

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information												
1a Name of plan <u>THE HYGENIC 401(K) PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE HYGENIC CORPORATION</u> <u>1245 HOME AVENUE</u> <u>AKRON, OH 44310</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/2000</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1922643</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-633-8460</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>326200</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/2000</u>		2b Employer Identification Number (EIN) <u>34-1922643</u>		2c Plan Sponsor's telephone number <u>330-633-8460</u>		2d Business code (see instructions) <u>326200</u>			
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2b Employer Identification Number (EIN) <u>34-1922643</u>													
2c Plan Sponsor's telephone number <u>330-633-8460</u>													
2d Business code (see instructions) <u>326200</u>													

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2015	CAROL STAHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2015	CAROL STAHL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	192
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	154
a(2) Total number of active participants at the end of the plan year		6a(2)	174
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	40
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	214
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	214
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	208
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2S 2T 3D 2E			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan THE HYGENIC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE HYGENIC CORPORATION	D Employer Identification Number (EIN) 34-1922643	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO FUNDS
95-2632339

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
BLACKROCK
04-6171663

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MAINSTAY
52-2206685

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

VICTORY

13-2700161

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

PRUDENTIAL INVESTMENTS

22-3703799

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

AMERICAN FUNDS

95-1411037

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

THORNBURG

85-0301299

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

COLUMBIA

93-0577450

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

EAGLE FUNDS

59-2385219

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

MFS

04-2747644

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

INVESCO AMERICAN FRANCHISE FUND

58-2287224

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

OPPENHEIMER FUNDS

13-2527171

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

ALLIANZ FUNDS

33-0457728

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

CREDIT SUISSE

13-3442768

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

AMERICAN CENTURY INVESTMENTS

44-6006315

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

FIDELITY INVESTMENTS

06-1194217

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

GOLDMAN SACHS

13-5108880

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

JOHN HANCOCK

04-3483032

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

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)

WELLS FARGO BANK N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 37 49 50 52 62 64	SERVICE PROVIDER	25324	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	33983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>THE HYGENIC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE HYGENIC CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1922643</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	
(2) Participant contributions.....	1b(2)	0	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	287786	391694
(9) Value of interest in common/collective trusts	1c(9)	2191934	1947963
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8676527	9922711
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11156247	12262368

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11156247	12262368
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	306304	
(B) Participants	2a(1)(B)	712839	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1019143

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14683	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14683

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	444435	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		444435

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		30747
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		319183
c Other income.....	2c		358
d Total income. Add all income amounts in column (b) and enter total.....	2d		1828549

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	669789	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		669789
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-4944
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	57583	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		57583
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		722428

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1106121
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan THE HYGENIC 401(K) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE HYGENIC CORPORATION				D Employer Identification Number (EIN) 34-1922643	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements and Report of Independent
Certified Public Accountants

The Hygenic 401(k) Plan

December 31, 2014 and 2013

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Report of Independent Certified Public Accountants

Trustees
The Hygenic 401(k) Plan

Grant Thornton LLP
1375 East 9th Street, Suite 1500
Cleveland, OH 44114-1718
T 216.771.1400
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Report on the financial statements

We were engaged to audit the accompanying financial statements of The Hygenic 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 certified information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from the entity as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedule of assets (held at end of year) as of December 31, 2014, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 5, 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.



Cleveland, Ohio
September 28, 2015

The Hygenic 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
Investments, at fair value	\$ 11,870,674	\$ 10,868,461
Notes receivable from participants	<u>391,694</u>	<u>287,786</u>
Total assets	12,262,368	11,156,247
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(26,301)</u>	<u>(17,269)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,236,067</u></u>	<u><u>\$ 11,138,978</u></u>

The accompanying notes to financial statements are an integral part of these statements.

