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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                          |                                                                     |                                                             |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information      |                                                             |                                                             |
| <b>1a</b> Name of plan<br><u>LABORATORY SUPPLY COMPANY 401(K) PROFIT SHARING PLAN</u>                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ►                            | <u>001</u>                                                  |                                                             |
|                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan                                    | <u>01/01/1991</u>                                           |                                                             |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>LABORATORY SUPPLY COMPANY</u><br><br><u>250 OTTAWA AVENUE</u><br><u>LOUISVILLE, KY 40209</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>61-0732657</u> | <b>2c</b> Sponsor's telephone number<br><u>502-363-1891</u> | <b>2d</b> Business code (see instructions)<br><u>423400</u> |

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

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

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>09/08/2012</u> | <u>LINDA BLACK</u>                                           |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of DFE                                         | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                       |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>LABORATORY SUPPLY COMPANY<br><br>250 OTTAWA AVENUE<br>LOUISVILLE, KY 40209 | <b>3b</b> Administrator's EIN<br>61-0732657<br><br><b>3c</b> Administrator's telephone number<br>502-363-1891 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 342 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 349 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 32  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 381 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 381 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 196 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 1   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2011</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>LABORATORY SUPPLY COMPANY 401(K) PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>LABORATORY SUPPLY COMPANY | <b>D</b> Employer Identification Number (EIN)<br>61-0732657 |

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

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**(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)

PNC BANK, N.A.

25-1211909

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 27 59 60<br>63 65   | TRUSTEE                                                                                           | 6465                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| PNC BANK, N.A.                                          | 60 63                                   | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN CENTURY EQUITY INCOME FUND<br>P.O. BOX 419385<br>KANSAS CITY, MO 64141 | 35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                                                                                                            |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| PNC BANK, N.A.                                          | 60 63                                   | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN CENTURY SMALL CAP VALUE FU<br>P.O. BOX 419385<br>KANSAS CITY, MO 64141 | 35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                                                                                                            |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| PNC BANK, N.A.                                          | 60 63                                   | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTIO INTERNATIONAL EQUITY A<br>330 MADISON AVENUE<br>NEW YORK, NY 10017 | 10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                                                                                                            |

**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<br>(see instructions)                                             | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNC BANK, N.A.                                                             | 60 63                                                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON SMALL CAP FUND<br>767 FIFTH AVENUE, 49TH FLOOR<br>NEW YORK, NY 10153 | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                             |                                                                                                                                                                    |
| <hr/>                                                                      |                                                                                     |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                             | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, N.A.                                                             | 59 60 63                                                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GOLDMAN SACHS GROWTH OPPORTUNITIES<br>32 OLD SLIP<br>NEW YORK, NY 10005    | 10 BASIS POINTS ANNUALLY-59 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63 |                                                                                                                                                                    |
| <hr/>                                                                      |                                                                                     |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                             | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, N.A.                                                             | 60 63                                                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS BALANCED FUND S<br>151 DETROIT STREET<br>DENVER, CO 80206            | 25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                             |                                                                                                                                                                    |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNC BANK, N.A.                                                      | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS FUND T<br>151 DETROIT STREET<br>DENVER, CO 80206              | 25 BASIS POINTS ANNUALLY-60                             |                                                                                                                                                                    |
|                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, N.A.                                                      | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS TWENTY FUND T<br>151 DETROIT STREET<br>DENVER, CO 80206       | 25 BASIS POINTS ANNUALLY-60                             |                                                                                                                                                                    |
|                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, N.A.                                                      | 59 63                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MFS VALUE FUND A<br>500 BOYLSTON STREET<br>BOSTON, MA 02116         | 20 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-63 |                                                                                                                                                                    |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| PNC BANK, N.A.                                                                                                                                                                                                                                                     | 63                                                      | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> |                                                         |                                           |
| PIMCO TOTAL RETURN FUND ADMIN<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105                                                                                                                                                                                 | 25 BASIS POINTS ANNUALLY-63                             |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p><b>(c)</b> Enter amount of indirect compensation</p>                                                                               |                                                         |                                           |
| PNC BANK, N.A.                                                                                                                                                                                                                                                     | 60 63                                                   | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> |                                                         |                                           |
| SELECTED AMERICAN FUND S<br>2949 EAST ELVIRA ROAD, SUITE 101<br>TUCSON, AZ 85756                                                                                                                                                                                   | 10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63 |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p><b>(c)</b> Enter amount of indirect compensation</p>                                                                               |                                                         |                                           |
| PNC BANK, N.A.                                                                                                                                                                                                                                                     | 60 63                                                   | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> |                                                         |                                           |
| T. ROWE PRICE RETIREMENT 2010 FUND<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202                                                                                                                                                                                 | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63 |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, N.A.                                                                     | 60 63                                                                                                                                                              | 0                                         |
|                                                                                    |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2020 FUND    100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                                                                                                            |                                           |
|                                                                                    |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, N.A.                                                                     | 60 63                                                                                                                                                              | 0                                         |
|                                                                                    |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2030 FUND    100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                                                                                                            |                                           |
|                                                                                    |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PNC BANK, N.A.                                                                     | 60 63                                                                                                                                                              | 0                                         |
|                                                                                    |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2040 FUND    100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63                                                                                                            |                                           |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNC BANK, N.A.                                                                      | 60 63                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T. ROWE PRICE RETIREMENT 2050 FUND    100 EAST PRATT STREET<br>BALTIMORE, MD 21202  | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63 |                                                                                                                                                                    |
|                                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, N.A.                                                                      | 60 63                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T. ROWE PRICE RETIREMENT INCOME FUN    100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | 15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63 |                                                                                                                                                                    |
|                                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| PNC BANK, N.A.                                                                      | 27                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PNC LARGE CAP VALUE FUND I    620 LIBERTY AVENUE<br>PITTSBURGH, PA 15222            | 37.5 BASIS POINTS ANNUALLY-27                           |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PNC BANK, N.A.                                                         | 27                                                                                                                                                                 | 0                                         |
|                                                                        |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PNC MID CAP VALUE FUND I<br>620 LIBERTY AVENUE<br>PITTSBURGH, PA 15222 | 37.5 BASIS POINTS ANNUALLY-27                                                                                                                                      |                                           |
|                                                                        |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>LABORATORY SUPPLY COMPANY 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LABORATORY SUPPLY COMPANY</u>                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><br><u>61-0732657</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I   | Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    |                       |                 |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(3)</b>    |                       |                 |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    | 1606974               | 1623736         |
|          | <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>    |                       |                 |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(B)</b> |                       |                 |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>    |                       |                 |
|          | <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   |                       |                 |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(13)</b>   | 4756993               | 5111558         |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(14)</b>   |                       |                 |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) |                       |                 |
| (2) Employer real property .....                                     | 1d(2) |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 6363967               | 6735294         |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g |   |   |
| <b>h</b> Operating payables .....                                         | 1h |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | 1i |   |   |
| <b>j</b> Other liabilities .....                                          | 1j |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |         |         |
|-----------------------------------------------------------|----|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 6363967 | 6735294 |
|-----------------------------------------------------------|----|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |          |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 100071     |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 756230     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) |            |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 856301    |
| <b>b Earnings on investments:</b>                                                                          |          |            |           |
| (1) Interest:                                                                                              |          |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | 2b(1)(A) |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | 2b(1)(B) |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | 2b(1)(C) |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | 2b(1)(D) |            |           |
| <b>(E)</b> Participant loans .....                                                                         | 2b(1)(E) |            |           |
| <b>(F)</b> Other .....                                                                                     | 2b(1)(F) |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | 2b(1)(G) |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | 2b(2)(A) |            |           |
| <b>(B)</b> Common stock .....                                                                              | 2b(2)(B) |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | 2b(2)(C) | 123464     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | 2b(2)(D) |            | 123464    |
| (3) Rents .....                                                                                            | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | 2b(4)(A) | 1321244    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | 2b(4)(B) | 1311177    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | 2b(4)(C) |            | 10067     |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 41124      |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 41124     |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | -420395   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 610561    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 212875 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 212875 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 19894  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 6465   |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 6465   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 239234 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 371327 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: STROTHMAN & CO PSC

(2) EIN: 61-1191655

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     | X  |        |
| <b>b</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.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>LABORATORY SUPPLY COMPANY 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LABORATORY SUPPLY COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-0732657</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>25-1211909</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 items 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 items 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 items 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 items 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 items 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 items 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

- 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 items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**Strothman & Company P S C**

Certified Public Accountants & Advisors



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Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**

December 31, 2011 and 2010

|                                                                                           |          |
|-------------------------------------------------------------------------------------------|----------|
| <b>Independent Auditors' Report .....</b>                                                 | <b>1</b> |
| <b>Financial Statements</b>                                                               |          |
| Statements of Net Assets Available for Benefits .....                                     | 2        |
| Statements of Changes in Net Assets Available for Benefits .....                          | 3        |
| Notes to Financial Statements .....                                                       | 4        |
| <b>Supplemental Schedule – Schedule H, Part IV (Form 5500)</b>                            |          |
| Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year) ..... | 12       |

## Independent Auditors' Report



Board of Trustees  
Laboratory Supply Company  
401(k) Profit Sharing Plan  
Louisville, Kentucky

We were engaged to audit the financial statements of Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and D, which was certified by PNC Bank, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Strothman & Company PSC*

Louisville, Kentucky  
July 25, 2012

Statements of Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                          | <b>December 31</b>         |                            |
|------------------------------------------|----------------------------|----------------------------|
|                                          | <b>2011</b>                | <b>2010</b>                |
| <b>Investments</b> , at fair value       | \$ 6,735,295               | \$ 6,363,964               |
| <b>Receivables</b>                       |                            |                            |
| Participants' contributions              | 6,077                      | 30,851                     |
| Employer's contributions                 | <u>1,020</u>               | <u>4,371</u>               |
| <b>Total Receivables</b>                 | <u>7,097</u>               | <u>35,222</u>              |
| <b>Total Assets</b>                      | 6,742,392                  | 6,399,186                  |
| <b>Liabilities</b>                       |                            |                            |
| Excess contributions payable             | <u>18,603</u>              | <u>18,745</u>              |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 6,723,789</u></u> | <u><u>\$ 6,380,441</u></u> |

