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

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ATLANTIC TESTING LABORATORIES LTD

P.O. BOX 29
6431 US HIGHWAY 11
CANTON, NY 13617-0029

2b Employer Identification Number (EIN)
16-1109111

2c Plan Sponsor's telephone number
315-386-4578

2d Business code (see instructions)
541330

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.	10/14/2015	MARIJEAN B. REMINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] 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**	183
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)**	168
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	170
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 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) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	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

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375	82476	169	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
15912	5824

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LPL FINANCIAL CORPORATION
1 BEACON ST 22ND FLOOR
BOSTON, MA 02108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15912	0	COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DYATECH
805 S WHEATLEY ST STE 600
RIDGELAND, MS 39157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	5824	ADMINISTRATIVE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	0		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

JOHN HANCOCK LIFE INSURANCE COMPANY

13-3646501

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

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

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)

LPL FINANCIAL CORPORATION

1 BEACON ST 22ND FLOOR
BOSTON, MH 02108

(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?
53	BROKER	15912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DYATECH LLC

805 S WHEATLEY ST., STE 600
RIDGELAND, MS 39157

(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?
15	TPA	5824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

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)	44426	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	271247	331391
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6033027	6374795
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12903	1862
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	6361603	6708048
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1919	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1919	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6359684	6708048

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	494816	
	(C) Others (including rollovers)	2a(1)(C)	273448	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		768264
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)	12364	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12364
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		326919
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1107547
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	745579	
(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)		745579
f Corrective distributions (see instructions)	2f		571
g Certain deemed distributions of participant loans (see instructions)	2g		9056
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2495	
(2) Contract administrator fees	2i(2)	1482	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3977
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		759183
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		348364
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: LCS & Z L.L.P. **(2)** EIN: 14-1745230

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

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): 13-3646501

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

ATLANTIC TESTING LABORATORIES, LIMITED
401(k) RETIREMENT SAVINGS PLAN

CANTON, NEW YORK

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2014 AND 2013

CONTENTS

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LCS&Z, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Atlantic Testing Laboratories, Limited
401(k) Retirement Savings Plan
Canton, New York

Report on the Financial Statements

We were engaged to audit the accompanying statements of Atlantic Testing Laboratories, Limited 401(k) Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013, 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 information summarized in Note 7, which was certified by John Hancock Life Insurance Company of New York (John Hancock), except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that John Hancock holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from John Hancock as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by John Hancock is complete and accurate.

Disclaimer of Opinion

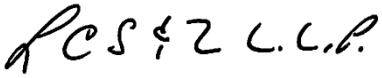
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4i – schedule of assets (held at year end), as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on Schedule H, Line 4i – schedule of assets (held at year end).

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by John Hancock, 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.



Latham, New York
October 1, 2015

ATLANTIC TESTING LABORATORIES, LIMITED
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
CASH	$ 1,862	$ 12,903
INVESTMENTS AT FAIR VALUE (Notes 3-4)	$ 6,374,795	$ 6,033,027
RECEIVABLES:		
Employer's contribution	$ -	$ 44,426
Total receivables	$ -	$ 44,426
NOTES RECEIVABLE FROM PARTICIPANTS (Notes 1-2)	$ 331,391	$ 271,247
Total assets	$ 6,708,048	$ 6,361,603
LIABILITIES:		
Other liabilities	$ -	$ 1,919
Total liabilities	$ -	$ 1,919
NET ASSETS AVAILABLE FOR BENEFITS	**$ 6,708,048**	**$ 6,359,684**

See notes to financial statements

ATLANTIC TESTING LABORATORIES, LIMITED
401(k) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments (Note 3)	$ 326,919	$ 1,026,422
Interest income on notes receivable from participants	12,364	10,294
Total investment income	$ 339,283	$ 1,036,716
Contributions:		
Participants	$ 494,816	$ 474,937
Rollover	273,448	1,384
Employer	-	44,426
Total contributions	$ 768,264	$ 520,747
Total investment income and contributions	$ 1,107,547	$ 1,557,463
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	(746,150)	(174,593)
Deemed distributions of notes receivable from participants	(9,056)	(12,153)
Administrative expenses (Note 5)	(3,977)	(3,881)
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	$ 348,364	$ 1,366,836
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	6,359,684	4,992,848
NET ASSETS AVAILABLE FOR BENEFITS - END	**$ 6,708,048**	**$ 6,359,684**

See notes to financial statements

ATLANTIC TESTING LABORATORIES, LIMITED
401(k) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

1) PLAN DESCRIPTION

The following description of Atlantic Testing Laboratories, Limited 401(k) Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a defined contribution plan covering all full-time employees who have completed one month of service and have attained age twenty-one by the effective date of participation, as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustees are responsible for oversight of the Plan.

b) Plan Contribution Policy

Each year participants may contribute a percentage of pre-tax annual eligible compensation, as defined by the Plan. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Plan allows for Roth elective deferrals. Participants may modify salary deferral elections periodically. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and pooled separate accounts as investment options for participants. The Company, at is discretion may match contributions equal to a uniform percentage or dollar amount of the salary reduction the participant elected to defer. Participants must complete one year of service with a minimum of 1,000 hours to be eligible for matching contributions. In 2014, there was no matching contribution. In 2013, the Company contributed 25% of participant deferrals, limited to 1% of eligible compensation. Contributions are subject to certain Internal Revenue Service limitations.

c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. A year of service is defined by at least 1,000 hours of service during any plan year. The Plan contains additional specific rules for crediting hours of service for vesting purposes.

Participants will become fully vested upon death, total and permanent disability, and reaching normal retirement age (defined by the Plan as 65).

PLAN DESCRIPTION (Cont.)

e) Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 6.25%. Starting in 2012, loans bear interest at the United States Prime Rate plus one percentage point. Principal and interest is paid ratably through weekly payroll deductions.

f) Payment of Benefits

On termination of service, a participant is entitled to a lump-sum amount equal to the value of the participant's vested interest in his or her account.

g) Forfeited Accounts

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $1,862 and $12,903. These accounts will be used to reduce future employer contributions. In March 2014, the Plan utilized $13,000 of the forfeited non-vested account balance to reduce the 2013 employer contribution.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Accounting

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

b) Estimates

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

c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-dates basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by investment advisors and John Hancock. See note 4 for a discussion of fair value measurements.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)

d) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

e) Payment of Benefits

Benefits are recorded when paid.

f) Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to contract administration are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

g) Subsequent Events

The Plan has evaluated subsequent events through October 1, 2015, which is the date the financial statements were available to be issued. There are no material subsequent events which require recognition or disclosure.