The Hygenic 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2014

ADDITIONS:

Investment income:

Interest and dividend income	\$ 156,727
Net appreciation in fair value of mutual funds	<u>628,964</u>

Net investment income	785,691
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Interest income on notes receivable from participants	14,683
---	--------

Contributions:

Participant	712,839
Company	<u>306,304</u>

Total contributions	<u>1,019,143</u>
---------------------	------------------

Total additions	1,819,517
-----------------	-----------

DEDUCTIONS:

Benefits paid to participants	663,682
Administrative expenses	<u>58,746</u>

Total deductions	<u>722,428</u>
------------------	----------------

NET INCREASE	1,097,089
---------------------	------------------

Net assets available for benefits:

Beginning of year	<u>11,138,978</u>
End of year	<u><u>\$ 12,236,067</u></u>

The accompanying notes to financial statements are an integral part of this statement.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN

The following description of The Hygenic 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan which covers substantially all eligible employees, as defined, of The Hygenic Corporation (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Eligibility

Employees of the Company who have completed three months of service and who are not covered by a collective bargaining agreement and are not a non-resident alien or a leased employee, are eligible to participate in the Plan.

Contributions

Plan participants may contribute up to 75% of their pre-tax annual compensation, as defined in the Plan document, and subject to limits prescribed by the Code. Once a participant becomes eligible, the Plan provides for automatic enrollment at a 3% salary deferral rate with an automatic 1% salary deferral increase per year until the participant reaches 6%. Automatic enrollment provides for a 30 day opt-out window once the participant becomes eligible.

The Company matches 100% of elective deferrals on the first 1% of compensation plus 50% of elective deferrals on the next 5% of compensation with an annualized true-up.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, company matching contributions and allocations of Plan earnings. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account. Participants direct the investment of their accounts into various investment options offered by the Plan. They may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s matching contribution plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
2	100%

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN – CONTINUED

Forfeitures

Forfeitures of non-vested participant accounts shall be used to offset future Company matching contributions or to pay administrative costs of the Plan. During 2014, forfeitures aggregating \$6,078 were used to offset Company matching contributions. There were no available forfeitures at December 31, 2014 or 2013.

Benefit Payments

Upon death, disability, retirement or termination of service, a participant or beneficiary will receive a lump-sum amount equal to the vested value of his or her account.

Notes Receivable from Participants

The Plan has a loan provision which permits qualified participants to borrow up to the lesser of \$50,000 or 50% of their eligible account balance. The loan is secured by the vested balance in the participant's account. The term of the loan cannot exceed five years unless used to acquire the participant's principal residence. Loans bear interest at a fixed rate based on local prevailing rates at the time the loan is made. Interest rates on loans outstanding at December 31, 2014 and 2013 ranged from 4.25% to 9.25%. Participants are required to make regularly scheduled principal and interest payments over the term of the loan through payroll deductions.

Administration

The Company administers the Plan through an agreement whereby the trustee of the Plan, Wells Fargo Bank, NA, provides trust services with regard to the Plan and handles all participant data and compiles the Plan's participant statements.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Administrative Expenses

Most of the expenses relating to the administration of the Plan are paid by the Company. Certain administrative expenses are paid directly by the Plan and are reflected in the accompanying statement of changes in net assets available for benefits. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fully Benefit-Responsive Investment Contracts Held in Collective Trust

The Plan reports investment contracts held by the Plan at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investments include the Wells Fargo Stable Return Fund N25, (the "Wells Fargo Stable Return Fund"), a collective trust fund.

The Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013 present the fair value of the investments in the collective trust fund. Additionally, the Statements of Net Assets Available for Benefits presents the adjustment of the investment in the collective trust fund from fair value to contract value relating to fully benefit-responsive investment contracts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 3 – INVESTMENTS

Investments that represent 5% or more of the Plan's net assets available for benefits at either December 31, 2014 or 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Wells Fargo Stable Return Fund (fair value of \$1,921,662 and \$2,174,665, respectively)	\$ 1,947,963	\$ 2,191,934
Thornburg Inter Value FD A	-	794,687
Blackrock Eq Dividend A	-	1,184,813
Vanguard 500 Index Fund	1,739,202	618,312
Mainstay Large Cap Growth R2	1,232,582	1,125,053
Pimco Total Return Fund Class A	1,661,194	1,337,926
American Euro Pacific Growth	626,600	567,497
John Hancock-Disc M/C-R2	691,879	-
MFS Value Fund R3	1,329,447	-
MFS INTL Value Fund Class R3	785,049	-

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan follows the fair value accounting guidance which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Collective trust: Valued at NAV based on the fair value of the underlying investments using information reported by the investment advisor.

The Wells Fargo Stable Return Fund invests all of its assets in the Wells Fargo Stable Return Fund G ("Fund G"). The investment in Fund G is reflected at net unit value, which represents contract value, and is based on the underlying unit value reported by Fund G.