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                                                | <b>Year Ended December 31</b> |                     |
|----------------------------------------------------------------|-------------------------------|---------------------|
|                                                                | <b>2011</b>                   | <b>2010</b>         |
| <b>Additions to Net Assets</b>                                 |                               |                     |
| Contributions:                                                 |                               |                     |
| Participants' contributions                                    | \$ 731,457                    | \$ 713,486          |
| Employer's contributions                                       | 96,720                        | 90,897              |
| <b>Total Contributions</b>                                     | 828,177                       | 804,383             |
| Investment income:                                             |                               |                     |
| Net appreciation in fair value of investments                  |                               | 529,535             |
| Interest and dividend income                                   | 123,464                       | 53,966              |
| <b>Total Investment Income</b>                                 | 123,464                       | 583,501             |
| <b>Total Additions to Net Assets</b>                           | 951,641                       | 1,387,884           |
| <b>Deductions from Net Assets</b>                              |                               |                     |
| Benefits paid to participants                                  | 232,627                       | 336,629             |
| Net depreciation in fair value of investments                  | 369,201                       |                     |
| Custodian fees                                                 | 6,465                         | 5,377               |
| <b>Total Deductions from Net Assets</b>                        | 608,293                       | 342,006             |
| <b>Increase in Net Assets<br/>Available for Benefits</b>       | 343,348                       | 1,045,878           |
| <b>Net Assets Available for Benefits<br/>Beginning of Year</b> | 6,380,441                     | 5,334,563           |
| <b>Net Assets Available for Benefits<br/>End of Year</b>       | <u>\$ 6,723,789</u>           | <u>\$ 6,380,441</u> |

See Notes to Financial Statements

Notes to Financial Statements

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan**

The following description of the Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**--The Plan is a defined contribution plan sponsored by Laboratory Supply Company (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Eligibility**--An employee shall become a participant in the Plan on the first entry date (January 1, April 1, July 1 or October 1) coincident with or immediately following attainment of age twenty-one and the completion of one year of service, defined as a twelve consecutive month period in which the employee completes 1,000 hours of service.

**Contributions and Funding**--A participant may contribute up to a maximum of 50% of pretax annual compensation, subject to Internal Revenue Code limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for a discretionary Employer matching contribution. During 2011 and 2010, the Employer made monthly matching contributions equal to three percent of participant contributions up to a maximum of one percent of gross wages. The Employer may also make additional annual profit sharing contributions to the Plan at its discretion. There were no profit sharing contributions made during 2011 or 2010.

**Participant Accounts**--Each participant's account is credited with the participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined.

**Vesting**--Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion of their accounts plus earnings thereon is based on years of continuous service, with a participant becoming partially vested (20%) after two years of service and fully vested (100%) after six years of service.

**Investment Options**--Upon enrollment in the Plan, a participant may direct his/her contributions in five percent increments to various investment options available as set forth in the Plan.

**Forfeitures**--When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Employer's matching contributions for the Plan year. However, if the participant is re-employed and fulfills certain requirements as defined by the Plan, the participant's account will be reinstated.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan--Continued**

During 2011 and 2010, the Employer's contributions were reduced by \$1,221 and \$5,067 from forfeited nonvested accounts, respectively. As of December 31, 2011 and 2010, the Plan had \$2,158 and \$2,156 available to be used to reduce Employer contributions in future years.

**Benefits**--Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly installment payments of substantially equal amounts made over the participant's life expectancy (or life expectancy of spouse), in a form authorized by the Internal Revenue Service and approved by the Plan Administrator. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Benefit distributions of \$232,627 and \$336,629 for the plan years ended December 31, 2011 and 2010, respectively, include payments of \$18,603 and \$18,745 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statements of net assets available for benefits as excess contributions payable at December 31, 2011 and 2010.

At December 31, 2011 and 2010, \$135,343 and \$53,246, respectively, have been allocated to participants who have elected to withdraw from the Plan but have not yet been paid.

**Note B--Summary of Significant Accounting Policies**

**Basis of Accounting**--The financial statements of the Plan are prepared on the accrual method of accounting.

**Investment Valuation and Income Recognition**--The Plan's investments are stated at fair value.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized gains or losses on those investments.

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.

**Benefit Payments**--Benefits are recorded when paid.

**Administrative Expenses**--Administrative expenses of the Plan are generally paid directly by the Employer.

Certain administrative functions are performed by employees of the Employer; however, no employee receives compensation from the Plan.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note B--Summary of Significant Accounting Policies**

**Estimates**--The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Subsequent Events**--In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 25, 2012, the date the financial statements were available to be issued.

**Note C--Information Certified by the Custodian**

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has obtained certifications from PNC Bank, (the "Custodian"), that the information provided regarding investments described below and described in Note D as of December 31, 2011 and 2010, and in the schedule of assets (held at end of year) as of December 31, 2011, and investment income reflected in the statements of changes in net assets available for benefits for the years then ended is complete and accurate.

The following presents a summary of the Plan's investments:

| Description of Investments                                                      | December 31  |              |
|---------------------------------------------------------------------------------|--------------|--------------|
|                                                                                 | 2011         | 2010         |
| PNC Money Market Fund, 722,542 and 454,546 shares, respectively                 | \$ 726,155 * | \$ 456,543 * |
| PNC Government Mortgage Fund Class I, 80,665 and 73,982 shares, respectively    | 897,581 *    | 783,761 *    |
| Janus Fund, 47,125 and 44,626 shares, respectively                              | 1,286,514 *  | 1,300,398 *  |
| MFS Value Class A Fund, 22,032 and 20,047 shares, respectively                  | 493,080 *    | 457,277 *    |
| Pimco Total Return Admin Fund, 38,566 and 27,461 shares, respectively           | 419,215 *    | 362,384 *    |
| Selected American Shares Fund, 8,389 and 8,566 shares, respectively             | 331,118      | 354,972 *    |
| Artio International Equity Fund Class A, 21,016 and 20,871 shares, respectively | 464,461 *    | 613,810 *    |
| Janus Balanced Fund Class S, 25,317 and 23,042 shares                           | 619,765 *    | 578,116 *    |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note C--Information Certified by the Custodians--Continued**

| <b>Description of Investments</b>                                            | <b>December 31</b>         |                            |
|------------------------------------------------------------------------------|----------------------------|----------------------------|
|                                                                              | <b>2011</b>                | <b>2010</b>                |
| Goldman Sachs Growth Opportunities Fund<br>Class A, 14,834 and 13,561 shares | 306,468                    | 311,363 *                  |
| Other investments, less than 5% of Plan net assets                           | <u>1,190,938</u>           | <u>1,145,340</u>           |
| <b>Total Investments, at fair value</b>                                      | <b><u>\$ 6,735,295</u></b> | <b><u>\$ 6,363,964</u></b> |

\* Represents 5% or more of total Plan net assets

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value and had interest and dividend income as follows:

|                                                              | <b>December 31</b> |             |
|--------------------------------------------------------------|--------------------|-------------|
|                                                              | <b>2011</b>        | <b>2010</b> |
| Net appreciation (depreciation) in fair value of investments | \$ (369,201)       | \$ 529,535  |
| Interest and dividend income                                 | 123,464            | 53,966      |

**Note D--Fair Value Measurements**

The following table presents the fair value of investments at December 31, 2011 and 2010:

|                                 | <b>Fair Value<br/>Measurements Using:</b> |                                                              |
|---------------------------------|-------------------------------------------|--------------------------------------------------------------|
|                                 | <b>Fair Value</b>                         | <b>Quoted Prices<br/>in Active<br/>Markets<br/>(Level 1)</b> |
| <b><u>December 31, 2011</u></b> |                                           |                                                              |
| Mutual Funds:                   |                                           |                                                              |
| Equity funds                    | \$ 3,884,868                              | \$ 3,884,868                                                 |
| Balanced funds                  | 1,226,691                                 | 1,226,691                                                    |
| Fixed income funds              | <u>1,623,736</u>                          | <u>1,623,736</u>                                             |
|                                 | <b><u>\$ 6,735,295</u></b>                | <b><u>\$ 6,735,295</u></b>                                   |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note D--Fair Value Measurements--Continued**

|                                 | Fair Value<br>Measurements Using: |                                                    |
|---------------------------------|-----------------------------------|----------------------------------------------------|
|                                 | Fair Value                        | Quoted Prices<br>in Active<br>Markets<br>(Level 1) |
| <b><u>December 31, 2010</u></b> |                                   |                                                    |
| Mutual Funds:                   |                                   |                                                    |
| Equity funds                    | \$ 4,005,117                      | \$ 4,005,117                                       |
| Balanced funds                  | 1,118,543                         | 1,118,543                                          |
| Fixed income funds              | 1,240,304                         | 1,240,304                                          |
|                                 | <u>\$ 6,363,964</u>               | <u>\$ 6,363,964</u>                                |

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end, which qualifies as a Level 1 input.

**Note E--Termination of the Plan**

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Plan Administrator may:

- a) Continue to administer the Plan and pay account balances in accordance with the provisions of the Plan to a participant upon his/her termination of employment, or to his/her beneficiaries upon a participant's death, until the Plan has been liquidated; or
- b) Distribute the assets remaining in the Plan, after payment of any expenses, to participants and beneficiaries in proportion to their respective account balances.