3) INVESTMENTS

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

	2014	2013
John Hancock Lifestyle Growth	$ 1,556,209	$ 1,556,427
John Hancock Lifestyle Balanced	737,525	744,990
Blue Chip Growth Fund	538,118	340,756
John Hancock Retirement Living at 2050	500,577	402,178
John Hancock Retirement Living at 2040	357,361	333,232
500 Index Fund	221,524	397,089

INVESTMENTS (Cont.)

During the twelve months ended December 31, 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by $326,919 as follows:

Pooled separate accounts	$	300,596
Mutual funds		26,323
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	**$**	**326,919**

4) FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 under FASB ASC 820 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.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value by the Plan. There have been no changes in the methodologies used at December 31, 2014 and 2013:

FAIR VALUE MEASUREMENTS (Cont.)

Pooled separate accounts: Valued at the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by dividing the net assets, at fair value, of the fund by the number of units outstanding on the day of valuation. Pooled separate accounts are comprised, primarily, of shares of registered investment companies held through sub-accounts of a separate account of an insurance company. The Plan has concluded that the NAV, as adjusted (for mutual fund dividends, mutual fund splits and administrative maintenance charges and other items) and reported by the insurance company, approximates fair value of the investments. The investments are redeemable daily at the adjusted NAV under agreements with the insurance company. However, it is possible that the redemption rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in the market conditions, liquidity requirements and the economic environment may significantly affect the NAV of the registered investment companies and, consequently, the fair value of the Plan's investments.

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

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. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

December 31, 2014	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual Funds:				
Growth	$ 820,594	$ -	$ -	$ 820,594
Balanced	231	-	-	231
Pooled Separate Accounts:				
Balanced	-	2,864,755	-	2,864,755
Growth	-	2,347,005	-	2,347,005
Income	-	292,622	-	292,622
Money Market	-	49,588	-	49,588
Total Assets at Fair Value	**$ 820,825**	**$ 5,553,970**	**$ -**	**$ 6,374,795**

FAIR VALUE MEASUREMENTS (Cont.)

December 31, 2013	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth	$ 762,727	$ -	$ -	$ 762,727
Balanced	1,096	-	-	1,096
Pooled Separate Accounts:				
Balanced	-	2,800,899	-	2,800,899
Growth	-	2,177,097	-	2,177,097
Income	-	241,883	-	241,883
Money Market	-	49,325	-	49,325
Total Assets at Fair Value	**$ 763,823**	**$ 5,269,204**	**$ -**	**$ 6,033,027**

5) PARTY IN INTEREST TRANSACTIONS

The following tables set forth a summary of party in interest transactions and a description of each party's relationship with the Plan for the years ended December 31, 2014 and 2013:

	2014	2013
Included in net appreciation in fair value of investments:		
LPL Financial Corporation - broker commission	$ 15,912	$ 13,273
Dyatech - third party administrator	3,329	5,236
Total included in net appreciation in fair value of investments	$ 19,241	$ 18,509
Included in administrative expenses:		
Dyatech - third party administrator	$ 2,495	$ 2,465
John Hancock - contract administration fees	1,482	1,416
Total included in administrative expenses	$ 3,977	$ 3,881
TOTAL PARTY IN INTEREST TRANSACTIONS	**$ 23,218**	**$ 22,390**

6) 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 would be become 100% vested in their employer contributions.

7) INFORMATION PREPARED AND CERTIFIED BY JOHN HANCOCK

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by John Hancock.

	2014	2013
Pooled separate accounts	$ 5,553,970	$ 5,269,204
Mutual funds	820,825	763,823
Cash	1,862	12,903
Net appreciation in fair value of investments	$ 326,919	$ 1,026,422

8) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit 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 statement of net assets available for benefits.

9) TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRS. 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 tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain tax 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 taxing jurisdictions; 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.

10) RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$ 6,708,048	$ 6,359,684
NET ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE H OF THE FORM 5500	**$ 6,708,048**	**$ 6,359,684**

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

Increase in net assets available for benefits per the financial statements	$ 348,364
INCREASE IN ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE H OF THE FORM 5500	**$ 348,364**

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

ATLANTIC TESTING LABORATORIES, LIMITED
401(k) RETIREMENT SAVINGS PLAN

SUPPLEMENTARY INFORMATION
EIN # 16-1109111, PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2014

IDENTITY OF ISSUE * - Identifies party-in-interest	DESCRIPTION OF INVESTMENT	CURRENT VALUE
John Hancock Lifestyle Growth*	Pooled separate account	$ 1,556,209
John Hancock Lifestyle Balanced*	Pooled separate account	737,525
Blue Chip Growth Fund *	Pooled separate account	538,118
John Hancock Retirement Living at 2050*	Pooled separate account	500,577
John Hancock Retirement Living at 2040*	Pooled separate account	357,361
Notes Receivable from Participants *	(Interest Rates 4.25% to 6.25%)	331,391
John Hancock Retirement Living at 2030*	Pooled separate account	291,762
John Hancock Retirement Living at 2045*	Pooled separate account	281,596
500 Index Fund *	Pooled separate account	221,524
John Hancock Disciplined Value*	Mutual fund	213,021
Oppenheimer International Growth Fund	Mutual fund	184,813
Prudential Jennison Mid Cap Growth Fund	Mutual fund	169,645
John Hancock Retirement Living at 2035*	Pooled separate account	167,221
Strategic Income Opportunities Fund*	Pooled separate account	152,796
Oppenheimer Developing Markets	Mutual fund	110,883
John Hancock Retirement Living at 2010*	Pooled separate account	98,992
Real Estate Securities Fund*	Pooled separate account	85,431
Small Cap Growth Index	Mutual fund	81,738
John Hancock Retirement Living at 2025*	Pooled separate account	78,749
John Hancock Lifestyle Moderate*	Pooled separate account	76,581
High Yield Fund *	Pooled separate account	74,703
Investment Quality Bond Fund*	Pooled separate account	64,672
Money Market Fund*	Pooled separate account	49,588
International Value Fund*	Pooled separate account	48,115
John Hancock Lifestyle Conservative*	Pooled separate account	42,474
International Equity Index Fund*	Pooled separate account	42,122
John Hancock Value Fund*	Pooled separate account	32,643
Vanguard Mid-Cap Growth ETF	Mutual fund	31,466
Small Cap Value Fund*	Pooled separate account	20,682
Mid Cap Index Fund*	Pooled separate account	18,490
Vanguard Energy	Mutual fund	11,918
DFA US Small Cap Fund	Mutual fund	9,015
Vanguard Small Cap Value Index Fund	Mutual fund	7,241
John Hancock Retirement Living at 2055*	Pooled separate account	5,230
SUBTOTAL - PAGE 1		$ 6,694,292