The investment committee, which is comprised of members of the Company, uses a third party service as the primary basis for the valuation of the stable value funds. The third party service does not provide access to valuation models, inputs and assumptions. Accordingly, the investment committee conducts a review of a variety of factors, including audited financial statements of the investment, economic conditions and industry and market developments.

Certain events would limit the ability to transact at contract value. These events include the termination of the plan, a material adverse change to the provisions of the plan, the employer electing to withdraw from a wrapper contract in order to switch to a different investment provider, or if the terms of a successor plan do not meet the wrapper contract issuer's underwriting criteria for issuance of a clone wrapper contract. The Plan Administrator does not believe that these events are likely to occur.

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

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Foreign	\$ 2,741,095	\$ -	\$ -	\$ 2,741,095
Index	3,401,824	-	-	3,401,824
Growth	2,602,077	-	-	2,602,077
Specialty	1,177,562	-	-	1,177,562
Cash	153	-	-	153
Collective trust (a)	-	-	1,947,963	1,947,963
Total assets at fair value	\$ 9,922,711	\$ -	\$ 1,947,963	\$11,870,674

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Foreign	\$ 1,719,006	\$ -	\$ -	\$ 1,719,006
Index	4,357,177	-	-	4,357,177
Growth	1,652,156	-	-	1,652,156
Specialty	947,545	-	-	947,545
Cash	643	-	-	643
Collective trust (a)	-	-	2,191,934	2,191,934
Total assets at fair value	\$ 8,676,527	\$ -	\$ 2,191,934	\$ 10,868,461

- (a) The collective trust's investment objectives are to seek preservation of principal and provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity. The trust has no unfunded commitments, and can be redeemed by participants daily at contract value with no restrictions or redemption notice period. However, Plan level initiated transactions require a twelve month redemption notice in order to withdraw at full book value. Plan level initiated transactions with less than a twelve month redemption notice may incur an adjustment to book value.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

	Wells Fargo Stable Value Retirement Fund Collective Trust
Balance, beginning of the year	\$ 2,191,934
Purchases	82,601
Sales	(369,268)
Change in unrealized gains	42,696
Balance, end of the year	<u>\$ 1,947,963</u>

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified that the following data (except for the fair value of the Wells Fargo Stable Return Fund) included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the Statement of Net Assets Available for Benefits and included in Note 3 as of December 31, 2014 and 2013.
- Net investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2014.

NOTE 6 –TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's investments include collective trust funds managed by the Trustee, which qualifies these transactions as party-in-interest transactions.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 7 – TAX STATUS

The prototype plan adopted by the Plan effective May 1, 2012 has obtained an opinion letter dated March 31, 2008 in which the Internal Revenue Service (“IRS”) stated that the prototype plan document was in compliance with applicable requirements of the Code. The Plan has not received a determination letter specific to the Plan itself since adopting the prototype plan, and the prototype plan document has been amended since receiving the opinion letter from the IRS; however, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code in all material respects. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to the Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 12,236,067	\$ 11,138,978
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>26,301</u>	<u>17,269</u>
Net assets available for benefits per the Form 5500	<u>\$ 12,262,368</u>	<u>\$ 11,156,247</u>

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

**NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500 –
CONTINUED**

The following is a reconciliation of change in net assets available for benefits per the financial statements for the year ended December 31, 2014 to the Form 5500:

Net change in net assets available for benefits per the financial statements	\$ 1,097,089
Adjustment from contract value to fair value for fully benefit-responsive investment contracts as of December 31, 2014	<u>9,032</u>
Net change in net assets available for benefits as reported in Form 5500	<u>\$ 1,106,121</u>

NOTE 10 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2014 financial statements for subsequent events through September 28, 2015, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require disclosure in the financial statements.

