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
LABCON, NORTH AMERICA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
LABCON, NORTH AMERICA

3700 LAKEVILLE HIGHWAY, #200
PETALUMA, CA 94954

2b Employer Identification Number (EIN)
94-1458073

2c Plan Sponsor's telephone number
707-766-2100

2d Business code (see instructions)
326100

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	MARY ADAMS
	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**	196
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)**	173
a(2) Total number of active participants at the end of the plan year	**6a(2)**	167
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	168
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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

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)** [ ] **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
LABCON, NORTH AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LABCON, NORTH AMERICA

D Employer Identification Number (EIN)
94-1458073

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

NATIONWIDE LIFE INSURANCE CO.

(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
31-4156830	66869	GAP-B0-EK7Y	0	01/01/2014	06/30/2014

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

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

(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	

(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) [X] 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) [X] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	2867
c	Additions: (1) Contributions deposited during the year	**7c(1)**	4397		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	212		
	(4) Transferred from separate account	**7c(4)**	303073		
	(5) Other (specify below)	**7c(5)**	1571		
	▶ LOAN PAYMENT				
	(6)Total additions			**7c(6)**	309253
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	312120
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**	124		
	(3) Transferred to separate account	**7e(3)**	308427		
	(4) Other (specify below)	**7e(4)**	3569		
	▶ TRANSFER TO SUCCEESOR				
	(5) Total deductions			**7e(5)**	312120
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)**	
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)**	
(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)**	
(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) ▶
LABCON, NORTH AMERICA 401(K) PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LABCON, NORTH AMERICA	94-1458073

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

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

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

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

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

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

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

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

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

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

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

(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)

PORTICO WEALTH ADVISORS

27-1799818

(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?
22	INVESTMENT ADVISOR	11301	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

FINANCIAL DECISIONS

(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?
13 15 17 36 37 38 50 59 64 65	TPA/RECORDKEEPER	4824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(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
LABCON, NORTH AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LABCON, NORTH AMERICA

D Employer Identification Number (EIN)
94-1458073

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		8739
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	178616	1681
(2) Participant contributions	1b(2)	4083	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		30910
(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)		951
(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)	264580	485636
(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)	6978285	7904721
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1597038	1529989
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9022602	9962627
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		9792
k	Total liabilities (add all amounts in lines 1g through1j)	1k		9792
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9022602	9952835

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)	181032	
	(B) Participants	2a(1)(B)	566740	
	(C) Others (including rollovers)	2a(1)(C)	55829	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		803601
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)	16151	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16151
	(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)	370207	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		370207
	(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)		
	(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)		

		(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)		63253
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1253212
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	301989	
(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)		301989
f Corrective distributions (see instructions)	2f		4835
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4824	
(3) Investment advisory and management fees	2i(3)	11331	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16155
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		322979
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		930233
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: SINGER LEWAK **(2)** EIN: 95-2302617

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		500000
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		X	

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

LABCON, NORTH AMERICA 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
FOR THE YEAR ENDED
DECEMBER 31, 2014

LABCON, NORTH AMERICA 401(K) PLAN
TABLE OF CONTENTS
December 31, 2014

	Page
INDEPENDENT AUDITOR'S REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 – 18
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i — Schedule of Assets (Held at End of Year)	19

SingerLewak LLP

www.SingerLewak.com

Silicon Valley
San Francisco
Los Angeles
Orange County
Woodland Hills
Monterey Park
Denver



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Labcon, North America 401(k) Plan

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient and 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 6, which was certified or provided by Charles Schwab Bank, the current custodian of the Plan and Nationwide Trust Company, the former custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians held the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the current custodian as of and for the period from June 13, 2014, to December 31, 2014, and the former custodian from January 1, 2014, to June 12, 2014, and as of December 31, 2013, that the information provided to the Plan Administrator by the custodians 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 and 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 End of Year) 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. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with the Department of Labor's 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 or provided by the current and former custodians, 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.