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note F--Tax Status and Uncertain Tax Positions**

The Employer adopted a Prototype Non-standardized Profit-Sharing Plan (cash or deferral arrangement) which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's Form 5500, *Annual Return/Report of Employee Benefit Plan*, for 2008 through 2010 are subject to examination by the IRS. In evaluating the Plan's tax status and potential liabilities, interpretations and tax strategies are considered. For the years ended December 31, 2011 and 2010, the Plan determined it did not have any uncertain tax positions and the Plan did not accrue any associated interest or penalties related to those positions.

**Note G--Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by PNC Investments, a subsidiary of PNC Bank, the Custodian as defined by the Plan as of October 1, 2010 and, therefore, these transactions qualify as party-in-interest transactions. During 2011 and 2010, fees paid by the Plan for investment management services to PNC Bank amount to \$6,465 and \$1,350, respectively.

**Note H--Risks and Uncertainties**

The Plan provides for various investment options in any combination of various mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500**

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

|                                                                                         | <b>December 31</b>  |                     |
|-----------------------------------------------------------------------------------------|---------------------|---------------------|
|                                                                                         | <b>2011</b>         | <b>2010</b>         |
| <b>Net Assets Available for Benefits per the Financial Statements</b>                   | \$ 6,723,789        | \$ 6,380,441        |
| Participant contributions and employer matching contributions not recorded by Custodian | (7,097)             | (35,222)            |
| Refund liability not recorded by Custodian                                              | 18,603              | 18,745              |
| <b>Net Assets Available for Benefits per Schedule H of the Form 5500</b>                | <b>\$ 6,735,295</b> | <b>\$ 6,363,964</b> |

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500:

|                                                                                 | <b>December 31</b> |                   |
|---------------------------------------------------------------------------------|--------------------|-------------------|
|                                                                                 | <b>2011</b>        | <b>2010</b>       |
| <b>Participants' Contributions per the Financial Statements</b>                 | \$ 731,457         | \$ 713,486        |
| Amount of participant's contributions not recorded by Custodian in prior year   | 30,851             | 34,323            |
| Amount of participant's contributions not recorded by Custodian in current year | (6,077)            | (30,851)          |
| <b>Participants' Contributions per Schedule H of Form 5500</b>                  | <b>\$ 756,231</b>  | <b>\$ 716,958</b> |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued**

The following is a reconciliation of employer's contributions per the financial statements to Schedule H of Form 5500:

|                                                                                          | <b>December 31</b>       |                         |
|------------------------------------------------------------------------------------------|--------------------------|-------------------------|
|                                                                                          | <b>2011</b>              | <b>2010</b>             |
| <b>Employer's Contributions per the Financial Statements</b>                             | \$ 96,720                | \$ 90,897               |
| Amount of employer's matching contributions<br>not recorded by Custodian in prior year   | 4,371                    | 4,301                   |
| Amount of employer's matching contributions<br>not recorded by Custodian in current year | <u>(1,020)</u>           | <u>(4,371)</u>          |
| <b>Employer's Contributions per<br/>Schedule H of Form 5500</b>                          | <u><u>\$ 100,071</u></u> | <u><u>\$ 90,827</u></u> |

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

|                                                                      | <b>December 31</b>       |                          |
|----------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                      | <b>2011</b>              | <b>2010</b>              |
| <b>Benefits Paid to Participants per the Financial Statements</b>    | \$ 232,627               | \$ 336,629               |
| Current year refund liability not recorded by<br>Custodian           | (18,603)                 | (18,744)                 |
| Prior year refund liability not recorded by<br>Custodian             | <u>18,744</u>            | <u>          </u>        |
| <b>Benefits Paid to Participants per<br/>Schedule H of Form 5500</b> | <u><u>\$ 232,768</u></u> | <u><u>\$ 317,885</u></u> |

**Supplemental Schedule -  
Schedule H, Part IV (Form 5500)**

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**  
**EIN: 61-0732657**  
**Plan #001**

Year Ended December 31, 2011

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Fair Value   |
|-----|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|
| *   | PNC Investments                                                     | Money Market Fund                                                                                                      | **          | \$ 726,155          |
| *   | PNC Investments                                                     | Government Mortgage<br>Fund Class I                                                                                    | **          | 897,581             |
|     | Pimco Funds                                                         | Total Return Admin Fund                                                                                                | **          | 419,215             |
|     | Selected American Funds                                             | Selected American Shares Fund                                                                                          | **          | 331,118             |
|     | Janus Funds                                                         | Janus Fund                                                                                                             | **          | 1,286,514           |
|     | Janus Funds                                                         | Twenty Fund                                                                                                            | **          | 151,844             |
|     | Artio Global Investors                                              | International Equity Fund Class A                                                                                      | **          | 464,461             |
|     | Baron Asset Funds                                                   | Small Cap Fund                                                                                                         | **          | 213,047             |
|     | Goldman Sachs                                                       | Growth Opportunities Fund Class A                                                                                      | **          | 306,468             |
|     | Janus Funds                                                         | Balanced Fund Class S                                                                                                  | **          | 619,765             |
|     | MFS Investment<br>Management                                        | Value Fund Class A                                                                                                     | **          | 493,080             |
|     | American Century                                                    | Small Cap Value Fund                                                                                                   | **          | 273,195             |
|     | American Century                                                    | Equity Income Advanced Fund                                                                                            | **          | 192,318             |
| *   | PNC Investments                                                     | Mid Cap Value Fund                                                                                                     | **          | 172,292             |
| *   | PNC Investments                                                     | Large Cap Value Fund                                                                                                   | **          | 531                 |
|     | T Rowe Price Funds                                                  | Retirement Income Adv                                                                                                  | **          | 11,061              |
|     | T Rowe Price Funds                                                  | Retirement 2010 Fund                                                                                                   | **          | 16,678              |
|     | T Rowe Price Funds                                                  | Retirement 2020 Fund                                                                                                   | **          | 49,878              |
|     | T Rowe Price Funds                                                  | Retirement 2030 Fund                                                                                                   | **          | 85,328              |
|     | T Rowe Price Funds                                                  | Retirement 2040 Fund                                                                                                   | **          | 23,745              |
|     | T Rowe Price Funds                                                  | Retirement 2050 Fund                                                                                                   | **          | 1,021               |
|     |                                                                     |                                                                                                                        | <u>\$ -</u> | <u>\$ 6,735,295</u> |

\* Identified as a party-in-interest

\*\* Cost information is omitted because all investments are participant directed.

See Independent Auditors' Report

**Strothman & Company P S C**

Certified Public Accountants & Advisors



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Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**

December 31, 2011 and 2010

|                                           |          |
|-------------------------------------------|----------|
| <b>Independent Auditors' Report .....</b> | <b>1</b> |
|-------------------------------------------|----------|

**Financial Statements**

|                                                                  |   |
|------------------------------------------------------------------|---|
| Statements of Net Assets Available for Benefits .....            | 2 |
| Statements of Changes in Net Assets Available for Benefits ..... | 3 |
| Notes to Financial Statements .....                              | 4 |

**Supplemental Schedule – Schedule H, Part IV (Form 5500)**

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year) ..... | 12 |
|-------------------------------------------------------------------------------------------|----|

## Independent Auditors' Report



Board of Trustees  
Laboratory Supply Company  
401(k) Profit Sharing Plan  
Louisville, Kentucky

We were engaged to audit the financial statements of Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and D, which was certified by PNC Bank, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Strothman & Company PSC*

Louisville, Kentucky  
July 25, 2012

Statements of Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                          | <b>December 31</b>         |                            |
|------------------------------------------|----------------------------|----------------------------|
|                                          | <b>2011</b>                | <b>2010</b>                |
| <b>Investments</b> , at fair value       | \$ 6,735,295               | \$ 6,363,964               |
| <b>Receivables</b>                       |                            |                            |
| Participants' contributions              | 6,077                      | 30,851                     |
| Employer's contributions                 | <u>1,020</u>               | <u>4,371</u>               |
| <b>Total Receivables</b>                 | <u>7,097</u>               | <u>35,222</u>              |
| <b>Total Assets</b>                      | 6,742,392                  | 6,399,186                  |
| <b>Liabilities</b>                       |                            |                            |
| Excess contributions payable             | <u>18,603</u>              | <u>18,745</u>              |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 6,723,789</u></u> | <u><u>\$ 6,380,441</u></u> |

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                                                | <b>Year Ended December 31</b> |                     |
|----------------------------------------------------------------|-------------------------------|---------------------|
|                                                                | <b>2011</b>                   | <b>2010</b>         |
| <b>Additions to Net Assets</b>                                 |                               |                     |
| Contributions:                                                 |                               |                     |
| Participants' contributions                                    | \$ 731,457                    | \$ 713,486          |
| Employer's contributions                                       | 96,720                        | 90,897              |
| <b>Total Contributions</b>                                     | 828,177                       | 804,383             |
| Investment income:                                             |                               |                     |
| Net appreciation in fair value of investments                  |                               | 529,535             |
| Interest and dividend income                                   | 123,464                       | 53,966              |
| <b>Total Investment Income</b>                                 | 123,464                       | 583,501             |
| <b>Total Additions to Net Assets</b>                           | 951,641                       | 1,387,884           |
| <b>Deductions from Net Assets</b>                              |                               |                     |
| Benefits paid to participants                                  | 232,627                       | 336,629             |
| Net depreciation in fair value of investments                  | 369,201                       |                     |
| Custodian fees                                                 | 6,465                         | 5,377               |
| <b>Total Deductions from Net Assets</b>                        | 608,293                       | 342,006             |
| <b>Increase in Net Assets<br/>Available for Benefits</b>       | 343,348                       | 1,045,878           |
| <b>Net Assets Available for Benefits<br/>Beginning of Year</b> | 6,380,441                     | 5,334,563           |
| <b>Net Assets Available for Benefits<br/>End of Year</b>       | <u>\$ 6,723,789</u>           | <u>\$ 6,380,441</u> |

See Notes to Financial Statements

Notes to Financial Statements

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan**

The following description of the Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**--The Plan is a defined contribution plan sponsored by Laboratory Supply Company (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Eligibility**--An employee shall become a participant in the Plan on the first entry date (January 1, April 1, July 1 or October 1) coincident with or immediately following attainment of age twenty-one and the completion of one year of service, defined as a twelve consecutive month period in which the employee completes 1,000 hours of service.