Supplementary Information

The Hygenic 401(k) Plan

**SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2014

Employer Identification Number: 34-1922643

Plan Number: 001

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of Investment	Current Value
	American Europacific Gr Fund R3	Mutual Fund	\$ 626,600
	John Hancock-Disc M/C-R2	Mutual Fund	691,879
	Blackrock Health Sciences Opps Inv A	Mutual Fund	394,975
	Goldman Sachs S/C Value-A	Mutual Fund	527,636
	Eagle Small Cap Growth FD-A	Mutual Fund	210,587
	Invesco Real Estate Fund A	Mutual Fund	254,952
	Mainstay Large Cap Growth R2	Mutual Fund	1,232,582
	MFS INTL Value Fund Class R3	Mutual Fund	785,049
	Prudential Jennison Mid-Cap A	Mutual Fund	467,029
	MFS Value Fund R3	Mutual Fund	1,329,447
	Vanguard 500 Index Fund	Mutual Fund	1,739,202
	Fidelity Advisor Total BD-A	Mutual Fund	1,428
	PIMCO Total Return Fund CL-A	Mutual Fund	1,661,194
*	Wells Fargo Stable Return Fund	Common/Collective Fund	1,947,963
	Principal Cash	Cash	151
*	Participant Loans	4.25% to 9.25%	391,694
			<u>\$ 12,262,368</u>

* Indicates party-in-interest

Financial Statements and Report of Independent
Certified Public Accountants

The Hygenic 401(k) Plan

December 31, 2014 and 2013

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Report of Independent Certified Public Accountants

Trustees
The Hygenic 401(k) Plan

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Report on the financial statements

We were engaged to audit the accompanying financial statements of The Hygenic 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 certified information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from the entity as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedule of assets (held at end of year) as of December 31, 2014, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 5, 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.



Cleveland, Ohio
September 28, 2015

The Hygenic 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
Investments, at fair value	\$ 11,870,674	\$ 10,868,461
Notes receivable from participants	<u>391,694</u>	<u>287,786</u>
Total assets	12,262,368	11,156,247
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(26,301)</u>	<u>(17,269)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,236,067</u></u>	<u><u>\$ 11,138,978</u></u>

The accompanying notes to financial statements are an integral part of these statements.

The Hygenic 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2014

ADDITIONS:

Investment income:

Interest and dividend income	\$ 156,727
Net appreciation in fair value of mutual funds	<u>628,964</u>

Net investment income	785,691
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Interest income on notes receivable from participants	14,683
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Contributions:

Participant	712,839
Company	<u>306,304</u>

Total contributions	<u>1,019,143</u>
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Total additions	1,819,517
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DEDUCTIONS:

Benefits paid to participants	663,682
Administrative expenses	<u>58,746</u>

Total deductions	<u>722,428</u>
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NET INCREASE	1,097,089
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Net assets available for benefits:

Beginning of year	<u>11,138,978</u>
End of year	<u><u>\$ 12,236,067</u></u>

The accompanying notes to financial statements are an integral part of this statement.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN

The following description of The Hygenic 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan which covers substantially all eligible employees, as defined, of The Hygenic Corporation (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Eligibility

Employees of the Company who have completed three months of service and who are not covered by a collective bargaining agreement and are not a non-resident alien or a leased employee, are eligible to participate in the Plan.

Contributions

Plan participants may contribute up to 75% of their pre-tax annual compensation, as defined in the Plan document, and subject to limits prescribed by the Code. Once a participant becomes eligible, the Plan provides for automatic enrollment at a 3% salary deferral rate with an automatic 1% salary deferral increase per year until the participant reaches 6%. Automatic enrollment provides for a 30 day opt-out window once the participant becomes eligible.

The Company matches 100% of elective deferrals on the first 1% of compensation plus 50% of elective deferrals on the next 5% of compensation with an annualized true-up.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, company matching contributions and allocations of Plan earnings. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account. Participants direct the investment of their accounts into various investment options offered by the Plan. They may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s matching contribution plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
2	100%

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN – CONTINUED

Forfeitures

Forfeitures of non-vested participant accounts shall be used to offset future Company matching contributions or to pay administrative costs of the Plan. During 2014, forfeitures aggregating \$6,078 were used to offset Company matching contributions. There were no available forfeitures at December 31, 2014 or 2013.

Benefit Payments

Upon death, disability, retirement or termination of service, a participant or beneficiary will receive a lump-sum amount equal to the vested value of his or her account.

Notes Receivable from Participants

The Plan has a loan provision which permits qualified participants to borrow up to the lesser of \$50,000 or 50% of their eligible account balance. The loan is secured by the vested balance in the participant's account. The term of the loan cannot exceed five years unless used to acquire the participant's principal residence. Loans bear interest at a fixed rate based on local prevailing rates at the time the loan is made. Interest rates on loans outstanding at December 31, 2014 and 2013 ranged from 4.25% to 9.25%. Participants are required to make regularly scheduled principal and interest payments over the term of the loan through payroll deductions.