ATLANTIC TESTING LABORATORIES, LIMITED
401(k) RETIREMENT SAVINGS PLAN

SUPPLEMENTARY INFORMATION
EIN # 16-1109111, PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2014

IDENTITY OF ISSUE * - Identifies party-in-interest	DESCRIPTION OF INVESTMENT	CURRENT VALUE
Small Cap Index Fund*	Pooled separate account	$ 5,195
John Hancock Retirement Living at 2015*	Pooled separate account	5,163
Vanguard Growth Index Fund	Mutual fund	471
Real Return Bond Fund*	Pooled separate account	452
Vanguard Value Index Fund	Mutual fund	382
Mutual Global Discovery Fund	Mutual fund	231
SUBTOTAL - PAGE 2		$ 11,894
TOTAL ASSETS HELD FOR INVESTMENT		**$ 6,706,186**

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

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ATLANTIC TESTING LABORATORIES LTD

P.O. BOX 29
6431 US Highway 11
CANTON NY 13617-0029

2b Employer Identification Number (EIN) 16-1109111

2c Plan Sponsor's telephone number 315-386-4578

2d Business code (see instructions) 541330

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	Marijean B. Remington	10/14/2015	MARIJEAN B. REMINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Marijean B. Remington	10/14/2015	MARIJEAN B. REMINGTON
	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 [X] 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**	183
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)**	168
a(2) Total number of active participants at the end of the plan year	**6a(2)**	170
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	11
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 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)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
13-3646501	86375	82476	169	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
15912	5824

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL CORPORATION
1 BEACON ST 22ND FLOOR

BOSTON MA 02108

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
15912	0	Commission	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DYATECH
805 S WHEATLEY ST STE 600

RIDGELAND MS 39157

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	5824	Administrative	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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	B Three-digit plan number (PN) ▶	
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ATLANTIC TESTING LABORATORIES LTD	16-1109111	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY 13-3646501

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

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

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

LPL Financial Corporation
1 BEACON ST 22ND FLOOR

Boston MH 02108

(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?
53	Broker	15912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

Dyatech LLC
805 S Wheatley St., Ste 600

Ridgeland MS 39157

(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?
15	TPA	5824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

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)	44426	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	271247	331391
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6033027	6374795
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12903	1862
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(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	6361603	6708048
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1919	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	1919	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6359684	6708048

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	494816	
(C) Others (including rollovers)	2a(1)(C)	273448	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		768264
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)	12364	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12364
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		326919
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1107547
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	745579	
(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)		745579
f Corrective distributions (see instructions)	2f		571
g Certain deemed distributions of participant loans (see instructions)	2g		9056
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2495	
(2) Contract administrator fees	2i(2)	1482	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3977
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		759183
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		348364
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: LCS & Z L.L.P. (2) EIN: 14-1745230

d The opinion of an independent qualified public accountant is **not attached** because:
(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

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

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

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
ATLANTIC TESTING LABORATORIES LTD 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC TESTING LABORATORIES LTD

D Employer Identification Number (EIN)
16-1109111

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): 13-3646501

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

Name of Plan:
ATLANTIC TESTING LABORATORIES LTD
▶ 401K RETIREMENT SAVINGS PLAN

Employer Identification Number:▶ 16-1109111
For plan year (beginning/ending):▶ 01/01/2014-12/31/2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value
	Tocqueville Gold Fund	MUTUAL FUNDS
	Natural Resources Fund	MUTUAL FUNDS
	ROYCE OPPORTUNITY	MUTUAL FUNDS
	BLUE CHIP GROWTH FUND	MUTUAL FUNDS
	JOHN HANCOCK DISCIPLINED FUND	MUTUAL FUNDS
	OPPENHEIMER DEVELOPING MARKET	MUTUAL FUNDS
	Oppenheimer Intl Growth Fund	MUTUAL FUNDS
	Intl Equity Index Fund	MUTUAL FUNDS
	500 Index Fund	MUTUAL FUNDS
	Pru Jennison Mid Growth Fund	MUTUAL FUNDS
	Lifestyle Balanced	MUTUAL FUNDS
	Lifestyle Conservative	MUTUAL FUNDS
	Lifestyle Growth	MUTUAL FUNDS
	Lifestyle Moderate	MUTUAL FUNDS
	Columbia Mid Cap Value	MUTUAL FUNDS
	Small Cap Value Fund	MUTUAL FUNDS
	Total Return Fund	MUTUAL FUNDS
	Small Cap Growth Index	MUTUAL FUNDS
	Retirement Living through 2010	MUTUAL FUNDS
	Retirement Living through 2015	MUTUAL FUNDS
	Retirement Living through 2025	MUTUAL FUNDS
	Retirement Living through 2030	MUTUAL FUNDS
	Retirement Living through 2035	MUTUAL FUNDS
	Retirement Living through 2040	MUTUAL FUNDS
	Retirement Living through 2045	MUTUAL FUNDS
	Retirement Living through 2050	MUTUAL FUNDS
	Loan Fund	LOAN FUND
	International Value Fund	MUTUAL FUNDS
	DFA U.S. Small Cap Fund	MUTUAL FUNDS
	Small Cap Index Fund	MUTUAL FUNDS
	Mid Cap Index Fund	MUTUAL FUNDS
	Growth Index Fund	MUTUAL FUNDS
	Value Index Fund	MUTUAL FUNDS
	VANGUARD ENERGY FUND	MUTUAL FUNDS
	ISHARES GOLD TRUST ETF	MUTUAL FUNDS
	NORTHERN EM EQUITY INDEX FUND	MUTUAL FUNDS
	PIMCO COMMODITY REAL RETURN	MUTUAL FUNDS
	DFA US TARGETED VALUE FUND	MUTUAL FUNDS
	KEELEY SAMLL CAP VALUE	MUTUAL FUNDS

