

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>002</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>04/04/2011</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>002</u>	1c	Effective date of plan <u>04/04/2011</u>		
1b	Three-digit plan number (PN) ▶ <u>002</u>						
1c	Effective date of plan <u>04/04/2011</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EUROFINS NSC US, INC.</u> <u>2425 NEW HOLLAND PIKE</u> <u>LANCASTER, PA 17601</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>27-3225082</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>717-556-3500</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>541380</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>27-3225082</u>	2c	Plan Sponsor's telephone number <u>717-556-3500</u>	2d	Business code (see instructions) <u>541380</u>
2b	Employer Identification Number (EIN) <u>27-3225082</u>						
2c	Plan Sponsor's telephone number <u>717-556-3500</u>						
2d	Business code (see instructions) <u>541380</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	MARGARET STOLTZFUS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor EUROFINNS NSC US, INC. 2425 NEW HOLLAND PIKE LANCASTER, PA 17601	3b Administrator's EIN 27-3225082 3c Administrator's telephone number 717-556-3500
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6517
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) 5194
a(2) Total number of active participants at the end of the plan year	6a(2) 5977
b Retired or separated participants receiving benefits	6b 3
c Other retired or separated participants entitled to future benefits	6c 2047
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 8027
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e	6f 8032
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7628
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 848
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: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EUROFINS NSC US, INC.	D Employer Identification Number (EIN) 27-3225082

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.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(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
42-0127290	61271	621103	6	07/01/2017	12/31/2017

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

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(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	40808
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 ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	199	
	7c(4)		
	7c(5)	68364	

▶ ACQUIRED VIA PLAN MERGER

(6) Total additions	7c(6)	68563
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d Total of balance and additions (add lines 7b and 7c(6))	7d	68563
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)	27755	
	7e(4)		

(4) Other (specify below)

(5) Total deductions	7e(5)	27755
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	40808
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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 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EUROFINS NSC US, INC.	D Employer Identification Number (EIN) 27-3225082

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.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(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
42-0127290	61271	613953	5	07/01/2017	12/31/2017

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
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(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** 43828**5** Current value of plan's interest under this contract in separate accounts at year end **5****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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 231
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 43620
▶ ACQUIRED VIA PLAN MERGER(6) Total additions **7c(6)** 43851**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 43851**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 23
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 23**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 43828

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EUROFINS NSC US, INC.	D Employer Identification Number (EIN) 27-3225082	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC.
94-1737782

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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)

CONRAD SIEGEL

PO BOX 5900
HARRISBURG, PA 17110-0900

23-1669823

(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 17 37 38 49 50	NONE	367338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONRAD SIEGEL INVESTMENT ADVISORS

01-0726056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 38 51	NONE	88661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
19 50 59 62	NONE	84620	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

DIMENSIONAL FUND ADVISORS LP

30-0447847

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN CENTURY INV MGT, INC.

44-6006315

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BOSTON MANAGEMENT AND RESEARCH

20-1227352

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
DIMENSIONAL FUND ADVISORS LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US TARGETED VALUE I 30-0447847	0.35% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA EMERGING MARKETS CORE EQUITY I 30-0447847	0.47% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN CENTURY INV MGT, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY GOVERNMENT BOND R5 44-6006315	0.26% OF ASSETS	

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
DIMENSIONAL FUND ADVISORS LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA INTERNATIONAL SMALL CAP VALUE I 30-0447847	0.65% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA REAL ESTATE SECURITIES I 30-0447847	0.17% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA ONE-YEAR FIXED-INCOME I 30-0447847	0.15% OF ASSETS	

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
BOSTON MANAGEMENT AND RESEARCH	28 52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>EATON VANCE FLOATING RATE I</p> <p>20-1227352</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.64% OF ASSETS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>CHARLES SCHWAB & CO., INC.</p>		
<p>(b) Service Codes (see instructions)</p> <p>19 59</p>		<p>(c) Enter amount of indirect compensation</p> <p>0</p>
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN CENTURY INVESTMENTS</p> <p>43-0821857</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>RANGE OF 0.00%-0.02% OF AVERAGE DAILY BALANCE OF ASSETS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>CHARLES SCHWAB & CO., INC.</p>		
<p>(b) Service Codes (see instructions)</p> <p>19 59</p>		<p>(c) Enter amount of indirect compensation</p> <p>0</p>
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>EATON VANCE</p> <p>04-2718215</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>RANGE OF 0.00%-0.02% OF AVERAGE DAILY BALANCE OF ASSETS</p>		

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EUROFINS NSC US, INC.</u>	D Employer Identification Number (EIN) <u>27-3225082</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a		669993	3490012
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		38309	2557
(2) Participant contributions	1b(2)		4529	7027
(3) Other.....	1b(3)		17037369	12930387
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0	0
(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)		3711442	4116061
(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)		195365951	275906064
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		0	84636
(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	216827593 296536744
Liabilities			
g	Benefit claims payable	1g	39856 70099
h	Operating payables	1h	5940 9800
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	45796 79899
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	216781797 296456845

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	10396183
	(B) Participants	2a(1)(B)	23035164
	(C) Others (including rollovers)	2a(1)(C)	4049778
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	37481125
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)	158101
	(F) Other	2b(1)(F)	429
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	158530
(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)	5674711
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	5674711
(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)		34713639
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		78028005

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16076223	
(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)		16076223
f Corrective distributions (see instructions)	2f		2037
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	367338	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	88661	
(4) Other	2i(4)	84620	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		540619
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16618879

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		61409126
l Transfers of assets:			
(1) To this plan.....	2l(1)		18265922
(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: TROUT, EBERSOLE & GROFF, LLP

(2) EIN: 23-1551315

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		13609
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		2000000
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? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EUROFINS NSC US, INC.		D Employer Identification Number (EIN) 27-3225082
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): 42-1558009		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Years Ended December 31, 2017 and 2016



Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Financial Statements with Supplementary Information

Years Ended December 31, 2017 and 2016

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Lancaster, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**, (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 3, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2017 and 2016, and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the custodian 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.