Administration

The Company administers the Plan through an agreement whereby the trustee of the Plan, Wells Fargo Bank, NA, provides trust services with regard to the Plan and handles all participant data and compiles the Plan's participant statements.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Administrative Expenses

Most of the expenses relating to the administration of the Plan are paid by the Company. Certain administrative expenses are paid directly by the Plan and are reflected in the accompanying statement of changes in net assets available for benefits. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fully Benefit-Responsive Investment Contracts Held in Collective Trust

The Plan reports investment contracts held by the Plan at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investments include the Wells Fargo Stable Return Fund N25, (the "Wells Fargo Stable Return Fund"), a collective trust fund.

The Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013 present the fair value of the investments in the collective trust fund. Additionally, the Statements of Net Assets Available for Benefits presents the adjustment of the investment in the collective trust fund from fair value to contract value relating to fully benefit-responsive investment contracts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 3 – INVESTMENTS

Investments that represent 5% or more of the Plan's net assets available for benefits at either December 31, 2014 or 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Wells Fargo Stable Return Fund (fair value of \$1,921,662 and \$2,174,665, respectively)	\$ 1,947,963	\$ 2,191,934
Thornburg Inter Value FD A	-	794,687
Blackrock Eq Dividend A	-	1,184,813
Vanguard 500 Index Fund	1,739,202	618,312
Mainstay Large Cap Growth R2	1,232,582	1,125,053
Pimco Total Return Fund Class A	1,661,194	1,337,926
American Euro Pacific Growth	626,600	567,497
John Hancock-Disc M/C-R2	691,879	-
MFS Value Fund R3	1,329,447	-
MFS INTL Value Fund Class R3	785,049	-

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan follows the fair value accounting guidance which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Collective trust: Valued at NAV based on the fair value of the underlying investments using information reported by the investment advisor.

The Wells Fargo Stable Return Fund invests all of its assets in the Wells Fargo Stable Return Fund G ("Fund G"). The investment in Fund G is reflected at net unit value, which represents contract value, and is based on the underlying unit value reported by Fund G.

The investment committee, which is comprised of members of the Company, uses a third party service as the primary basis for the valuation of the stable value funds. The third party service does not provide access to valuation models, inputs and assumptions. Accordingly, the investment committee conducts a review of a variety of factors, including audited financial statements of the investment, economic conditions and industry and market developments.

Certain events would limit the ability to transact at contract value. These events include the termination of the plan, a material adverse change to the provisions of the plan, the employer electing to withdraw from a wrapper contract in order to switch to a different investment provider, or if the terms of a successor plan do not meet the wrapper contract issuer's underwriting criteria for issuance of a clone wrapper contract. The Plan Administrator does not believe that these events are likely to occur.

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

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Foreign	\$ 2,741,095	\$ -	\$ -	\$ 2,741,095
Index	3,401,824	-	-	3,401,824
Growth	2,602,077	-	-	2,602,077
Specialty	1,177,562	-	-	1,177,562
Cash	153	-	-	153
Collective trust (a)	-	-	1,947,963	1,947,963
Total assets at fair value	\$ 9,922,711	\$ -	\$ 1,947,963	\$11,870,674

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Foreign	\$ 1,719,006	\$ -	\$ -	\$ 1,719,006
Index	4,357,177	-	-	4,357,177
Growth	1,652,156	-	-	1,652,156
Specialty	947,545	-	-	947,545
Cash	643	-	-	643
Collective trust (a)	-	-	2,191,934	2,191,934
Total assets at fair value	\$ 8,676,527	\$ -	\$ 2,191,934	\$ 10,868,461

- (a) The collective trust's investment objectives are to seek preservation of principal and provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity. The trust has no unfunded commitments, and can be redeemed by participants daily at contract value with no restrictions or redemption notice period. However, Plan level initiated transactions require a twelve month redemption notice in order to withdraw at full book value. Plan level initiated transactions with less than a twelve month redemption notice may incur an adjustment to book value.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

	Wells Fargo Stable Value Retirement Fund Collective Trust
Balance, beginning of the year	\$ 2,191,934
Purchases	82,601
Sales	(369,268)
Change in unrealized gains	42,696
Balance, end of the year	<u>\$ 1,947,963</u>

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified that the following data (except for the fair value of the Wells Fargo Stable Return Fund) included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the Statement of Net Assets Available for Benefits and included in Note 3 as of December 31, 2014 and 2013.
- Net investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2014.