	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS
	ISHARES MSCI EAFE VALUE ETF	MUTUAL FUNDS
	INTERNATIONAL CORE FUND	MUTUAL FUNDS
	T. ROWE PRICE SCI & TECH	MUTUAL FUNDS
	ASTON/FAIRPOINTE MID CAP FUND	MUTUAL FUNDS
	SMALL CAP OPPORTUNITIES FUND	MUTUAL FUNDS
	VANGUARD SMALL CAP GROW INDEX	MUTUAL FUNDS
	UNDISCOVERED MGR BEHAVIORAL	MUTUAL FUNDS
	MID CAP STOCK FUND	MUTUAL FUNDS
	SCIENCE & TECHNOLOGY FUND	MUTUAL FUNDS
	ISHARES MSCI EAFE GROWTH ETF	MUTUAL FUNDS
	HARBOR MID CAP VALUE FUND	MUTUAL FUNDS
	VANGUARD EXPLORER FUND	MUTUAL FUNDS
	FRANKLIN SMALL-MID GROWTH	MUTUAL FUNDS
	OPPENHEIMER GLOBAL	MUTUAL FUNDS
	TEMPLETON WORLD	MUTUAL FUNDS
	EUROPACIFIC GROWTH FUND	MUTUAL FUNDS
	LEGG MASON CLEARBR AGG GROWTH	MUTUAL FUNDS
	ROYCE PENNSYLVANIA MUTUAL FUND	MUTUAL FUNDS
	THORNBURG INTERNATIONAL VALUE	MUTUAL FUNDS
	SMALL COMPANY VALUE FUND	MUTUAL FUNDS
	INVESCO SMALL CAP GROWTH	MUTUAL FUNDS
	SMALLCAP WORLD FUND	MUTUAL FUNDS
	AMERICAN CENTURY HERITAGE	MUTUAL FUNDS
	VANGUARD MID-CAP GROWTH EFTF	MUTUAL FUNDS
	NEW WORLD FUND	MUTUAL FUNDS
	Real Est. Securities Fund	MUTUAL FUNDS
	T. ROWE PRICE HEALTH SCI	MUTUAL FUNDS
	FINANCIAL INDUSTRIES FUND	MUTUAL FUNDS
	IVY ASSET STRATEGY FUND	MUTUAL FUNDS
	WISDOMTREE MC EARNINGS EFT	MUTUAL FUNDS
	VANGUARD SMALL CAP VALUE INDEX	MUTUAL FUNDS
	LORD ABBETT VALUE OPPS FUND	MUTUAL FUNDS
	JPMORGAN INTREPID MID CAP	MUTUAL FUNDS
	ABERDEEN INTERNATIONAL EQUITY	MUTUAL FUNDS
	T. ROWE PRICE SML CAP VAL	MUTUAL FUNDS
	JOHN HANCOCK INTL GROWTH	MUTUAL FUNDS
	NORTHERN SMALL CAP VALUE FUND	MUTUAL FUNDS
	DIAMOND HILL SMALL-MID CAP	MUTUAL FUNDS
	DODGE & COX STOCK FUND	MUTUAL FUNDS
	VICTORY DIVERSIFIED STOCK	MUTUAL FUNDS
	JH DISCIPLINED VALUE MID CAP	MUTUAL FUNDS
	INVESCO INTERNATIONAL GROWTH	MUTUAL FUNDS
	VANGUARD TOT WLD STK INDEX EFT	MUTUAL FUNDS
	BLACKROCK BASIC VALUE	MUTUAL FUNDS
	Value Fund	MUTUAL FUNDS
	CAPITAL WORLD GROWTH & INCOME	MUTUAL FUNDS
	ALL CAP CORE FUND	MUTUAL FUNDS
	JOHN HANCOCK DISCIPLINED VALUE	MUTUAL FUNDS
	VANGUARD MID-CAP VALUE ETF	MUTUAL FUNDS
	NEW PERSPECTIVE FUND	MUTUAL FUNDS
	CAPITAL APPRECIATION FUND	MUTUAL FUNDS