SingerLewak LLP

SingerLewak LLP

San Jose, California
October 14, 2015

LABCON, NORTH AMERICA 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31,

	2014	2013
Assets		
Investments, at fair value	$ 9,475,310	$ 8,575,323
Receivables		
Employer's contribution	1,681	178,616
Participants' contribution	-	4,083
Notes receivable from participants	485,636	264,580
Total receivables	487,317	447,279
Liabilities		
Excess contributions refundable	9,792	-
Net assets available for benefits at fair value	9,952,835	9,022,602
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(50,738)	-
Net assets available for benefits	**$ 9,902,097**	**$ 9,022,602**

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

LABCON, NORTH AMERICA 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2014

Additions to net assets attributed to		
Net appreciation in fair value of investments	$	12,515
Dividend and interest income		370,207
Interest income on notes receivable from participants		16,151
Contributions		
Participants'		566,740
Participant rollovers		55,829
Employer's		181,032
Total additions		1,202,474
Deductions from net assets attributed to		
Benefits paid to participants		306,824
Administrative expenses		16,155
Total deductions		322,979
Net increase in net assets		879,495
Net assets available for benefits, beginning of year		9,022,602
Net assets available for benefits, end of year	**$**	**9,902,097**

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

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Labcon, North America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan established in 1994 by Labcon, North America (the "Employer") under the provisions of Section 401(a) of the Internal Revenue Code (the "IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC. The Plan is for the benefit of eligible employees of the Employer, as described in the Plan document and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration

The Employer has appointed a Plan Administrator to manage the operation and administration of the Plan. The Employer has contracted with Charles Schwab Bank ("Charles Schwab") and Financial Decisions to act as the custodian and third-party administrator to process and maintain the records of participant data from June 13, 2014 through December 31, 2014 and Nationwide Trust Company, FSB ("Nationwide") to act as the custodian and Hunnex & Shoemaker, Inc. to act as the third-party administrator to process and maintain the records of participant data from January 1, 2014 through June 12, 2014 and as of December 31, 2013. Substantially all expenses incurred for administering the Plan are paid for by the Plan.

Eligibility

All employees are eligible to participate starting on the first day of the Plan quarter after the employee has obtained three months of continuous employment with the Employer. Effective July 1, 2014, all employees are eligible to participate starting on the first payroll after the employee has obtained three months of continuous employment with the Employer.

Contributions

Each participant may contribute a specified percentage or a dollar amount of his or her eligible pay each pay period on a pretax basis through payroll deductions subject to limitations under the IRC ($17,500 in 2014). Participants age 50 and over at the close of the Plan year are eligible to make catch-up contributions of a maximum of $5,500 in 2014. Participants may also contribute amounts rolled over from other qualified defined-benefit or contribution plans.

On a yearly basis, the Employer has the option to determine and adjust the amount of the matching contribution. Currently, the Employer contributes 50% of each dollar a participant defers, up to 7% of the participant's eligible income up to 3.5% of the employee's compensation. The Employer's matching contributions totaled $181,032 in 2014 and $178,616 in 2013.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Forfeitures will be used to reduce future Employer contributions. At December 31, 2014 and 2013, there was no balance in the forfeited nonvested accounts.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Employer's contributions 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.

Investment Options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator. Participants may change their investment options any time throughout the year via the Internet website or by using the automated telephone system offered by the trustee.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credit service.

Years Of Service	Percentage Vested
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

A participant may apply for a loan not to exceed the lesser of (i) $50,000 or (ii) 50% of his or her vested account balance in the Plan. Repayments are made by deductions of fixed amounts from the participant's salary. All loans, except for the purchase of a primary residence, must be repaid within five years. Loans to purchase a primary residence must be repaid within ten years. The loans are secured by the balance in the participant's account balance. Principal and interest are paid ratably through monthly payroll deductions. Outstanding notes receivable at December 31, 2014 carry interest rates ranging from 4% to 5.25%, which are commensurate with local prevailing rates as determined by the Plan Administrator.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant, whose account balance is less than $1,000, will receive the value of the vested interest in his or her account as a lump-sum distribution. Participants with account balances of $1,000 or more must elect to receive the vested interest in his or her account in one lump-sum at the time of termination, or receipt will be delayed until retirement age is reached. Commencing June 13, 2014, for participants with account balances below $5,000, the Plan allows for an automatic rollover into an IRA.