**Contributions and Funding**--A participant may contribute up to a maximum of 50% of pretax annual compensation, subject to Internal Revenue Code limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for a discretionary Employer matching contribution. During 2011 and 2010, the Employer made monthly matching contributions equal to three percent of participant contributions up to a maximum of one percent of gross wages. The Employer may also make additional annual profit sharing contributions to the Plan at its discretion. There were no profit sharing contributions made during 2011 or 2010.

**Participant Accounts**--Each participant's account is credited with the participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined.

**Vesting**--Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion of their accounts plus earnings thereon is based on years of continuous service, with a participant becoming partially vested (20%) after two years of service and fully vested (100%) after six years of service.

**Investment Options**--Upon enrollment in the Plan, a participant may direct his/her contributions in five percent increments to various investment options available as set forth in the Plan.

**Forfeitures**--When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Employer's matching contributions for the Plan year. However, if the participant is re-employed and fulfills certain requirements as defined by the Plan, the participant's account will be reinstated.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan--Continued**

During 2011 and 2010, the Employer's contributions were reduced by \$1,221 and \$5,067 from forfeited nonvested accounts, respectively. As of December 31, 2011 and 2010, the Plan had \$2,158 and \$2,156 available to be used to reduce Employer contributions in future years.

**Benefits**--Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly installment payments of substantially equal amounts made over the participant's life expectancy (or life expectancy of spouse), in a form authorized by the Internal Revenue Service and approved by the Plan Administrator. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Benefit distributions of \$232,627 and \$336,629 for the plan years ended December 31, 2011 and 2010, respectively, include payments of \$18,603 and \$18,745 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statements of net assets available for benefits as excess contributions payable at December 31, 2011 and 2010.

At December 31, 2011 and 2010, \$135,343 and \$53,246, respectively, have been allocated to participants who have elected to withdraw from the Plan but have not yet been paid.

**Note B--Summary of Significant Accounting Policies**

**Basis of Accounting**--The financial statements of the Plan are prepared on the accrual method of accounting.

**Investment Valuation and Income Recognition**--The Plan's investments are stated at fair value.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized gains or losses on those investments.

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.

**Benefit Payments**--Benefits are recorded when paid.

**Administrative Expenses**--Administrative expenses of the Plan are generally paid directly by the Employer.

Certain administrative functions are performed by employees of the Employer; however, no employee receives compensation from the Plan.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note B--Summary of Significant Accounting Policies**

**Estimates**--The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Subsequent Events**--In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 25, 2012, the date the financial statements were available to be issued.

**Note C--Information Certified by the Custodian**

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has obtained certifications from PNC Bank, (the "Custodian"), that the information provided regarding investments described below and described in Note D as of December 31, 2011 and 2010, and in the schedule of assets (held at end of year) as of December 31, 2011, and investment income reflected in the statements of changes in net assets available for benefits for the years then ended is complete and accurate.

The following presents a summary of the Plan's investments:

| Description of Investments                                                      | December 31  |              |
|---------------------------------------------------------------------------------|--------------|--------------|
|                                                                                 | 2011         | 2010         |
| PNC Money Market Fund, 722,542 and 454,546 shares, respectively                 | \$ 726,155 * | \$ 456,543 * |
| PNC Government Mortgage Fund Class I, 80,665 and 73,982 shares, respectively    | 897,581 *    | 783,761 *    |
| Janus Fund, 47,125 and 44,626 shares, respectively                              | 1,286,514 *  | 1,300,398 *  |
| MFS Value Class A Fund, 22,032 and 20,047 shares, respectively                  | 493,080 *    | 457,277 *    |
| Pimco Total Return Admin Fund, 38,566 and 27,461 shares, respectively           | 419,215 *    | 362,384 *    |
| Selected American Shares Fund, 8,389 and 8,566 shares, respectively             | 331,118      | 354,972 *    |
| Artio International Equity Fund Class A, 21,016 and 20,871 shares, respectively | 464,461 *    | 613,810 *    |
| Janus Balanced Fund Class S, 25,317 and 23,042 shares                           | 619,765 *    | 578,116 *    |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note C--Information Certified by the Custodians--Continued**

| <b>Description of Investments</b>                                            | <b>December 31</b>         |                            |
|------------------------------------------------------------------------------|----------------------------|----------------------------|
|                                                                              | <b>2011</b>                | <b>2010</b>                |
| Goldman Sachs Growth Opportunities Fund<br>Class A, 14,834 and 13,561 shares | 306,468                    | 311,363 *                  |
| Other investments, less than 5% of Plan net assets                           | <u>1,190,938</u>           | <u>1,145,340</u>           |
| <b>Total Investments, at fair value</b>                                      | <b><u>\$ 6,735,295</u></b> | <b><u>\$ 6,363,964</u></b> |

\* Represents 5% or more of total Plan net assets

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value and had interest and dividend income as follows:

|                                                              | <b>December 31</b> |             |
|--------------------------------------------------------------|--------------------|-------------|
|                                                              | <b>2011</b>        | <b>2010</b> |
| Net appreciation (depreciation) in fair value of investments | \$ (369,201)       | \$ 529,535  |
| Interest and dividend income                                 | 123,464            | 53,966      |

**Note D--Fair Value Measurements**

The following table presents the fair value of investments at December 31, 2011 and 2010:

|                                 | <b>Fair Value<br/>Measurements Using:</b> |                                                              |
|---------------------------------|-------------------------------------------|--------------------------------------------------------------|
|                                 | <b>Fair Value</b>                         | <b>Quoted Prices<br/>in Active<br/>Markets<br/>(Level 1)</b> |
| <b><u>December 31, 2011</u></b> |                                           |                                                              |
| Mutual Funds:                   |                                           |                                                              |
| Equity funds                    | \$ 3,884,868                              | \$ 3,884,868                                                 |
| Balanced funds                  | 1,226,691                                 | 1,226,691                                                    |
| Fixed income funds              | <u>1,623,736</u>                          | <u>1,623,736</u>                                             |
|                                 | <b><u>\$ 6,735,295</u></b>                | <b><u>\$ 6,735,295</u></b>                                   |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note D--Fair Value Measurements--Continued**

|                                 | Fair Value Measurements Using: |                                           |
|---------------------------------|--------------------------------|-------------------------------------------|
|                                 | Fair Value                     | Quoted Prices in Active Markets (Level 1) |
| <b><u>December 31, 2010</u></b> |                                |                                           |
| Mutual Funds:                   |                                |                                           |
| Equity funds                    | \$ 4,005,117                   | \$ 4,005,117                              |
| Balanced funds                  | 1,118,543                      | 1,118,543                                 |
| Fixed income funds              | 1,240,304                      | 1,240,304                                 |
|                                 | <u>\$ 6,363,964</u>            | <u>\$ 6,363,964</u>                       |

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end, which qualifies as a Level 1 input.

**Note E--Termination of the Plan**

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Plan Administrator may:

- a) Continue to administer the Plan and pay account balances in accordance with the provisions of the Plan to a participant upon his/her termination of employment, or to his/her beneficiaries upon a participant's death, until the Plan has been liquidated; or
- b) Distribute the assets remaining in the Plan, after payment of any expenses, to participants and beneficiaries in proportion to their respective account balances.

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note F--Tax Status and Uncertain Tax Positions**

The Employer adopted a Prototype Non-standardized Profit-Sharing Plan (cash or deferral arrangement) which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's Form 5500, *Annual Return/Report of Employee Benefit Plan*, for 2008 through 2010 are subject to examination by the IRS. In evaluating the Plan's tax status and potential liabilities, interpretations and tax strategies are considered. For the years ended December 31, 2011 and 2010, the Plan determined it did not have any uncertain tax positions and the Plan did not accrue any associated interest or penalties related to those positions.

**Note G--Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by PNC Investments, a subsidiary of PNC Bank, the Custodian as defined by the Plan as of October 1, 2010 and, therefore, these transactions qualify as party-in-interest transactions. During 2011 and 2010, fees paid by the Plan for investment management services to PNC Bank amount to \$6,465 and \$1,350, respectively.

**Note H--Risks and Uncertainties**

The Plan provides for various investment options in any combination of various mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500**

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

|                                                                                         | <b>December 31</b>  |                     |
|-----------------------------------------------------------------------------------------|---------------------|---------------------|
|                                                                                         | <b>2011</b>         | <b>2010</b>         |
| <b>Net Assets Available for Benefits per the Financial Statements</b>                   | \$ 6,723,789        | \$ 6,380,441        |
| Participant contributions and employer matching contributions not recorded by Custodian | (7,097)             | (35,222)            |
| Refund liability not recorded by Custodian                                              | 18,603              | 18,745              |
| <b>Net Assets Available for Benefits per Schedule H of the Form 5500</b>                | <b>\$ 6,735,295</b> | <b>\$ 6,363,964</b> |

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500:

|                                                                                 | <b>December 31</b> |                   |
|---------------------------------------------------------------------------------|--------------------|-------------------|
|                                                                                 | <b>2011</b>        | <b>2010</b>       |
| <b>Participants' Contributions per the Financial Statements</b>                 | \$ 731,457         | \$ 713,486        |
| Amount of participant's contributions not recorded by Custodian in prior year   | 30,851             | 34,323            |
| Amount of participant's contributions not recorded by Custodian in current year | (6,077)            | (30,851)          |
| <b>Participants' Contributions per Schedule H of Form 5500</b>                  | <b>\$ 756,231</b>  | <b>\$ 716,958</b> |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued**

