5,952
	TOTAL SYSTEMS SERVICES INC		$ 6,501	$ 9,524

Pharmachem Laboratories, Inc.
Employee Stock Ownership Plan

Schedule of Assets (Held at End of Year) as of September 30, 2016
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
	DOMINION RESOURCES INC		$ 38,136	$ 41,443
	NEXTERA ENERGY INC		$ 26,437	$ 40,977
	EXXON MOBIL CORP		$ 43,514	$ 42,593
	ADVANCED ENERGY INDUSTRIES		$ 4,246	$ 6,010
	CHENIERE ENERGY INC		$ 5,447	$ 6,801
	DIAMONDBACK ENERGY INC		$ 6,759	$ 8,399
	Total Common Stock		**$ 1,579,111**	$ 1,783,702
	Foreign Bond			
	United Mexican Sts Mtn Be Sr Glbl Nt	28,000; 3.500%; Due 1-21-21	$ 29,151	$ 29,952
	Total Foreign Bond		**$ 29,151**	**$ 29,952**
	Pharmachem Stock			
*	Pharmachem Laboratories Inc. Common		$ 9,327,852	$ 95,626,449
	Total Pharmachem Stock		**$ 9,327,852**	**$ 95,626,449**

** Represents party-in interest transaction.*