NOTE 6 –TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's investments include collective trust funds managed by the Trustee, which qualifies these transactions as party-in-interest transactions.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 7 – TAX STATUS

The prototype plan adopted by the Plan effective May 1, 2012 has obtained an opinion letter dated March 31, 2008 in which the Internal Revenue Service (“IRS”) stated that the prototype plan document was in compliance with applicable requirements of the Code. The Plan has not received a determination letter specific to the Plan itself since adopting the prototype plan, and the prototype plan document has been amended since receiving the opinion letter from the IRS; however, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code in all material respects. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to the Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 12,236,067	\$ 11,138,978
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>26,301</u>	<u>17,269</u>
Net assets available for benefits per the Form 5500	<u>\$ 12,262,368</u>	<u>\$ 11,156,247</u>

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

**NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500 –
CONTINUED**

The following is a reconciliation of change in net assets available for benefits per the financial statements for the year ended December 31, 2014 to the Form 5500:

Net change in net assets available for benefits per the financial statements	\$ 1,097,089
Adjustment from contract value to fair value for fully benefit-responsive investment contracts as of December 31, 2014	<u>9,032</u>
Net change in net assets available for benefits as reported in Form 5500	<u>\$ 1,106,121</u>

NOTE 10 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2014 financial statements for subsequent events through September 28, 2015, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require disclosure in the financial statements.

Supplementary Information

The Hygenic 401(k) Plan

**SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2014

Employer Identification Number: 34-1922643

Plan Number: 001

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of Investment	Current Value
	American Europacific Gr Fund R3	Mutual Fund	\$ 626,600
	John Hancock-Disc M/C-R2	Mutual Fund	691,879
	Blackrock Health Sciences Opps Inv A	Mutual Fund	394,975
	Goldman Sachs S/C Value-A	Mutual Fund	527,636
	Eagle Small Cap Growth FD-A	Mutual Fund	210,587
	Invesco Real Estate Fund A	Mutual Fund	254,952
	Mainstay Large Cap Growth R2	Mutual Fund	1,232,582
	MFS INTL Value Fund Class R3	Mutual Fund	785,049
	Prudential Jennison Mid-Cap A	Mutual Fund	467,029
	MFS Value Fund R3	Mutual Fund	1,329,447
	Vanguard 500 Index Fund	Mutual Fund	1,739,202
	Fidelity Advisor Total BD-A	Mutual Fund	1,428
	PIMCO Total Return Fund CL-A	Mutual Fund	1,661,194
*	Wells Fargo Stable Return Fund	Common/Collective Fund	1,947,963
	Principal Cash	Cash	151
*	Participant Loans	4.25% to 9.25%	391,694
			<u>\$ 12,262,368</u>

* Indicates party-in-interest

Financial Statements and Report of Independent
Certified Public Accountants

The Hygenic 401(k) Plan

December 31, 2014 and 2013

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Report of Independent Certified Public Accountants

Trustees
The Hygenic 401(k) Plan

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Report on the financial statements

We were engaged to audit the accompanying financial statements of The Hygenic 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 certified information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from the entity as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedule of assets (held at end of year) as of December 31, 2014, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 5, 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.



Cleveland, Ohio
September 28, 2015

The Hygenic 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
Investments, at fair value	\$ 11,870,674	\$ 10,868,461
Notes receivable from participants	<u>391,694</u>	<u>287,786</u>
Total assets	12,262,368	11,156,247
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(26,301)</u>	<u>(17,269)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,236,067</u></u>	<u><u>\$ 11,138,978</u></u>

The accompanying notes to financial statements are an integral part of these statements.