The following is a reconciliation of employer's contributions per the financial statements to Schedule H of Form 5500:

|                                                                                          | <b>December 31</b>       |                         |
|------------------------------------------------------------------------------------------|--------------------------|-------------------------|
|                                                                                          | <b>2011</b>              | <b>2010</b>             |
| <b>Employer's Contributions per the Financial Statements</b>                             | \$ 96,720                | \$ 90,897               |
| Amount of employer's matching contributions<br>not recorded by Custodian in prior year   | 4,371                    | 4,301                   |
| Amount of employer's matching contributions<br>not recorded by Custodian in current year | <u>(1,020)</u>           | <u>(4,371)</u>          |
| <b>Employer's Contributions per<br/>Schedule H of Form 5500</b>                          | <u><u>\$ 100,071</u></u> | <u><u>\$ 90,827</u></u> |

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

|                                                                      | <b>December 31</b>       |                          |
|----------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                      | <b>2011</b>              | <b>2010</b>              |
| <b>Benefits Paid to Participants per the Financial Statements</b>    | \$ 232,627               | \$ 336,629               |
| Current year refund liability not recorded by<br>Custodian           | (18,603)                 | (18,744)                 |
| Prior year refund liability not recorded by<br>Custodian             | <u>18,744</u>            | <u>          </u>        |
| <b>Benefits Paid to Participants per<br/>Schedule H of Form 5500</b> | <u><u>\$ 232,768</u></u> | <u><u>\$ 317,885</u></u> |

**Supplemental Schedule -  
Schedule H, Part IV (Form 5500)**

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**  
**EIN: 61-0732657**  
**Plan #001**

Year Ended December 31, 2011

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Fair Value   |
|-----|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|
| *   | PNC Investments                                                     | Money Market Fund                                                                                                      | **          | \$ 726,155          |
| *   | PNC Investments                                                     | Government Mortgage<br>Fund Class I                                                                                    | **          | 897,581             |
|     | Pimco Funds                                                         | Total Return Admin Fund                                                                                                | **          | 419,215             |
|     | Selected American Funds                                             | Selected American Shares Fund                                                                                          | **          | 331,118             |
|     | Janus Funds                                                         | Janus Fund                                                                                                             | **          | 1,286,514           |
|     | Janus Funds                                                         | Twenty Fund                                                                                                            | **          | 151,844             |
|     | Artio Global Investors                                              | International Equity Fund Class A                                                                                      | **          | 464,461             |
|     | Baron Asset Funds                                                   | Small Cap Fund                                                                                                         | **          | 213,047             |
|     | Goldman Sachs                                                       | Growth Opportunities Fund Class A                                                                                      | **          | 306,468             |
|     | Janus Funds                                                         | Balanced Fund Class S                                                                                                  | **          | 619,765             |
|     | MFS Investment<br>Management                                        | Value Fund Class A                                                                                                     | **          | 493,080             |
|     | American Century                                                    | Small Cap Value Fund                                                                                                   | **          | 273,195             |
|     | American Century                                                    | Equity Income Advanced Fund                                                                                            | **          | 192,318             |
| *   | PNC Investments                                                     | Mid Cap Value Fund                                                                                                     | **          | 172,292             |
| *   | PNC Investments                                                     | Large Cap Value Fund                                                                                                   | **          | 531                 |
|     | T Rowe Price Funds                                                  | Retirement Income Adv                                                                                                  | **          | 11,061              |
|     | T Rowe Price Funds                                                  | Retirement 2010 Fund                                                                                                   | **          | 16,678              |
|     | T Rowe Price Funds                                                  | Retirement 2020 Fund                                                                                                   | **          | 49,878              |
|     | T Rowe Price Funds                                                  | Retirement 2030 Fund                                                                                                   | **          | 85,328              |
|     | T Rowe Price Funds                                                  | Retirement 2040 Fund                                                                                                   | **          | 23,745              |
|     | T Rowe Price Funds                                                  | Retirement 2050 Fund                                                                                                   | **          | 1,021               |
|     |                                                                     |                                                                                                                        | <u>\$ -</u> | <u>\$ 6,735,295</u> |

\* Identified as a party-in-interest

\*\* Cost information is omitted because all investments are participant directed.

See Independent Auditors' Report

**Strothman & Company P S C**

Certified Public Accountants & Advisors



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Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**

December 31, 2011 and 2010

|                                           |          |
|-------------------------------------------|----------|
| <b>Independent Auditors' Report .....</b> | <b>1</b> |
|-------------------------------------------|----------|

**Financial Statements**

|                                                                  |   |
|------------------------------------------------------------------|---|
| Statements of Net Assets Available for Benefits .....            | 2 |
| Statements of Changes in Net Assets Available for Benefits ..... | 3 |
| Notes to Financial Statements .....                              | 4 |

**Supplemental Schedule – Schedule H, Part IV (Form 5500)**

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year) ..... | 12 |
|-------------------------------------------------------------------------------------------|----|

## Independent Auditors' Report



Board of Trustees  
Laboratory Supply Company  
401(k) Profit Sharing Plan  
Louisville, Kentucky

We were engaged to audit the financial statements of Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and D, which was certified by PNC Bank, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Strothman & Company PSC*

Louisville, Kentucky  
July 25, 2012

Statements of Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                          | <b>December 31</b>         |                            |
|------------------------------------------|----------------------------|----------------------------|
|                                          | <b>2011</b>                | <b>2010</b>                |
| <b>Investments</b> , at fair value       | \$ 6,735,295               | \$ 6,363,964               |
| <b>Receivables</b>                       |                            |                            |
| Participants' contributions              | 6,077                      | 30,851                     |
| Employer's contributions                 | <u>1,020</u>               | <u>4,371</u>               |
| <b>Total Receivables</b>                 | <u>7,097</u>               | <u>35,222</u>              |
| <b>Total Assets</b>                      | 6,742,392                  | 6,399,186                  |
| <b>Liabilities</b>                       |                            |                            |
| Excess contributions payable             | <u>18,603</u>              | <u>18,745</u>              |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 6,723,789</u></u> | <u><u>\$ 6,380,441</u></u> |

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                                                | <b>Year Ended December 31</b> |                     |
|----------------------------------------------------------------|-------------------------------|---------------------|
|                                                                | <b>2011</b>                   | <b>2010</b>         |
| <b>Additions to Net Assets</b>                                 |                               |                     |
| Contributions:                                                 |                               |                     |
| Participants' contributions                                    | \$ 731,457                    | \$ 713,486          |
| Employer's contributions                                       | 96,720                        | 90,897              |
| <b>Total Contributions</b>                                     | 828,177                       | 804,383             |
| Investment income:                                             |                               |                     |
| Net appreciation in fair value of investments                  |                               | 529,535             |
| Interest and dividend income                                   | 123,464                       | 53,966              |
| <b>Total Investment Income</b>                                 | 123,464                       | 583,501             |
| <b>Total Additions to Net Assets</b>                           | 951,641                       | 1,387,884           |
| <b>Deductions from Net Assets</b>                              |                               |                     |
| Benefits paid to participants                                  | 232,627                       | 336,629             |
| Net depreciation in fair value of investments                  | 369,201                       |                     |
| Custodian fees                                                 | 6,465                         | 5,377               |
| <b>Total Deductions from Net Assets</b>                        | 608,293                       | 342,006             |
| <b>Increase in Net Assets<br/>Available for Benefits</b>       | 343,348                       | 1,045,878           |
| <b>Net Assets Available for Benefits<br/>Beginning of Year</b> | 6,380,441                     | 5,334,563           |
| <b>Net Assets Available for Benefits<br/>End of Year</b>       | <u>\$ 6,723,789</u>           | <u>\$ 6,380,441</u> |

See Notes to Financial Statements

Notes to Financial Statements

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan**

The following description of the Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**--The Plan is a defined contribution plan sponsored by Laboratory Supply Company (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Eligibility**--An employee shall become a participant in the Plan on the first entry date (January 1, April 1, July 1 or October 1) coincident with or immediately following attainment of age twenty-one and the completion of one year of service, defined as a twelve consecutive month period in which the employee completes 1,000 hours of service.

**Contributions and Funding**--A participant may contribute up to a maximum of 50% of pretax annual compensation, subject to Internal Revenue Code limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for a discretionary Employer matching contribution. During 2011 and 2010, the Employer made monthly matching contributions equal to three percent of participant contributions up to a maximum of one percent of gross wages. The Employer may also make additional annual profit sharing contributions to the Plan at its discretion. There were no profit sharing contributions made during 2011 or 2010.

**Participant Accounts**--Each participant's account is credited with the participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined.

**Vesting**--Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion of their accounts plus earnings thereon is based on years of continuous service, with a participant becoming partially vested (20%) after two years of service and fully vested (100%) after six years of service.

**Investment Options**--Upon enrollment in the Plan, a participant may direct his/her contributions in five percent increments to various investment options available as set forth in the Plan.

**Forfeitures**--When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Employer's matching contributions for the Plan year. However, if the participant is re-employed and fulfills certain requirements as defined by the Plan, the participant's account will be reinstated.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan--Continued**

During 2011 and 2010, the Employer's contributions were reduced by \$1,221 and \$5,067 from forfeited nonvested accounts, respectively. As of December 31, 2011 and 2010, the Plan had \$2,158 and \$2,156 available to be used to reduce Employer contributions in future years.

**Benefits**--Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly installment payments of substantially equal amounts made over the participant's life expectancy (or life expectancy of spouse), in a form authorized by the Internal Revenue Service and approved by the Plan Administrator. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Benefit distributions of \$232,627 and \$336,629 for the plan years ended December 31, 2011 and 2010, respectively, include payments of \$18,603 and \$18,745 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statements of net assets available for benefits as excess contributions payable at December 31, 2011 and 2010.

At December 31, 2011 and 2010, \$135,343 and \$53,246, respectively, have been allocated to participants who have elected to withdraw from the Plan but have not yet been paid.