Financial Hardship Distributions

The Plan allows hardship withdrawals in accordance with Internal Revenue Service ("IRS") regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

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

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Revenue Recognition

The Plan's 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. See Note 7 for a discussion of fair value measurements. The investment in the deposit administration contract is valued at contract value which approximates fair value (see Note 4).

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

Management fees charged to the Plan for investments in mutual funds are based on assets invested and are deducted on a daily basis. Management fees are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan documents. As of December 31, 2014 there were no deemed distributions related to delinquent notes receivable from participants.

Payment of Benefits

Benefit payments to participants are recorded when paid.

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.

Income Taxes

Effective January 1, 2009, the Plan amended and restated the Plan in its entirety. The Plan received a favorable opinion letter by the Internal Revenue Service (the "IRS") effective February 1, 2010 for the Plan and all amendments to the Plan through August 6, 2009. The Plan has been amended effective January 1, 2011 to encompass the Heroes Earnings Assistance and Relief Tax Act of 2008 ("Heart") and the Worker, Retiree and Employer Recovery Act of 2008 ("WRERA"), and effective January 1, 2013, to encompass changes to the deferral elections with respect to bonuses.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes (Continued)
Effective June 14, 2014, the Plan amended and restated the Plan in its entirety. The Plan received a favorable opinion by the Internal Revenue Service (the "IRS") effective March 31, 2014 for the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Administrative Expenses
Except for loan origination fees, loan annual maintenance fees associated with notes receivable from participants and certain distribution fees, Plan expenses paid for by the Plan are charged on a pro-rata basis to the value of the participants' account balances. The Employer pays for a portion of the Plan's operating expenses.

Recently Issued Accounting Pronouncements
In June 2015, the FASB issued ASU No. 2015-10, Technical Corrections and Improvements ("ASU 2015-10"). The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards. The amendments in ASU 2015-10 will generally be effective for fiscal periods beginning after December 15, 2015. Early adoption is permitted, including adoption in an interim period. The adoption of immediately effective amendments was not significant to these financials. ASU 2015-10 has not yet been adopted. The Plan's management is currently evaluating the impact of this guidance on the Plan.

Subsequent Events
The Plan has evaluated subsequent events through October 14, 2015, which is the date the financial statements were available to be issued.

NOTE 3 – INVESTMENTS IN REGISTERED INVESTMENT COMPANIES

Through June 12, 2014 investments in the registered investment companies are made through a contract with Nationwide Trust Company, FSB (a division of Nationwide Bank) ("Nationwide"). The Retirement Innovator contract is a mutual fund platform that Nationwide offers outside of a traditional annuity contract. The platform consists of numerous mutual funds with a range of investment objectives. Returns are based on the underlying mutual funds in which the assets are invested.

Nationwide uses unit values to perform daily account valuations. The unit value is Nationwide's method for valuing accounts and is not the same as the net asset value ("NAV") reported by the fund house, although the financial trend should be the same.

NOTE 3 – INVESTMENTS IN REGISTERED INVESTMENT COMPANIES (Continued)

On June 13, 2014 investments in the registered investment companies are made through a contract with Charles Schwab Bank, ("Charles Schwab"). The platform consists of numerous mutual funds with a range of investment objectives. Returns are based on the underlying mutual funds in which the assets are invested.

Charles Schwab uses unit values to perform daily account valuations. The unit value is Charles Schwab's method for valuing accounts and is not the same as the net asset value ("NAV") reported by the fund house, although the financial trend should be the same.