The Hygenic 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2014

ADDITIONS:

Investment income:

Interest and dividend income	\$ 156,727
Net appreciation in fair value of mutual funds	<u>628,964</u>

Net investment income	785,691
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Interest income on notes receivable from participants	14,683
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Contributions:

Participant	712,839
Company	<u>306,304</u>

Total contributions	<u>1,019,143</u>
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Total additions	1,819,517
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DEDUCTIONS:

Benefits paid to participants	663,682
Administrative expenses	<u>58,746</u>

Total deductions	<u>722,428</u>
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NET INCREASE	1,097,089
---------------------	------------------

Net assets available for benefits:

Beginning of year	<u>11,138,978</u>
End of year	<u><u>\$ 12,236,067</u></u>

The accompanying notes to financial statements are an integral part of this statement.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN

The following description of The Hygenic 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan which covers substantially all eligible employees, as defined, of The Hygenic Corporation (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Eligibility

Employees of the Company who have completed three months of service and who are not covered by a collective bargaining agreement and are not a non-resident alien or a leased employee, are eligible to participate in the Plan.

Contributions

Plan participants may contribute up to 75% of their pre-tax annual compensation, as defined in the Plan document, and subject to limits prescribed by the Code. Once a participant becomes eligible, the Plan provides for automatic enrollment at a 3% salary deferral rate with an automatic 1% salary deferral increase per year until the participant reaches 6%. Automatic enrollment provides for a 30 day opt-out window once the participant becomes eligible.

The Company matches 100% of elective deferrals on the first 1% of compensation plus 50% of elective deferrals on the next 5% of compensation with an annualized true-up.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, company matching contributions and allocations of Plan earnings. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account. Participants direct the investment of their accounts into various investment options offered by the Plan. They may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s matching contribution plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
2	100%

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN – CONTINUED

Forfeitures

Forfeitures of non-vested participant accounts shall be used to offset future Company matching contributions or to pay administrative costs of the Plan. During 2014, forfeitures aggregating \$6,078 were used to offset Company matching contributions. There were no available forfeitures at December 31, 2014 or 2013.

Benefit Payments

Upon death, disability, retirement or termination of service, a participant or beneficiary will receive a lump-sum amount equal to the vested value of his or her account.

Notes Receivable from Participants

The Plan has a loan provision which permits qualified participants to borrow up to the lesser of \$50,000 or 50% of their eligible account balance. The loan is secured by the vested balance in the participant's account. The term of the loan cannot exceed five years unless used to acquire the participant's principal residence. Loans bear interest at a fixed rate based on local prevailing rates at the time the loan is made. Interest rates on loans outstanding at December 31, 2014 and 2013 ranged from 4.25% to 9.25%. Participants are required to make regularly scheduled principal and interest payments over the term of the loan through payroll deductions.

Administration

The Company administers the Plan through an agreement whereby the trustee of the Plan, Wells Fargo Bank, NA, provides trust services with regard to the Plan and handles all participant data and compiles the Plan's participant statements.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Administrative Expenses

Most of the expenses relating to the administration of the Plan are paid by the Company. Certain administrative expenses are paid directly by the Plan and are reflected in the accompanying statement of changes in net assets available for benefits. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fully Benefit-Responsive Investment Contracts Held in Collective Trust

The Plan reports investment contracts held by the Plan at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investments include the Wells Fargo Stable Return Fund N25, (the "Wells Fargo Stable Return Fund"), a collective trust fund.

The Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013 present the fair value of the investments in the collective trust fund. Additionally, the Statements of Net Assets Available for Benefits presents the adjustment of the investment in the collective trust fund from fair value to contract value relating to fully benefit-responsive investment contracts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 3 – INVESTMENTS

Investments that represent 5% or more of the Plan's net assets available for benefits at either December 31, 2014 or 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Wells Fargo Stable Return Fund (fair value of \$1,921,662 and \$2,174,665, respectively)	\$ 1,947,963	\$ 2,191,934
Thornburg Inter Value FD A	-	794,687
Blackrock Eq Dividend A	-	1,184,813
Vanguard 500 Index Fund	1,739,202	618,312
Mainstay Large Cap Growth R2	1,232,582	1,125,053
Pimco Total Return Fund Class A	1,661,194	1,337,926
American Euro Pacific Growth	626,600	567,497
John Hancock-Disc M/C-R2	691,879	-
MFS Value Fund R3	1,329,447	-
MFS INTL Value Fund Class R3	785,049	-

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan follows the fair value accounting guidance which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Collective trust: Valued at NAV based on the fair value of the underlying investments using information reported by the investment advisor.