	JOHN HANCOCK SELECT GROWTH	MUTUAL FUNDS
	MID VALUE FUND	MUTUAL FUNDS
	WISDOMTREE SC DIVIDEND ETF	MUTUAL FUNDS
	MASSACHUSETTS INVESTORS FUND	MUTUAL FUNDS
	THE GROWTH FUND OF AMERICA	MUTUAL FUNDS
	FIDELITY ADV DIVERSIFIED STOCK	MUTUAL FUNDS
	FUNDAMENTAL INVESTORS	MUTUAL FUNDS
	JPMORGAN LARGE CAP GROWTH	MUTUAL FUNDS
	DAVIS NEW YORK VENTURE	MUTUAL FUNDS
	BAIRD MIDCAP FUND	MUTUAL FUNDS
	DOMINI SOCIAL EQUITY	MUTUAL FUNDS
	VANGUARD GROWTH INDEX FUND	MUTUAL FUNDS
	TOTAL STOCK MARKET INDEX FUND	MUTUAL FUNDS
	WISDOMTREE MC DIVIDEND ETF	MUTUAL FUNDS
	UTILITIES FUND	MUTUAL FUNDS
	EQUITY INCOME FUND	MUTUAL FUNDS
	VANGUARD VALUE INDEX FUND	MUTUAL FUNDS
	T. ROWE PRICE EQUITY INC	MUTUAL FUNDS
	FT Founding Funds Allocation	MUTUAL FUNDS
	INVESTMENT COMPANY OF AMERICA	MUTUAL FUNDS
	Franklin Mutual Beacon Fund	MUTUAL FUNDS
	Fidelity ContraFund	MUTUAL FUNDS
	Fidelity Adv New Insights	MUTUAL FUNDS
	Mutual Global Discovery	MUTUAL FUNDS
	Sit Dividend Growth Fund	MUTUAL FUNDS
	Parnassus Core Equity Fund	MUTUAL FUNDS
	Pax World Balanced Fund	MUTUAL FUNDS
	Washington Mutual Investors	MUTUAL FUNDS
	BlackRock Global Allocation	MUTUAL FUNDS
	U.S. Equity Fund	MUTUAL FUNDS
	T. Rowe Price Cap Appreciation	MUTUAL FUNDS
	PIMCO All Asset All Authority	MUTUAL FUNDS
	American Balanced Fund	MUTUAL FUNDS
	Capital Income Builder	MUTUAL FUNDS
	Fidelity Advisor Gold Fund	MUTUAL FUNDS
	Income Fund of America	MUTUAL FUNDS
	SSgA Mid Growth Index Fund	MUTUAL FUNDS
	PIMCO All Asset	MUTUAL FUNDS
	SSgA Mid Value Index Fund	MUTUAL FUNDS
	Fundamental Large Cap Value	MUTUAL FUNDS
	Columbia Mid Cap Value	MUTUAL FUNDS
	Alternative Asset Allocation	MUTUAL FUNDS
	Eaton Vance Large-Cap Value	MUTUAL FUNDS
	Columbia Equity Value	MUTUAL FUNDS
	Templeton Global Bond Fund	MUTUAL FUNDS
	Oppenheimer Intl Bond	MUTUAL FUNDS
	Core Global Diversification	MUTUAL FUNDS
	MFS Emerging Markets Debt	MUTUAL FUNDS
	High Yield Fund	MUTUAL FUNDS
	Core Diversified Grwth & Inc	MUTUAL FUNDS
	Strategic Income Opp Fund	MUTUAL FUNDS
	PIMCO Global Bond	MUTUAL FUNDS

	Core Fundamental Holdings	MUTUAL FUNDS
	Global Bond Fund	MUTUAL FUNDS
	Federated High Yield Bond	MUTUAL FUNDS
	Real Return Bond Fund	MUTUAL FUNDS
	PIMCO Real Return	MUTUAL FUNDS
	DFA Inflation-Protected Sec	MUTUAL FUNDS
	Capital World Bond Fund	MUTUAL FUNDS
	U.S. High Yield Bond Fund	MUTUAL FUNDS
	T. Rowe Price Spectrum Inc	MUTUAL FUNDS
	Floating Rate Income Fund	MUTUAL FUNDS
	PIMCO Total Return	MUTUAL FUNDS
	Investment Qual Bond Fund	MUTUAL FUNDS
	Total Return Fund	MUTUAL FUNDS
	Active Bond Fund	MUTUAL FUNDS
	Payden/Kravitz Cash Balance	MUTUAL FUNDS
	Core Bond Fund	MUTUAL FUNDS
	Total Bond Market Fund	MUTUAL FUNDS
	US Government Securities	MUTUAL FUNDS
	Vanguard Short-Term Federal	MUTUAL FUNDS
	T. Rowe Price Short Term Bond	MUTUAL FUNDS
	Money Market Fund	MUTUAL FUNDS
	John Hancock Stable Val	MUTUAL FUNDS
	JH Thru 2055 Active Strategy	MUTUAL FUNDS
	JH Thru 2050 Active Strategy	MUTUAL FUNDS
	JH Thru 2045 Active Strategy	MUTUAL FUNDS
	JH Thru 2040 Active Strategy	MUTUAL FUNDS
	JH Thru 2035 Active Strategy	MUTUAL FUNDS
	JH Thru 2030 Active Strategy	MUTUAL FUNDS
	JH Thru 2025 Active Strategy	MUTUAL FUNDS
	JH Thru 2020 Active Strategy	MUTUAL FUNDS
	JH Thru 2015 Active Strategy	MUTUAL FUNDS
	JH Thru 2010 Active Strategy	MUTUAL FUNDS
	JH Thru 2055 Managed Port	MUTUAL FUNDS
	JH Thru 2050 Managed Port	MUTUAL FUNDS
	JH Thru 2045 Managed Port	MUTUAL FUNDS
	JH Thru 2040 Managed Port	MUTUAL FUNDS
	JH Thru 2035 Managed Port	MUTUAL FUNDS
	JH Thru 2030 Managed Port	MUTUAL FUNDS
	JH Thru 2025 Managed Port	MUTUAL FUNDS
	JH Thru 2020 Managed Port	MUTUAL FUNDS
	JH Thru 2015 Managed Port	MUTUAL FUNDS
	JH Thru 2010 Managed Port	MUTUAL FUNDS
	JH Ret To 2055 Managed Port	MUTUAL FUNDS
	JH Ret To 2050 Managed Port	MUTUAL FUNDS
	JH Ret To 2045 Managed Port	MUTUAL FUNDS
	JH Ret To 2040 Managed Port	MUTUAL FUNDS
	JH Ret To 2035 Managed Port	MUTUAL FUNDS
	JH Ret To 2030 Managed Port	MUTUAL FUNDS
	JH Ret To 2025 Managed Port	MUTUAL FUNDS
	JH Ret To 2020 Managed Port	MUTUAL FUNDS
	JH Ret To 2015 Managed Port	MUTUAL FUNDS
	JH Ret To 2010 Managed Port	MUTUAL FUNDS