NOTE 4 – INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

Reliance Trust/Met Life Stable Value 25053 Class 0

The Plan entered into a common collective trust contract through Charles Schwab. Charles Schwab maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 7, because the common collective trust is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Charles Schwab, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Redemptions can be made daily.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.
The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than a certain percentage. For the years ended December 31, 2014, the portfolio gross crediting rate was 2.49% and the average yield was 5.17%. Interest rates are reviewed on a quarterly basis for resetting.

Market value events may limit the ability of the Fund to transact at contract value with the issuer. Such events may include but are not limited to: Amendment to the administration of the fund, merger or consolidation of investors, group terminations or layoffs, implementation of an early retirement program, termination or partial termination of the fund, failure to meet certain tax qualifications, participant communication that is designed to influence participants not to invest in the fund, transfer to competing options without meeting the equity wash provisions of the fund, and plan sponsor withdrawal without the appropriate notice to the fund and/or issuer.

The Plan currently has a holding of $1,529,989 in Reliance Trust Metlife GAC Series 25053 CLass 0, a common collective trust benefit-responsive investment as of December 31 2014.

NOTE 4 – INVESTMENT CONTRACTS WITH INSURANCE COMPANIES (Continued)

Nationwide

In addition to the Retirement Innovator program, the Plan has an Indexed Fixed contract. The contract is not fully benefit-responsive. The contract has a guaranteed return with a quarterly interest rate guarantee that is based upon the three or five year Treasury Note yield. The interest rate earned on this contract can change quarterly if the yield on the three or five year Treasury Note index changes. In the year ended December 31, 2014, the contract crediting rates were 0.24%, 0.39%, 0.04% and 0.04% for the quarters ended March 31, June 30, September 30 and December 31, respectively. In the year ended December 31, 2013, the contract crediting rates were 0.00%, 0.00%, 0.12% and 0.51% for the quarters ended March 31, June 30, September 30 and December 31, respectively.

The fair value of the Index Fixed investment contract at December 31, 2013 approximates contract value.

Americo

In 1994, the Plan entered into a Deposit Administration investment contract with The College Life Insurance Company. Effective January 1, 2002, The College Life Insurance Company changed its name to Americo Financial Life and Annuity Insurance Company ("Americo"). Americo maintains the contributions in a pooled account. The account is credited with monthly contributions, credited interest and charges for Plan withdrawals and Americo's administrative expenses.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment, if necessary, to contract value in arriving at net assets available for benefits. No adjustment has been recorded for the year ended December 31, 2013. Contract value, as reported to the Plan by Americo, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Americo has the right to defer the payment of any withdrawal for a period of not more than six months after receipt of written requests and withdrawals are subject to a withdrawal charge as defined in the contract.

The contract has a guaranteed interest rate of 3.50% per annum compounded annually. From time to time, Americo may declare an interest rate in excess of the guaranteed interest rate. The excess rate is determined solely at the discretion of the board of directors of Americo. For the year ended December 31, 2013 and through June 12, 2014, the crediting interest rates were 3.50%.

NOTE 5 – INVESTMENTS

The following table represents investment funds that are 5% or more of the Plan's net assets at December 31, 2014:

BlackRock Equity Dividend Institutional Class I	$	1,198,860
DFA Global Allocation 60/40 Port Institutional CL		932,051
Vanguard 500 Index FD Admiral Shares		609,292
Wells Fargo Advantage Growth I		1,248,981
RTSV- Metlife GAC Series 25053 CL 0		1,529,989

The following table represents investment funds that are 5% or more of the Plan's net assets at December 31, 2013:

BlackRock Equity Dividend Institutional	$	1,073,888
Wells Fargo Advantage Growth		1,383,069
DFA International Core Equity I		644,271
DFA Global Allocation 60/40 I		619,143
Vanguard 500 Index Inv		520,061
Americo – Deposit Administration Contract		1,594,171

The current custodian also certified to the completeness and accuracy of $(287,241) of net depreciation in fair value of investments and $342,928 of dividend and interest income related to the aforementioned assets held outside of the Schwab Personal Choice Retirement Account (PCRA) for the year ended December 31, 2014.