The Wells Fargo Stable Return Fund invests all of its assets in the Wells Fargo Stable Return Fund G ("Fund G"). The investment in Fund G is reflected at net unit value, which represents contract value, and is based on the underlying unit value reported by Fund G.

The investment committee, which is comprised of members of the Company, uses a third party service as the primary basis for the valuation of the stable value funds. The third party service does not provide access to valuation models, inputs and assumptions. Accordingly, the investment committee conducts a review of a variety of factors, including audited financial statements of the investment, economic conditions and industry and market developments.

Certain events would limit the ability to transact at contract value. These events include the termination of the plan, a material adverse change to the provisions of the plan, the employer electing to withdraw from a wrapper contract in order to switch to a different investment provider, or if the terms of a successor plan do not meet the wrapper contract issuer's underwriting criteria for issuance of a clone wrapper contract. The Plan Administrator does not believe that these events are likely to occur.

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

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Foreign	\$ 2,741,095	\$ -	\$ -	\$ 2,741,095
Index	3,401,824	-	-	3,401,824
Growth	2,602,077	-	-	2,602,077
Specialty	1,177,562	-	-	1,177,562
Cash	153	-	-	153
Collective trust (a)	-	-	1,947,963	1,947,963
Total assets at fair value	\$ 9,922,711	\$ -	\$ 1,947,963	\$11,870,674

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Foreign	\$ 1,719,006	\$ -	\$ -	\$ 1,719,006
Index	4,357,177	-	-	4,357,177
Growth	1,652,156	-	-	1,652,156
Specialty	947,545	-	-	947,545
Cash	643	-	-	643
Collective trust (a)	-	-	2,191,934	2,191,934
Total assets at fair value	\$ 8,676,527	\$ -	\$ 2,191,934	\$ 10,868,461

- (a) The collective trust's investment objectives are to seek preservation of principal and provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity. The trust has no unfunded commitments, and can be redeemed by participants daily at contract value with no restrictions or redemption notice period. However, Plan level initiated transactions require a twelve month redemption notice in order to withdraw at full book value. Plan level initiated transactions with less than a twelve month redemption notice may incur an adjustment to book value.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

	Wells Fargo Stable Value Retirement Fund Collective Trust
Balance, beginning of the year	\$ 2,191,934
Purchases	82,601
Sales	(369,268)
Change in unrealized gains	42,696
Balance, end of the year	<u>\$ 1,947,963</u>

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified that the following data (except for the fair value of the Wells Fargo Stable Return Fund) included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the Statement of Net Assets Available for Benefits and included in Note 3 as of December 31, 2014 and 2013.
- Net investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2014.

NOTE 6 –TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's investments include collective trust funds managed by the Trustee, which qualifies these transactions as party-in-interest transactions.

The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

NOTE 7 – TAX STATUS

The prototype plan adopted by the Plan effective May 1, 2012 has obtained an opinion letter dated March 31, 2008 in which the Internal Revenue Service (“IRS”) stated that the prototype plan document was in compliance with applicable requirements of the Code. The Plan has not received a determination letter specific to the Plan itself since adopting the prototype plan, and the prototype plan document has been amended since receiving the opinion letter from the IRS; however, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code in all material respects. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500

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	<u>2014</u>	<u>2013</u>
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The Hygenic 401(k) Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2014 and 2013

**NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500 –
CONTINUED**

The following is a reconciliation of change in net assets available for benefits per the financial statements for the year ended December 31, 2014 to the Form 5500:

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NOTE 10 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2014 financial statements for subsequent events through September 28, 2015, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require disclosure in the financial statements.

Supplementary Information

The Hygenic 401(k) Plan

**SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2014

Employer Identification Number: 34-1922643

Plan Number: 001

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of Investment	Current Value
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	Blackrock Health Sciences Opps Inv A	Mutual Fund	394,975
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	Eagle Small Cap Growth FD-A	Mutual Fund	210,587
	Invesco Real Estate Fund A	Mutual Fund	254,952
	Mainstay Large Cap Growth R2	Mutual Fund	1,232,582
	MFS INTL Value Fund Class R3	Mutual Fund	785,049
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*	Wells Fargo Stable Return Fund	Common/Collective Fund	1,947,963
	Principal Cash	Cash	151
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* Indicates party-in-interest