**Note B--Summary of Significant Accounting Policies**

**Basis of Accounting**--The financial statements of the Plan are prepared on the accrual method of accounting.

**Investment Valuation and Income Recognition**--The Plan's investments are stated at fair value.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized gains or losses on those investments.

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.

**Benefit Payments**--Benefits are recorded when paid.

**Administrative Expenses**--Administrative expenses of the Plan are generally paid directly by the Employer.

Certain administrative functions are performed by employees of the Employer; however, no employee receives compensation from the Plan.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note B--Summary of Significant Accounting Policies**

**Estimates**--The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Subsequent Events**--In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 25, 2012, the date the financial statements were available to be issued.

**Note C--Information Certified by the Custodian**

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has obtained certifications from PNC Bank, (the "Custodian"), that the information provided regarding investments described below and described in Note D as of December 31, 2011 and 2010, and in the schedule of assets (held at end of year) as of December 31, 2011, and investment income reflected in the statements of changes in net assets available for benefits for the years then ended is complete and accurate.

The following presents a summary of the Plan's investments:

| Description of Investments                                                      | December 31  |              |
|---------------------------------------------------------------------------------|--------------|--------------|
|                                                                                 | 2011         | 2010         |
| PNC Money Market Fund, 722,542 and 454,546 shares, respectively                 | \$ 726,155 * | \$ 456,543 * |
| PNC Government Mortgage Fund Class I, 80,665 and 73,982 shares, respectively    | 897,581 *    | 783,761 *    |
| Janus Fund, 47,125 and 44,626 shares, respectively                              | 1,286,514 *  | 1,300,398 *  |
| MFS Value Class A Fund, 22,032 and 20,047 shares, respectively                  | 493,080 *    | 457,277 *    |
| Pimco Total Return Admin Fund, 38,566 and 27,461 shares, respectively           | 419,215 *    | 362,384 *    |
| Selected American Shares Fund, 8,389 and 8,566 shares, respectively             | 331,118      | 354,972 *    |
| Artio International Equity Fund Class A, 21,016 and 20,871 shares, respectively | 464,461 *    | 613,810 *    |
| Janus Balanced Fund Class S, 25,317 and 23,042 shares                           | 619,765 *    | 578,116 *    |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note C--Information Certified by the Custodians--Continued**

| <u>Description of Investments</u>                                            | <u>December 31</u>         |                            |
|------------------------------------------------------------------------------|----------------------------|----------------------------|
|                                                                              | <u>2011</u>                | <u>2010</u>                |
| Goldman Sachs Growth Opportunities Fund<br>Class A, 14,834 and 13,561 shares | 306,468                    | 311,363 *                  |
| Other investments, less than 5% of Plan net assets                           | <u>1,190,938</u>           | <u>1,145,340</u>           |
| <b>Total Investments, at fair value</b>                                      | <u><u>\$ 6,735,295</u></u> | <u><u>\$ 6,363,964</u></u> |

\* Represents 5% or more of total Plan net assets

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value and had interest and dividend income as follows:

|                                                              | <u>December 31</u> |             |
|--------------------------------------------------------------|--------------------|-------------|
|                                                              | <u>2011</u>        | <u>2010</u> |
| Net appreciation (depreciation) in fair value of investments | \$ (369,201)       | \$ 529,535  |
| Interest and dividend income                                 | 123,464            | 53,966      |

**Note D--Fair Value Measurements**

The following table presents the fair value of investments at December 31, 2011 and 2010:

|                                 | <u>Fair Value<br/>Measurements Using:</u> |                                                              |
|---------------------------------|-------------------------------------------|--------------------------------------------------------------|
|                                 | <u>Fair Value</u>                         | <u>Quoted Prices<br/>in Active<br/>Markets<br/>(Level 1)</u> |
| <b><u>December 31, 2011</u></b> |                                           |                                                              |
| Mutual Funds:                   |                                           |                                                              |
| Equity funds                    | \$ 3,884,868                              | \$ 3,884,868                                                 |
| Balanced funds                  | 1,226,691                                 | 1,226,691                                                    |
| Fixed income funds              | <u>1,623,736</u>                          | <u>1,623,736</u>                                             |
|                                 | <u><u>\$ 6,735,295</u></u>                | <u><u>\$ 6,735,295</u></u>                                   |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note D--Fair Value Measurements--Continued**

|                                 | Fair Value<br>Measurements Using: |                                                    |
|---------------------------------|-----------------------------------|----------------------------------------------------|
|                                 | Fair Value                        | Quoted Prices<br>in Active<br>Markets<br>(Level 1) |
| <b><u>December 31, 2010</u></b> |                                   |                                                    |
| Mutual Funds:                   |                                   |                                                    |
| Equity funds                    | \$ 4,005,117                      | \$ 4,005,117                                       |
| Balanced funds                  | 1,118,543                         | 1,118,543                                          |
| Fixed income funds              | 1,240,304                         | 1,240,304                                          |
|                                 | <u>\$ 6,363,964</u>               | <u>\$ 6,363,964</u>                                |

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end, which qualifies as a Level 1 input.

**Note E--Termination of the Plan**

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Plan Administrator may:

- a) Continue to administer the Plan and pay account balances in accordance with the provisions of the Plan to a participant upon his/her termination of employment, or to his/her beneficiaries upon a participant's death, until the Plan has been liquidated; or
- b) Distribute the assets remaining in the Plan, after payment of any expenses, to participants and beneficiaries in proportion to their respective account balances.

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note F--Tax Status and Uncertain Tax Positions**

The Employer adopted a Prototype Non-standardized Profit-Sharing Plan (cash or deferral arrangement) which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's Form 5500, *Annual Return/Report of Employee Benefit Plan*, for 2008 through 2010 are subject to examination by the IRS. In evaluating the Plan's tax status and potential liabilities, interpretations and tax strategies are considered. For the years ended December 31, 2011 and 2010, the Plan determined it did not have any uncertain tax positions and the Plan did not accrue any associated interest or penalties related to those positions.

**Note G--Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by PNC Investments, a subsidiary of PNC Bank, the Custodian as defined by the Plan as of October 1, 2010 and, therefore, these transactions qualify as party-in-interest transactions. During 2011 and 2010, fees paid by the Plan for investment management services to PNC Bank amount to \$6,465 and \$1,350, respectively.

**Note H--Risks and Uncertainties**

The Plan provides for various investment options in any combination of various mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500**

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

|                                                                                         | <b>December 31</b>  |                     |
|-----------------------------------------------------------------------------------------|---------------------|---------------------|
|                                                                                         | <b>2011</b>         | <b>2010</b>         |
| <b>Net Assets Available for Benefits per the Financial Statements</b>                   | \$ 6,723,789        | \$ 6,380,441        |
| Participant contributions and employer matching contributions not recorded by Custodian | (7,097)             | (35,222)            |
| Refund liability not recorded by Custodian                                              | 18,603              | 18,745              |
| <b>Net Assets Available for Benefits per Schedule H of the Form 5500</b>                | <b>\$ 6,735,295</b> | <b>\$ 6,363,964</b> |

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500:

|                                                                                 | <b>December 31</b> |                   |
|---------------------------------------------------------------------------------|--------------------|-------------------|
|                                                                                 | <b>2011</b>        | <b>2010</b>       |
| <b>Participants' Contributions per the Financial Statements</b>                 | \$ 731,457         | \$ 713,486        |
| Amount of participant's contributions not recorded by Custodian in prior year   | 30,851             | 34,323            |
| Amount of participant's contributions not recorded by Custodian in current year | (6,077)            | (30,851)          |
| <b>Participants' Contributions per Schedule H of Form 5500</b>                  | <b>\$ 756,231</b>  | <b>\$ 716,958</b> |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued**

The following is a reconciliation of employer's contributions per the financial statements to Schedule H of Form 5500:

|                                                                                          | <b>December 31</b>       |                         |
|------------------------------------------------------------------------------------------|--------------------------|-------------------------|
|                                                                                          | <b>2011</b>              | <b>2010</b>             |
| <b>Employer's Contributions per the Financial Statements</b>                             | \$ 96,720                | \$ 90,897               |
| Amount of employer's matching contributions<br>not recorded by Custodian in prior year   | 4,371                    | 4,301                   |
| Amount of employer's matching contributions<br>not recorded by Custodian in current year | <u>(1,020)</u>           | <u>(4,371)</u>          |
| <b>Employer's Contributions per<br/>Schedule H of Form 5500</b>                          | <u><u>\$ 100,071</u></u> | <u><u>\$ 90,827</u></u> |

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

|                                                                      | <b>December 31</b>       |                          |
|----------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                      | <b>2011</b>              | <b>2010</b>              |
| <b>Benefits Paid to Participants per the Financial Statements</b>    | \$ 232,627               | \$ 336,629               |
| Current year refund liability not recorded by<br>Custodian           | (18,603)                 | (18,744)                 |
| Prior year refund liability not recorded by<br>Custodian             | <u>18,744</u>            | <u>          </u>        |
| <b>Benefits Paid to Participants per<br/>Schedule H of Form 5500</b> | <u><u>\$ 232,768</u></u> | <u><u>\$ 317,885</u></u> |

**Supplemental Schedule -  
Schedule H, Part IV (Form 5500)**

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**  
**EIN: 61-0732657**  
**Plan #001**