The current custodian also certified to the completeness and accuracy of $(2,061) of net depreciation in fair value of investments and there was no dividend and interest income related to the aforementioned assets held inside of the Schwab Personal Choice Retirement Account (PCRA) for the year ended December 31, 2014.

The former custodian also certified to the completeness and accuracy of $301,817 of net appreciation in fair value of investments and $27,279 of dividend and interest income related to the Plan's investments in registered investment companies.

NOTE 6 – CERTIFIED INFORMATION

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the former and current custodians and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

	December 31,	
	2014	2013
Investments, at fair value		
Index fixed contract	$ -	$ 2,867
Units of registered investment companies	7,904,721	6,978,285
Interest-bearing cash	30,910	-
Cash	8,739	-
Common collective trust	1,529,989	-
Common stock	951	-

NOTE 7 – FAIR VALUE MEASUREMENT

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the standard are described below:

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 market 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.

NOTE 7 – FAIR VALUE MEASUREMENT (Continued)

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

Following are descriptions of valuation methodologies used for assets measured at fair value:

Interest-Bearing and Non-Interest Bearing Cash
Valued at the carrying value, which approximates fair value due to the short-term nature of such investments.

Registered Investment Companies
Valued at the net asset value ("NAV") of shares held by the Plan at year end. It is not probable that the mutual funds or interest-bearing cash will be sold at amounts that differ materially from the NAV of shares held.

Common Stocks
Valued at the closing price reported on the active market on which the individual securities are traded

Insurance Company General Accounts
Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Common Collective Trust
Investment contracts held by a defined-contribution plan are required to be reported at fair value. This applies even when the contracts are not held directly by the Plan but are underlying assets in Common Collective Trust ("CCT") investments held by the Plan. However, contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan holds units of a CCT that has investments in fully benefit-responsive investment contracts. Valued at fair value with underlying investments in investment contracts which are valued at the fair market value of the underlying investments and then adjusted by the issuer to contract value.

NOTE 7 – FAIR VALUE MEASUREMENT (Continued)

Investments in common collective trusts are valued based on the net asset values ("NAV") reported by the Trustee of the funds which are based on the value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while 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:

	Investments at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money Market	$ 30,910	$ -	$ -	$ 30,910
Cash	8,739	-	-	8,739
Registered investment companies				
Growth funds	2,532,825	-	-	2,532,825
Value funds	1,451,152	-	-	1,451,152
Bond funds	269,892	-	-	269,892
Blend funds	2,090,003	-	-	2,090,003
Target date funds	1,473,707	-	-	1,473,707
Other funds	87,142	-	-	87,142
Total registered investment companies	7,904,721	-	-	7,904,721
Common collective trust	-	1,529,989	-	1,529,989
Common stock-various	951	-	-	951
Total investments at fair value	**$ 7,945,321**	**$ 1,529,989**	**$ -**	**$ 9,475,310**

NOTE 7 – FAIR VALUE MEASUREMENT (Continued)

	Investments at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Growth funds	$ -	$ 1,682,605	$ -	$ 1,682,605
Value funds	-	2,000,358	-	2,000,358
Bond funds	-	310,082	-	310,082
Blend funds	-	1,880,454	-	1,880,454
Sector funds	-	10,344	-	10,344
Target date funds	-	1,054,810	-	1,054,810
Other funds	-	39,632	-	39,632
Total registered investment companies	-	6,978,285	-	6,978,285
Insurance company general accounts				
Deposit administration contract	-	-	1,594,171	1,594,171
Indexed fixed contract	-	2,867	-	2,867
Total insurance company general accounts	-	2,867	1,594,171	1,597,038
Total investments at fair value	**$ -**	**$ 6,981,152**	**$ 1,594,171**	**$ 8,575,323**

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

	Deposit Administration Contract
Balance, beginning of year	$ 1,594,171
Interest income	27,279
Realized gains (losses)	-
Unrealized gains (losses)	-
Purchases, sales, issuances and settlements, net	72,190
Transfers out of Level 3	(1,693,640)
Balance, end of year	**$ -**

The change from Level 3 to Level 2 investments is a result in the Company switching custodians during Plan year 2014 and changing the investments offered by the Plan.