	American Century 2055	MUTUAL FUNDS
	American Century 2050	MUTUAL FUNDS
	American Century 2045	MUTUAL FUNDS
	American Century 2040	MUTUAL FUNDS
	American Century 2035	MUTUAL FUNDS
	American Century 2030	MUTUAL FUNDS
	American Century 2025	MUTUAL FUNDS
	American Century 2020	MUTUAL FUNDS
	American Century 2015	MUTUAL FUNDS
	American Century In Retirement	MUTUAL FUNDS
	T. Rowe Price Retirement 2055	MUTUAL FUNDS
	T. Rowe Price Retirement 2050	MUTUAL FUNDS
	T. Rowe Price Retirement 2045	MUTUAL FUNDS
	T. Rowe Price Retirement 2040	MUTUAL FUNDS
	T. Rowe Price Retirement 2035	MUTUAL FUNDS
	T. Rowe Price Retirement 2030	MUTUAL FUNDS
	T. Rowe Price Retirement 2025	MUTUAL FUNDS
	T. Rowe Price Retirement 2020	MUTUAL FUNDS
	T. Rowe Price Retirement 2015	MUTUAL FUNDS
	T. Rowe Price Retirement 2010	MUTUAL FUNDS
	JH LS Agg Active Strategy	MUTUAL FUNDS
	JH LS Grow Active Strategy	MUTUAL FUNDS
	JH LS Bal Active Strategy	MUTUAL FUNDS
	JH LS Mod Active Strategy	MUTUAL FUNDS
	JH LS Con Active Strategy	MUTUAL FUNDS
	JH LS Agg Managed Portfolio	MUTUAL FUNDS
	JH LS Grow Managed Portfolio	MUTUAL FUNDS
	JH LS Bal Managed Portfolio	MUTUAL FUNDS
	JH LS Mod Managed Portfolio	MUTUAL FUNDS
	JH LS Con Managed Portfolio	MUTUAL FUNDS
	JH LS Agg Managed Volatility	MUTUAL FUNDS
	JH LS Grow Managed Volatility	MUTUAL FUNDS
	JH LS Bal Managed Volatility	MUTUAL FUNDS
	JH LS Mod Managed Volatility	MUTUAL FUNDS
	JH LS Con Managed Volatility	MUTUAL FUNDS
	Russell Equity Growth	MUTUAL FUNDS
	Russell Growth	MUTUAL FUNDS
	Russell Balanced	MUTUAL FUNDS
	Russell Moderate	MUTUAL FUNDS
	Russell Conservative	MUTUAL FUNDS

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

Name of Plan:
ATLANTIC TESTING LABORATORIES LTD
► 401K RETIREMENT SAVINGS PLAN

Employer Identification Number:► 16-1109111
For plan year (beginning/ending):► 01/01/2014-12/31/2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value
	Tocqueville Gold Fund	MUTUAL FUNDS
	Natural Resources Fund	MUTUAL FUNDS
	ROYCE OPPORTUNITY	MUTUAL FUNDS
	BLUE CHIP GROWTH FUND	MUTUAL FUNDS
	JOHN HANCOCK DISCIPLINED FUND	MUTUAL FUNDS
	OPPENHEIMER DEVELOPING MARKET	MUTUAL FUNDS
	Oppenheimer Intl Growth Fund	MUTUAL FUNDS
	Intl Equity Index Fund	MUTUAL FUNDS
	500 Index Fund	MUTUAL FUNDS
	Pru Jennison Mid Growth Fund	MUTUAL FUNDS
	Lifestyle Balanced	MUTUAL FUNDS
	Lifestyle Conservative	MUTUAL FUNDS
	Lifestyle Growth	MUTUAL FUNDS
	Lifestyle Moderate	MUTUAL FUNDS
	Columbia Mid Cap Value	MUTUAL FUNDS
	Small Cap Value Fund	MUTUAL FUNDS
	Total Return Fund	MUTUAL FUNDS
	Small Cap Growth Index	MUTUAL FUNDS
	Retirement Living through 2010	MUTUAL FUNDS
	Retirement Living through 2015	MUTUAL FUNDS
	Retirement Living through 2025	MUTUAL FUNDS
	Retirement Living through 2030	MUTUAL FUNDS
	Retirement Living through 2035	MUTUAL FUNDS
	Retirement Living through 2040	MUTUAL FUNDS
	Retirement Living through 2045	MUTUAL FUNDS
	Retirement Living through 2050	MUTUAL FUNDS
	Loan Fund	LOAN FUND
	International Value Fund	MUTUAL FUNDS
	DFA U.S. Small Cap Fund	MUTUAL FUNDS
	Small Cap Index Fund	MUTUAL FUNDS
	Mid Cap Index Fund	MUTUAL FUNDS
	Growth Index Fund	MUTUAL FUNDS
	Value Index Fund	MUTUAL FUNDS
	VANGUARD ENERGY FUND	MUTUAL FUNDS
	ISHARES GOLD TRUST ETF	MUTUAL FUNDS
	NORTHERN EM EQUITY INDEX FUND	MUTUAL FUNDS
	PIMCO COMMODITY REAL RETURN	MUTUAL FUNDS
	DFA US TARGETED VALUE FUND	MUTUAL FUNDS
	KEELEY SAMLL CAP VALUE	MUTUAL FUNDS