Year Ended December 31, 2011

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Fair Value   |
|-----|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|
| *   | PNC Investments                                                     | Money Market Fund                                                                                                      | **          | \$ 726,155          |
| *   | PNC Investments                                                     | Government Mortgage<br>Fund Class I                                                                                    | **          | 897,581             |
|     | Pimco Funds                                                         | Total Return Admin Fund                                                                                                | **          | 419,215             |
|     | Selected American Funds                                             | Selected American Shares Fund                                                                                          | **          | 331,118             |
|     | Janus Funds                                                         | Janus Fund                                                                                                             | **          | 1,286,514           |
|     | Janus Funds                                                         | Twenty Fund                                                                                                            | **          | 151,844             |
|     | Artio Global Investors                                              | International Equity Fund Class A                                                                                      | **          | 464,461             |
|     | Baron Asset Funds                                                   | Small Cap Fund                                                                                                         | **          | 213,047             |
|     | Goldman Sachs                                                       | Growth Opportunities Fund Class A                                                                                      | **          | 306,468             |
|     | Janus Funds                                                         | Balanced Fund Class S                                                                                                  | **          | 619,765             |
|     | MFS Investment<br>Management                                        | Value Fund Class A                                                                                                     | **          | 493,080             |
|     | American Century                                                    | Small Cap Value Fund                                                                                                   | **          | 273,195             |
|     | American Century                                                    | Equity Income Advanced Fund                                                                                            | **          | 192,318             |
| *   | PNC Investments                                                     | Mid Cap Value Fund                                                                                                     | **          | 172,292             |
| *   | PNC Investments                                                     | Large Cap Value Fund                                                                                                   | **          | 531                 |
|     | T Rowe Price Funds                                                  | Retirement Income Adv                                                                                                  | **          | 11,061              |
|     | T Rowe Price Funds                                                  | Retirement 2010 Fund                                                                                                   | **          | 16,678              |
|     | T Rowe Price Funds                                                  | Retirement 2020 Fund                                                                                                   | **          | 49,878              |
|     | T Rowe Price Funds                                                  | Retirement 2030 Fund                                                                                                   | **          | 85,328              |
|     | T Rowe Price Funds                                                  | Retirement 2040 Fund                                                                                                   | **          | 23,745              |
|     | T Rowe Price Funds                                                  | Retirement 2050 Fund                                                                                                   | **          | 1,021               |
|     |                                                                     |                                                                                                                        | <u>\$ -</u> | <u>\$ 6,735,295</u> |

\* Identified as a party-in-interest

\*\* Cost information is omitted because all investments are participant directed.

See Independent Auditors' Report

**Strothman & Company P S C**

Certified Public Accountants & Advisors



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Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

Audited Financial Statements  
and Supplemental Schedule

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**

December 31, 2011 and 2010

|                                           |          |
|-------------------------------------------|----------|
| <b>Independent Auditors' Report .....</b> | <b>1</b> |
|-------------------------------------------|----------|

**Financial Statements**

|                                                                  |   |
|------------------------------------------------------------------|---|
| Statements of Net Assets Available for Benefits .....            | 2 |
| Statements of Changes in Net Assets Available for Benefits ..... | 3 |
| Notes to Financial Statements .....                              | 4 |

**Supplemental Schedule – Schedule H, Part IV (Form 5500)**

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year) ..... | 12 |
|-------------------------------------------------------------------------------------------|----|

## Independent Auditors' Report



Board of Trustees  
Laboratory Supply Company  
401(k) Profit Sharing Plan  
Louisville, Kentucky

We were engaged to audit the financial statements of Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and D, which was certified by PNC Bank, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Strothman & Company PSC*

Louisville, Kentucky  
July 25, 2012

Statements of Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                          | <b>December 31</b>         |                            |
|------------------------------------------|----------------------------|----------------------------|
|                                          | <b>2011</b>                | <b>2010</b>                |
| <b>Investments</b> , at fair value       | \$ 6,735,295               | \$ 6,363,964               |
| <b>Receivables</b>                       |                            |                            |
| Participants' contributions              | 6,077                      | 30,851                     |
| Employer's contributions                 | <u>1,020</u>               | <u>4,371</u>               |
| <b>Total Receivables</b>                 | <u>7,097</u>               | <u>35,222</u>              |
| <b>Total Assets</b>                      | 6,742,392                  | 6,399,186                  |
| <b>Liabilities</b>                       |                            |                            |
| Excess contributions payable             | <u>18,603</u>              | <u>18,745</u>              |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 6,723,789</u></u> | <u><u>\$ 6,380,441</u></u> |

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

|                                                                | <b>Year Ended December 31</b> |                     |
|----------------------------------------------------------------|-------------------------------|---------------------|
|                                                                | <b>2011</b>                   | <b>2010</b>         |
| <b>Additions to Net Assets</b>                                 |                               |                     |
| Contributions:                                                 |                               |                     |
| Participants' contributions                                    | \$ 731,457                    | \$ 713,486          |
| Employer's contributions                                       | 96,720                        | 90,897              |
| <b>Total Contributions</b>                                     | 828,177                       | 804,383             |
| Investment income:                                             |                               |                     |
| Net appreciation in fair value of investments                  |                               | 529,535             |
| Interest and dividend income                                   | 123,464                       | 53,966              |
| <b>Total Investment Income</b>                                 | 123,464                       | 583,501             |
| <b>Total Additions to Net Assets</b>                           | 951,641                       | 1,387,884           |
| <b>Deductions from Net Assets</b>                              |                               |                     |
| Benefits paid to participants                                  | 232,627                       | 336,629             |
| Net depreciation in fair value of investments                  | 369,201                       |                     |
| Custodian fees                                                 | 6,465                         | 5,377               |
| <b>Total Deductions from Net Assets</b>                        | 608,293                       | 342,006             |
| <b>Increase in Net Assets<br/>Available for Benefits</b>       | 343,348                       | 1,045,878           |
| <b>Net Assets Available for Benefits<br/>Beginning of Year</b> | 6,380,441                     | 5,334,563           |
| <b>Net Assets Available for Benefits<br/>End of Year</b>       | <u>\$ 6,723,789</u>           | <u>\$ 6,380,441</u> |

See Notes to Financial Statements

Notes to Financial Statements

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan**

The following description of the Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**--The Plan is a defined contribution plan sponsored by Laboratory Supply Company (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Eligibility**--An employee shall become a participant in the Plan on the first entry date (January 1, April 1, July 1 or October 1) coincident with or immediately following attainment of age twenty-one and the completion of one year of service, defined as a twelve consecutive month period in which the employee completes 1,000 hours of service.

**Contributions and Funding**--A participant may contribute up to a maximum of 50% of pretax annual compensation, subject to Internal Revenue Code limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for a discretionary Employer matching contribution. During 2011 and 2010, the Employer made monthly matching contributions equal to three percent of participant contributions up to a maximum of one percent of gross wages. The Employer may also make additional annual profit sharing contributions to the Plan at its discretion. There were no profit sharing contributions made during 2011 or 2010.

**Participant Accounts**--Each participant's account is credited with the participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined.

**Vesting**--Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion of their accounts plus earnings thereon is based on years of continuous service, with a participant becoming partially vested (20%) after two years of service and fully vested (100%) after six years of service.

**Investment Options**--Upon enrollment in the Plan, a participant may direct his/her contributions in five percent increments to various investment options available as set forth in the Plan.

**Forfeitures**--When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Employer's matching contributions for the Plan year. However, if the participant is re-employed and fulfills certain requirements as defined by the Plan, the participant's account will be reinstated.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note A--Description of Plan--Continued**

During 2011 and 2010, the Employer's contributions were reduced by \$1,221 and \$5,067 from forfeited nonvested accounts, respectively. As of December 31, 2011 and 2010, the Plan had \$2,158 and \$2,156 available to be used to reduce Employer contributions in future years.

**Benefits**--Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly installment payments of substantially equal amounts made over the participant's life expectancy (or life expectancy of spouse), in a form authorized by the Internal Revenue Service and approved by the Plan Administrator. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Benefit distributions of \$232,627 and \$336,629 for the plan years ended December 31, 2011 and 2010, respectively, include payments of \$18,603 and \$18,745 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statements of net assets available for benefits as excess contributions payable at December 31, 2011 and 2010.

At December 31, 2011 and 2010, \$135,343 and \$53,246, respectively, have been allocated to participants who have elected to withdraw from the Plan but have not yet been paid.

**Note B--Summary of Significant Accounting Policies**

**Basis of Accounting**--The financial statements of the Plan are prepared on the accrual method of accounting.

**Investment Valuation and Income Recognition**--The Plan's investments are stated at fair value.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized gains or losses on those investments.

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.

**Benefit Payments**--Benefits are recorded when paid.

**Administrative Expenses**--Administrative expenses of the Plan are generally paid directly by the Employer.

Certain administrative functions are performed by employees of the Employer; however, no employee receives compensation from the Plan.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note B--Summary of Significant Accounting Policies**

**Estimates**--The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Subsequent Events**--In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 25, 2012, the date the financial statements were available to be issued.

**Note C--Information Certified by the Custodian**

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has obtained certifications from PNC Bank, (the "Custodian"), that the information provided regarding investments described below and described in Note D as of December 31, 2011 and 2010, and in the schedule of assets (held at end of year) as of December 31, 2011, and investment income reflected in the statements of changes in net assets available for benefits for the years then ended is complete and accurate.