NOTE 8 – PLAN TERMINATION

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

NOTE 9 – RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by the former and current custodians, or one of its affiliates and, therefore, these transactions qualify as exempt party-in-interest transactions. Notes receivable from participants and the related interest income are held by the custodians, and are considered related-party transactions.

NOTE 10 – ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

The Company adopted a volume submitter agreement with a cash or deferral arrangement which received favorable opinion letters from the IRS on February 1, 2010 and March 31, 2014, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS or the DOL. 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. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2011.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for benefits per the financial statements	$ 9,902,097
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	50,738
Net assets available for benefits per the Form 5500	**$ 9,952,835**

The following is a reconciliation of the affected components of the changes in the statement of changes per the financial statements to the Form 5500 for the year ended December 31, 2014:

Net increase in net assets per the financial statements	$ 879,495
Current year adjustment from contract value to fair value for fully benefit-responsive investment contracts	50,738
Net income per the Form 5500, Schedule H	**$ 930,233**

SUPPLEMENTAL INFORMATION

LABCON, NORTH AMERICA 401(K) PLAN

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

As of December 31, 2014

Plan Sponsor EIN 94-1458073
PLAN #001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Schwab Government Money Fund	Interest-Bearing Cash	**	$ 23,339
	American Funds AMCAP R6	Mutual Fund	**	74,932
	American Funds Europacific Growth R6	Mutual Fund	**	5,934
	American Funds Washington Mutual R6	Mutual Fund	**	19,826
	Blackrock Equity Dividend Institutional Class I	Mutual Fund	**	1,198,860
	DFA Emerging Markets Port CL Institutional	Mutual Fund	**	182,587
	DFA Global Allocation 25/75 Port Institutional CL	Mutual Fund	**	59,044
	DFA Global Allocation 60/40 Port Institutional CL	Mutual Fund	**	932,051
	DFA Global Equity Portfolio Institutional	Mutual Fund	**	331,183
	DFA International Core Equity Port Institutional	Mutual Fund	**	427,829
	DFA US Core Equity 2 Port Institutional	Mutual Fund	**	206,947
	DFA US Small Cap Port Institutional	Mutual Fund	**	123,282
	Dodge & Cox Income Fund	Mutual Fund	**	6,793
	PIMCO Commodity Real Return Institutional	Mutual Fund	**	49,259
	Vanguard F-I Secs Short Term US Treasury I	Mutual Fund	**	10
	Vanguard Inflation Protected Sec FD	Mutual Fund	**	5,413
	Vanguard Mid Cap Growth Index Investment	Mutual Fund	**	72,323
	Vanguard REIT Index Admiral Share	Mutual Fund	**	133,937
	Vanguard Selected Value Investment	Mutual Fund	**	232,466
	Vanguard Small Cap Growth Index FD	Mutual Fund	**	198,604
	Vanguard Small Cap Index Admiral	Mutual Fund	**	15,892
	Vanguard Target Retirement Income IN	Mutual Fund	**	10
	Vanguard Target Retirement 2010 FD I	Mutual Fund	**	68,061
	Vanguard Target Retirement 2015 FD I	Mutual Fund	**	349,346
	Vanguard Target Retirement 2025 FD I	Mutual Fund	**	250,457
	Vanguard Target Retirement 2030 FD I	Mutual Fund	**	267,887
	Vanguard Target Retirement 2035 FD I	Mutual Fund	**	233,386
	Vanguard Target Retirement 2040 FD I	Mutual Fund	**	190,529
	Vanguard Target Retirement 2045 FD I	Mutual Fund	**	110,143
	Vanguard Target Retirement 2055 Inv	Mutual Fund	**	3,898
	Vanguard Total Bond Market Index Adm	Mutual Fund	**	257,686
	Vanguard 500 Index FD Admiral Shares	Mutual Fund	**	609,292
	Wells Fargo Advantage Growth I	Mutual Fund	**	1,248,981
	RTSV- Metlife GAC Series 25053 CL 0	Common Collective Trust	**	1,529,989
	Cash	Cash	**	8,739
*	Schwab PCRA	Interest-Bearing Cash, Common Stock and Mutual Funds		46,395
*	Participant loans	Interest rates ranging from 4% to 5.25%, maturing through 2024		485,636
		Total		**$ 9,960,946**