	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS
	ISHARES MSCI EAFE VALUE ETF	MUTUAL FUNDS
	INTERNATIONAL CORE FUND	MUTUAL FUNDS
	T. ROWE PRICE SCI & TECH	MUTUAL FUNDS
	ASTON/FAIRPOINTE MID CAP FUND	MUTUAL FUNDS
	SMALL CAP OPPORTUNITIES FUND	MUTUAL FUNDS
	VANGUARD SMALL CAP GROW INDEX	MUTUAL FUNDS
	UNDISCOVERED MGR BEHAVIORAL	MUTUAL FUNDS
	MID CAP STOCK FUND	MUTUAL FUNDS
	SCIENCE & TECHNOLOGY FUND	MUTUAL FUNDS
	ISHARES MSCI EAFE GROWTH ETF	MUTUAL FUNDS
	HARBOR MID CAP VALUE FUND	MUTUAL FUNDS
	VANGUARD EXPLORER FUND	MUTUAL FUNDS
	FRANKLIN SMALL-MID GROWTH	MUTUAL FUNDS
	OPPENHEIMER GLOBAL	MUTUAL FUNDS
	TEMPLETON WORLD	MUTUAL FUNDS
	EUROPACIFIC GROWTH FUND	MUTUAL FUNDS
	LEGG MASON CLEARBR AGG GROWTH	MUTUAL FUNDS
	ROYCE PENNSYLVANIA MUTUAL FUND	MUTUAL FUNDS
	THORNBURG INTERNATIONAL VALUE	MUTUAL FUNDS
	SMALL COMPANY VALUE FUND	MUTUAL FUNDS
	INVESCO SMALL CAP GROWTH	MUTUAL FUNDS
	SMALLCAP WORLD FUND	MUTUAL FUNDS
	AMERICAN CENTURY HERITAGE	MUTUAL FUNDS
	VANGUARD MID-CAP GROWTH EFTF	MUTUAL FUNDS
	NEW WORLD FUND	MUTUAL FUNDS
	Real Est. Securities Fund	MUTUAL FUNDS
	T. ROWE PRICE HEALTH SCI	MUTUAL FUNDS
	FINANCIAL INDUSTRIES FUND	MUTUAL FUNDS
	IVY ASSET STRATEGY FUND	MUTUAL FUNDS
	WISDOMTREE MC EARNINGS EFT	MUTUAL FUNDS
	VANGUARD SMALL CAP VALUE INDEX	MUTUAL FUNDS
	LORD ABBETT VALUE OPPS FUND	MUTUAL FUNDS
	JPMORGAN INTREPID MID CAP	MUTUAL FUNDS
	ABERDEEN INTERNATIONAL EQUITY	MUTUAL FUNDS
	T. ROWE PRICE SML CAP VAL	MUTUAL FUNDS
	JOHN HANCOCK INTL GROWTH	MUTUAL FUNDS
	NORTHERN SMALL CAP VALUE FUND	MUTUAL FUNDS
	DIAMOND HILL SMALL-MID CAP	MUTUAL FUNDS
	DODGE & COX STOCK FUND	MUTUAL FUNDS
	VICTORY DIVERSIFIED STOCK	MUTUAL FUNDS
	JH DISCIPLINED VALUE MID CAP	MUTUAL FUNDS
	INVESCO INTERNATIONAL GROWTH	MUTUAL FUNDS
	VANGUARD TOT WLD STK INDEX EFT	MUTUAL FUNDS
	BLACKROCK BASIC VALUE	MUTUAL FUNDS
	Value Fund	MUTUAL FUNDS
	CAPITAL WORLD GROWTH & INCOME	MUTUAL FUNDS
	ALL CAP CORE FUND	MUTUAL FUNDS
	JOHN HANCOCK DISCIPLINED VALUE	MUTUAL FUNDS
	VANGUARD MID-CAP VALUE ETF	MUTUAL FUNDS
	NEW PERSPECTIVE FUND	MUTUAL FUNDS
	CAPITAL APPRECIATION FUND	MUTUAL FUNDS

	JOHN HANCOCK SELECT GROWTH	MUTUAL FUNDS
	MID VALUE FUND	MUTUAL FUNDS
	WISDOMTREE SC DIVIDEND ETF	MUTUAL FUNDS
	MASSACHUSETTS INVESTORS FUND	MUTUAL FUNDS
	THE GROWTH FUND OF AMERICA	MUTUAL FUNDS
	FIDELITY ADV DIVERSIFIED STOCK	MUTUAL FUNDS
	FUNDAMENTAL INVESTORS	MUTUAL FUNDS
	JPMORGAN LARGE CAP GROWTH	MUTUAL FUNDS
	DAVIS NEW YORK VENTURE	MUTUAL FUNDS
	BAIRD MIDCAP FUND	MUTUAL FUNDS
	DOMINI SOCIAL EQUITY	MUTUAL FUNDS
	VANGUARD GROWTH INDEX FUND	MUTUAL FUNDS
	TOTAL STOCK MARKET INDEX FUND	MUTUAL FUNDS
	WISDOMTREE MC DIVIDEND ETF	MUTUAL FUNDS
	UTILITIES FUND	MUTUAL FUNDS
	EQUITY INCOME FUND	MUTUAL FUNDS
	VANGUARD VALUE INDEX FUND	MUTUAL FUNDS
	T. ROWE PRICE EQUITY INC	MUTUAL FUNDS
	FT Founding Funds Allocation	MUTUAL FUNDS
	INVESTMENT COMPANY OF AMERICA	MUTUAL FUNDS
	Franklin Mutual Beacon Fund	MUTUAL FUNDS
	Fidelity ContraFund	MUTUAL FUNDS
	Fidelity Adv New Insights	MUTUAL FUNDS
	Mutual Global Discovery	MUTUAL FUNDS
	Sit Dividend Growth Fund	MUTUAL FUNDS
	Parnassus Core Equity Fund	MUTUAL FUNDS
	Pax World Balanced Fund	MUTUAL FUNDS
	Washington Mutual Investors	MUTUAL FUNDS
	BlackRock Global Allocation	MUTUAL FUNDS
	U.S. Equity Fund	MUTUAL FUNDS
	T. Rowe Price Cap Appreciation	MUTUAL FUNDS
	PIMCO All Asset All Authority	MUTUAL FUNDS
	American Balanced Fund	MUTUAL FUNDS
	Capital Income Builder	MUTUAL FUNDS
	Fidelity Advisor Gold Fund	MUTUAL FUNDS
	Income Fund of America	MUTUAL FUNDS
	SSgA Mid Growth Index Fund	MUTUAL FUNDS
	PIMCO All Asset	MUTUAL FUNDS
	SSgA Mid Value Index Fund	MUTUAL FUNDS
	Fundamental Large Cap Value	MUTUAL FUNDS
	Columbia Mid Cap Value	MUTUAL FUNDS
	Alternative Asset Allocation	MUTUAL FUNDS
	Eaton Vance Large-Cap Value	MUTUAL FUNDS
	Columbia Equity Value	MUTUAL FUNDS
	Templeton Global Bond Fund	MUTUAL FUNDS
	Oppenheimer Intl Bond	MUTUAL FUNDS
	Core Global Diversification	MUTUAL FUNDS
	MFS Emerging Markets Debt	MUTUAL FUNDS
	High Yield Fund	MUTUAL FUNDS
	Core Diversified Grwth & Inc	MUTUAL FUNDS
	Strategic Income Opp Fund	MUTUAL FUNDS
	PIMCO Global Bond	MUTUAL FUNDS