The following presents a summary of the Plan's investments:

| Description of Investments                                                      | December 31  |              |
|---------------------------------------------------------------------------------|--------------|--------------|
|                                                                                 | 2011         | 2010         |
| PNC Money Market Fund, 722,542 and 454,546 shares, respectively                 | \$ 726,155 * | \$ 456,543 * |
| PNC Government Mortgage Fund Class I, 80,665 and 73,982 shares, respectively    | 897,581 *    | 783,761 *    |
| Janus Fund, 47,125 and 44,626 shares, respectively                              | 1,286,514 *  | 1,300,398 *  |
| MFS Value Class A Fund, 22,032 and 20,047 shares, respectively                  | 493,080 *    | 457,277 *    |
| Pimco Total Return Admin Fund, 38,566 and 27,461 shares, respectively           | 419,215 *    | 362,384 *    |
| Selected American Shares Fund, 8,389 and 8,566 shares, respectively             | 331,118      | 354,972 *    |
| Artio International Equity Fund Class A, 21,016 and 20,871 shares, respectively | 464,461 *    | 613,810 *    |
| Janus Balanced Fund Class S, 25,317 and 23,042 shares                           | 619,765 *    | 578,116 *    |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note C--Information Certified by the Custodians--Continued**

| <u>Description of Investments</u>                                            | <u>December 31</u>         |                            |
|------------------------------------------------------------------------------|----------------------------|----------------------------|
|                                                                              | <u>2011</u>                | <u>2010</u>                |
| Goldman Sachs Growth Opportunities Fund<br>Class A, 14,834 and 13,561 shares | 306,468                    | 311,363 *                  |
| Other investments, less than 5% of Plan net assets                           | <u>1,190,938</u>           | <u>1,145,340</u>           |
| <b>Total Investments, at fair value</b>                                      | <u><u>\$ 6,735,295</u></u> | <u><u>\$ 6,363,964</u></u> |

\* Represents 5% or more of total Plan net assets

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value and had interest and dividend income as follows:

|                                                              | <u>December 31</u> |             |
|--------------------------------------------------------------|--------------------|-------------|
|                                                              | <u>2011</u>        | <u>2010</u> |
| Net appreciation (depreciation) in fair value of investments | \$ (369,201)       | \$ 529,535  |
| Interest and dividend income                                 | 123,464            | 53,966      |

**Note D--Fair Value Measurements**

The following table presents the fair value of investments at December 31, 2011 and 2010:

|                                 | <u>Fair Value<br/>Measurements Using:</u> |                                                              |
|---------------------------------|-------------------------------------------|--------------------------------------------------------------|
|                                 | <u>Fair Value</u>                         | <u>Quoted Prices<br/>in Active<br/>Markets<br/>(Level 1)</u> |
| <b><u>December 31, 2011</u></b> |                                           |                                                              |
| Mutual Funds:                   |                                           |                                                              |
| Equity funds                    | \$ 3,884,868                              | \$ 3,884,868                                                 |
| Balanced funds                  | 1,226,691                                 | 1,226,691                                                    |
| Fixed income funds              | <u>1,623,736</u>                          | <u>1,623,736</u>                                             |
|                                 | <u><u>\$ 6,735,295</u></u>                | <u><u>\$ 6,735,295</u></u>                                   |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note D--Fair Value Measurements--Continued**

|                                 | Fair Value<br>Measurements Using: |                                                    |
|---------------------------------|-----------------------------------|----------------------------------------------------|
|                                 | Fair Value                        | Quoted Prices<br>in Active<br>Markets<br>(Level 1) |
| <b><u>December 31, 2010</u></b> |                                   |                                                    |
| Mutual Funds:                   |                                   |                                                    |
| Equity funds                    | \$ 4,005,117                      | \$ 4,005,117                                       |
| Balanced funds                  | 1,118,543                         | 1,118,543                                          |
| Fixed income funds              | 1,240,304                         | 1,240,304                                          |
|                                 | <u>\$ 6,363,964</u>               | <u>\$ 6,363,964</u>                                |

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end, which qualifies as a Level 1 input.

**Note E--Termination of the Plan**

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Plan Administrator may:

- a) Continue to administer the Plan and pay account balances in accordance with the provisions of the Plan to a participant upon his/her termination of employment, or to his/her beneficiaries upon a participant's death, until the Plan has been liquidated; or
- b) Distribute the assets remaining in the Plan, after payment of any expenses, to participants and beneficiaries in proportion to their respective account balances.

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note F--Tax Status and Uncertain Tax Positions**

The Employer adopted a Prototype Non-standardized Profit-Sharing Plan (cash or deferral arrangement) which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's Form 5500, *Annual Return/Report of Employee Benefit Plan*, for 2008 through 2010 are subject to examination by the IRS. In evaluating the Plan's tax status and potential liabilities, interpretations and tax strategies are considered. For the years ended December 31, 2011 and 2010, the Plan determined it did not have any uncertain tax positions and the Plan did not accrue any associated interest or penalties related to those positions.

**Note G--Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by PNC Investments, a subsidiary of PNC Bank, the Custodian as defined by the Plan as of October 1, 2010 and, therefore, these transactions qualify as party-in-interest transactions. During 2011 and 2010, fees paid by the Plan for investment management services to PNC Bank amount to \$6,465 and \$1,350, respectively.

**Note H--Risks and Uncertainties**

The Plan provides for various investment options in any combination of various mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500**

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

|                                                                                         | <b>December 31</b>  |                     |
|-----------------------------------------------------------------------------------------|---------------------|---------------------|
|                                                                                         | <b>2011</b>         | <b>2010</b>         |
| <b>Net Assets Available for Benefits per the Financial Statements</b>                   | \$ 6,723,789        | \$ 6,380,441        |
| Participant contributions and employer matching contributions not recorded by Custodian | (7,097)             | (35,222)            |
| Refund liability not recorded by Custodian                                              | 18,603              | 18,745              |
| <b>Net Assets Available for Benefits per Schedule H of the Form 5500</b>                | <b>\$ 6,735,295</b> | <b>\$ 6,363,964</b> |

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500:

|                                                                                 | <b>December 31</b> |                   |
|---------------------------------------------------------------------------------|--------------------|-------------------|
|                                                                                 | <b>2011</b>        | <b>2010</b>       |
| <b>Participants' Contributions per the Financial Statements</b>                 | \$ 731,457         | \$ 713,486        |
| Amount of participant's contributions not recorded by Custodian in prior year   | 30,851             | 34,323            |
| Amount of participant's contributions not recorded by Custodian in current year | (6,077)            | (30,851)          |
| <b>Participants' Contributions per Schedule H of Form 5500</b>                  | <b>\$ 756,231</b>  | <b>\$ 716,958</b> |

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company  
401(k) Profit Sharing Plan**

December 31, 2011 and 2010

**Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued**

The following is a reconciliation of employer's contributions per the financial statements to Schedule H of Form 5500:

|                                                                                          | <b>December 31</b>       |                         |
|------------------------------------------------------------------------------------------|--------------------------|-------------------------|
|                                                                                          | <b>2011</b>              | <b>2010</b>             |
| <b>Employer's Contributions per the Financial Statements</b>                             | \$ 96,720                | \$ 90,897               |
| Amount of employer's matching contributions<br>not recorded by Custodian in prior year   | 4,371                    | 4,301                   |
| Amount of employer's matching contributions<br>not recorded by Custodian in current year | <u>(1,020)</u>           | <u>(4,371)</u>          |
| <b>Employer's Contributions per<br/>Schedule H of Form 5500</b>                          | <u><u>\$ 100,071</u></u> | <u><u>\$ 90,827</u></u> |

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

|                                                                      | <b>December 31</b>       |                          |
|----------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                      | <b>2011</b>              | <b>2010</b>              |
| <b>Benefits Paid to Participants per the Financial Statements</b>    | \$ 232,627               | \$ 336,629               |
| Current year refund liability not recorded by<br>Custodian           | (18,603)                 | (18,744)                 |
| Prior year refund liability not recorded by<br>Custodian             | <u>18,744</u>            | <u>          </u>        |
| <b>Benefits Paid to Participants per<br/>Schedule H of Form 5500</b> | <u><u>\$ 232,768</u></u> | <u><u>\$ 317,885</u></u> |

**Supplemental Schedule -  
Schedule H, Part IV (Form 5500)**

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)

**Laboratory Supply Company**  
**401(k) Profit Sharing Plan**  
**EIN: 61-0732657**  
**Plan #001**

Year Ended December 31, 2011

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Fair Value   |
|-----|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|
| *   | PNC Investments                                                     | Money Market Fund                                                                                                      | **          | \$ 726,155          |
| *   | PNC Investments                                                     | Government Mortgage<br>Fund Class I                                                                                    | **          | 897,581             |
|     | Pimco Funds                                                         | Total Return Admin Fund                                                                                                | **          | 419,215             |
|     | Selected American Funds                                             | Selected American Shares Fund                                                                                          | **          | 331,118             |
|     | Janus Funds                                                         | Janus Fund                                                                                                             | **          | 1,286,514           |
|     | Janus Funds                                                         | Twenty Fund                                                                                                            | **          | 151,844             |
|     | Artio Global Investors                                              | International Equity Fund Class A                                                                                      | **          | 464,461             |
|     | Baron Asset Funds                                                   | Small Cap Fund                                                                                                         | **          | 213,047             |
|     | Goldman Sachs                                                       | Growth Opportunities Fund Class A                                                                                      | **          | 306,468             |
|     | Janus Funds                                                         | Balanced Fund Class S                                                                                                  | **          | 619,765             |
|     | MFS Investment<br>Management                                        | Value Fund Class A                                                                                                     | **          | 493,080             |
|     | American Century                                                    | Small Cap Value Fund                                                                                                   | **          | 273,195             |
|     | American Century                                                    | Equity Income Advanced Fund                                                                                            | **          | 192,318             |
| *   | PNC Investments                                                     | Mid Cap Value Fund                                                                                                     | **          | 172,292             |
| *   | PNC Investments                                                     | Large Cap Value Fund                                                                                                   | **          | 531                 |
|     | T Rowe Price Funds                                                  | Retirement Income Adv                                                                                                  | **          | 11,061              |
|     | T Rowe Price Funds                                                  | Retirement 2010 Fund                                                                                                   | **          | 16,678              |
|     | T Rowe Price Funds                                                  | Retirement 2020 Fund                                                                                                   | **          | 49,878              |
|     | T Rowe Price Funds                                                  | Retirement 2030 Fund                                                                                                   | **          | 85,328              |
|     | T Rowe Price Funds                                                  | Retirement 2040 Fund                                                                                                   | **          | 23,745              |
|     | T Rowe Price Funds                                                  | Retirement 2050 Fund                                                                                                   | **          | 1,021               |
|     |                                                                     |                                                                                                                        | <u>\$ -</u> | <u>\$ 6,735,295</u> |

\* Identified as a party-in-interest

\*\* Cost information is omitted because all investments are participant directed.

See Independent Auditors' Report