* Denotes party-in-interest
** Cost information is not required for participant-directed investments

LABCON, NORTH AMERICA 401(K) PLAN

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

As of December 31, 2014

Plan Sponsor EIN 94-1458073
PLAN #001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Schwab Government Money Fund	Interest-Bearing Cash	**	$ 23,339
	American Funds AMCAP R6	Mutual Fund	**	74,932
	American Funds Europacific Growth R6	Mutual Fund	**	5,934
	American Funds Washington Mutual R6	Mutual Fund	**	19,826
	Blackrock Equity Dividend Institutional Class I	Mutual Fund	**	1,198,860
	DFA Emerging Markets Port CL Institutional	Mutual Fund	**	182,587
	DFA Global Allocation 25/75 Port Institutional CL	Mutual Fund	**	59,044
	DFA Global Allocation 60/40 Port Institutional CL	Mutual Fund	**	932,051
	DFA Global Equity Portfolio Institutional	Mutual Fund	**	331,183
	DFA International Core Equity Port Institutional	Mutual Fund	**	427,829
	DFA US Core Equity 2 Port Institutional	Mutual Fund	**	206,947
	DFA US Small Cap Port Institutional	Mutual Fund	**	123,282
	Dodge & Cox Income Fund	Mutual Fund	**	6,793
	PIMCO Commodity Real Return Institutional	Mutual Fund	**	49,259
	Vanguard F-I Secs Short Term US Treasury I	Mutual Fund	**	10
	Vanguard Inflation Protected Sec FD	Mutual Fund	**	5,413
	Vanguard Mid Cap Growth Index Investment	Mutual Fund	**	72,323
	Vanguard REIT Index Admiral Share	Mutual Fund	**	133,937
	Vanguard Selected Value Investment	Mutual Fund	**	232,466
	Vanguard Small Cap Growth Index FD	Mutual Fund	**	198,604
	Vanguard Small Cap Index Admiral	Mutual Fund	**	15,892
	Vanguard Target Retirement Income IN	Mutual Fund	**	10
	Vanguard Target Retirement 2010 FD I	Mutual Fund	**	68,061
	Vanguard Target Retirement 2015 FD I	Mutual Fund	**	349,346
	Vanguard Target Retirement 2025 FD I	Mutual Fund	**	250,457
	Vanguard Target Retirement 2030 FD I	Mutual Fund	**	267,887
	Vanguard Target Retirement 2035 FD I	Mutual Fund	**	233,386
	Vanguard Target Retirement 2040 FD I	Mutual Fund	**	190,529
	Vanguard Target Retirement 2045 FD I	Mutual Fund	**	110,143
	Vanguard Target Retirement 2055 Inv	Mutual Fund	**	3,898
	Vanguard Total Bond Market Index Adm	Mutual Fund	**	257,686
	Vanguard 500 Index FD Admiral Shares	Mutual Fund	**	609,292
	Wells Fargo Advantage Growth I	Mutual Fund	**	1,248,981
	RTSV- Metlife GAC Series 25053 CL 0	Common Collective Trust	**	1,529,989
	Cash	Cash	**	8,739
*	Schwab PCRA	Interest-Bearing Cash, Common Stock and Mutual Funds		46,395
*	Participant loans	Interest rates ranging from 4% to 5.25%, maturing through 2024		485,636
		Total		**$ 9,960,946**

* Denotes party-in-interest
** Cost information is not required for participant-directed investments