	Core Fundamental Holdings	MUTUAL FUNDS
	Global Bond Fund	MUTUAL FUNDS
	Federated High Yield Bond	MUTUAL FUNDS
	Real Return Bond Fund	MUTUAL FUNDS
	PIMCO Real Return	MUTUAL FUNDS
	DFA Inflation-Protected Sec	MUTUAL FUNDS
	Capital World Bond Fund	MUTUAL FUNDS
	U.S. High Yield Bond Fund	MUTUAL FUNDS
	T. Rowe Price Spectrum Inc	MUTUAL FUNDS
	Floating Rate Income Fund	MUTUAL FUNDS
	PIMCO Total Return	MUTUAL FUNDS
	Investment Qual Bond Fund	MUTUAL FUNDS
	Total Return Fund	MUTUAL FUNDS
	Active Bond Fund	MUTUAL FUNDS
	Payden/Kravitz Cash Balance	MUTUAL FUNDS
	Core Bond Fund	MUTUAL FUNDS
	Total Bond Market Fund	MUTUAL FUNDS
	US Government Securities	MUTUAL FUNDS
	Vanguard Short-Term Federal	MUTUAL FUNDS
	T. Rowe Price Short Term Bond	MUTUAL FUNDS
	Money Market Fund	MUTUAL FUNDS
	John Hancock Stable Val	MUTUAL FUNDS
	JH Thru 2055 Active Strategy	MUTUAL FUNDS
	JH Thru 2050 Active Strategy	MUTUAL FUNDS
	JH Thru 2045 Active Strategy	MUTUAL FUNDS
	JH Thru 2040 Active Strategy	MUTUAL FUNDS
	JH Thru 2035 Active Strategy	MUTUAL FUNDS
	JH Thru 2030 Active Strategy	MUTUAL FUNDS
	JH Thru 2025 Active Strategy	MUTUAL FUNDS
	JH Thru 2020 Active Strategy	MUTUAL FUNDS
	JH Thru 2015 Active Strategy	MUTUAL FUNDS
	JH Thru 2010 Active Strategy	MUTUAL FUNDS
	JH Thru 2055 Managed Port	MUTUAL FUNDS
	JH Thru 2050 Managed Port	MUTUAL FUNDS
	JH Thru 2045 Managed Port	MUTUAL FUNDS
	JH Thru 2040 Managed Port	MUTUAL FUNDS
	JH Thru 2035 Managed Port	MUTUAL FUNDS
	JH Thru 2030 Managed Port	MUTUAL FUNDS
	JH Thru 2025 Managed Port	MUTUAL FUNDS
	JH Thru 2020 Managed Port	MUTUAL FUNDS
	JH Thru 2015 Managed Port	MUTUAL FUNDS
	JH Thru 2010 Managed Port	MUTUAL FUNDS
	JH Ret To 2055 Managed Port	MUTUAL FUNDS
	JH Ret To 2050 Managed Port	MUTUAL FUNDS
	JH Ret To 2045 Managed Port	MUTUAL FUNDS
	JH Ret To 2040 Managed Port	MUTUAL FUNDS
	JH Ret To 2035 Managed Port	MUTUAL FUNDS
	JH Ret To 2030 Managed Port	MUTUAL FUNDS
	JH Ret To 2025 Managed Port	MUTUAL FUNDS
	JH Ret To 2020 Managed Port	MUTUAL FUNDS
	JH Ret To 2015 Managed Port	MUTUAL FUNDS
	JH Ret To 2010 Managed Port	MUTUAL FUNDS

	American Century 2055	MUTUAL FUNDS
	American Century 2050	MUTUAL FUNDS
	American Century 2045	MUTUAL FUNDS
	American Century 2040	MUTUAL FUNDS
	American Century 2035	MUTUAL FUNDS
	American Century 2030	MUTUAL FUNDS
	American Century 2025	MUTUAL FUNDS
	American Century 2020	MUTUAL FUNDS
	American Century 2015	MUTUAL FUNDS
	American Century In Retirement	MUTUAL FUNDS
	T. Rowe Price Retirement 2055	MUTUAL FUNDS
	T. Rowe Price Retirement 2050	MUTUAL FUNDS
	T. Rowe Price Retirement 2045	MUTUAL FUNDS
	T. Rowe Price Retirement 2040	MUTUAL FUNDS
	T. Rowe Price Retirement 2035	MUTUAL FUNDS
	T. Rowe Price Retirement 2030	MUTUAL FUNDS
	T. Rowe Price Retirement 2025	MUTUAL FUNDS
	T. Rowe Price Retirement 2020	MUTUAL FUNDS
	T. Rowe Price Retirement 2015	MUTUAL FUNDS
	T. Rowe Price Retirement 2010	MUTUAL FUNDS
	JH LS Agg Active Strategy	MUTUAL FUNDS
	JH LS Grow Active Strategy	MUTUAL FUNDS
	JH LS Bal Active Strategy	MUTUAL FUNDS
	JH LS Mod Active Strategy	MUTUAL FUNDS
	JH LS Con Active Strategy	MUTUAL FUNDS
	JH LS Agg Managed Portfolio	MUTUAL FUNDS
	JH LS Grow Managed Portfolio	MUTUAL FUNDS
	JH LS Bal Managed Portfolio	MUTUAL FUNDS
	JH LS Mod Managed Portfolio	MUTUAL FUNDS
	JH LS Con Managed Portfolio	MUTUAL FUNDS
	JH LS Agg Managed Volatility	MUTUAL FUNDS
	JH LS Grow Managed Volatility	MUTUAL FUNDS
	JH LS Bal Managed Volatility	MUTUAL FUNDS
	JH LS Mod Managed Volatility	MUTUAL FUNDS
	JH LS Con Managed Volatility	MUTUAL FUNDS
	Russell Equity Growth	MUTUAL FUNDS
	Russell Growth	MUTUAL FUNDS
	Russell Balanced	MUTUAL FUNDS
	Russell Moderate	MUTUAL FUNDS
	Russell Conservative	MUTUAL FUNDS