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Other Matter

The supplemental schedules of delinquent participant contributions, assets (held at end of year), and assets (acquired and disposed of within year) as of or for the year ended December 31, 2017, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

October 12, 2018
Lancaster, Pennsylvania

Trout, Ebersole & Groff, LLP
TROUT, EBERSOLE & GROFF, LLP
Certified Public Accountants

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

STATEMENTS of NET ASSETS AVAILABLE for BENEFITS

December 31, 2017 and 2016

	2017	2016
ASSETS		
Cash and Cash Equivalents (Note 3)	\$ 3,490,012	\$ 669,993
Investments at Fair Value (Notes 3, 4, and 5)	275,946,872	195,365,951
Investments at Contract Value (Note 6)	43,828	-0-
Receivables:		
Employer Contributions	2,557	38,309
Participant Contributions	7,027	4,529
Notes Receivable from Participants	4,116,061	3,711,442
Plan Merger Receivable	<u>12,930,387</u>	<u>17,037,369</u>
Total Receivables	<u>17,056,032</u>	<u>20,791,649</u>
TOTAL ASSETS	296,536,744	216,827,593
LIABILITIES		
Plan Transfer Payable	3,477,233	-0-
Accrued Liabilities	<u>9,800</u>	<u>5,940</u>
TOTAL LIABILITIES	<u>3,487,033</u>	<u>5,940</u>
NET ASSETS AVAILABLE for BENEFITS	<u>\$ 293,049,711</u>	<u>\$ 216,821,653</u>

See notes to financial statements.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS

Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS		
Investment Income (Note 3):		
Interest, Dividends, and Capital Gain Distributions	\$ 5,675,140	\$ 3,917,460
Net Appreciation in Fair Value of Investments	<u>34,713,639</u>	<u>10,889,244</u>
Total Investment Income	40,388,779	14,806,704
Interest on Notes Receivable from Participants	158,101	136,007
Contributions:		
Employer	10,396,183	8,394,229
Participants	23,035,164	17,682,234
Rollovers	<u>4,049,778</u>	<u>4,171,828</u>
Total Contributions	<u>37,481,125</u>	<u>30,248,291</u>
Total Additions	78,028,005	45,191,002
DEDUCTIONS		
Benefits Paid to Participants	16,045,980	14,525,858
Corrective Distributions	2,037	54,375
Administrative Expenses	<u>540,619</u>	<u>450,342</u>
Total Deductions	<u>16,588,636</u>	<u>15,030,575</u>
NET INCREASE	61,439,369	30,160,427
TRANSFER in of ASSETS DUE to PLAN MERGERS (NOTE 1)	18,265,922	17,719,693
TRANSFER out of ASSETS DUE to SPIN OFF (NOTE 1)	(3,477,233)	-0-
NET ASSETS AVAILABLE for BENEFITS		
Beginning of Year	<u>216,821,653</u>	<u>168,941,533</u>
End of Year	<u>\$ 293,049,711</u>	<u>\$ 216,821,653</u>

See notes to financial statements.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION of PLAN

The following description of the **Eurofins Scientific, Inc. 401(k) Incentive 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.

General

The Plan is a defined contribution plan covering all eligible employees of Eurofins NSC US, Inc. (the Company). Employees become eligible for elective deferrals after attaining one hour of service. After 90 days of service, employees become eligible to receive employer matching contributions. High school or college student employees working during semester breaks, non-resident aliens, and leased employees are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for the oversight of the Plan. In collaboration with the investment advisor, the Plan's Trustees determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Plan Mergers, Restatement, and Amendments

Effective December 31, 2016, the Advantar Laboratories, Inc. 401(k) Plan and the Viracor - IBT Laboratories, Inc. 401(k) Plan were merged into this Plan. As such, assets totaling \$682,324 were received by the Plan by December 31, 2016. Assets totaling \$17,037,369 were recorded as a plan merger receivable at December 31, 2016 and settled during January 2017. Employees of Advantar Laboratories, Inc. and Viracor - IBT Laboratories, Inc. were eligible to participate in the Plan January 1, 2017.

Effective January 1, 2017, the Plan was amended to recognize Eurofins VRL, Inc., Eurofins Viracor, Inc., and Advantar Laboratories, Inc., as participating employers in the Plan.

Effective April 28, 2017, the Plan was amended to recognize Eurofins Technologies North America, Inc. as a participating employer in the Plan.

Effective July 1, 2017, the Plan was amended to recognize Diatherix Laboratories, Inc. as a participating employer in the Plan. The assets of the Diatherix Laboratories 401(k) Plan, totaling \$5,253,160, were received by the Plan during July 2017. Additionally, assets totaling \$27,906 were recorded as a plan merger receivable at December 31, 2017. Employees of Diatherix Laboratories, Inc. were eligible to participate in the Plan July 1, 2017.

Effective September 1, 2017, the Plan was amended to recognize Eurofins ANA Laboratories, Inc. as a participating employer in the Plan.

Effective October 31, 2017, upon the Plan Sponsor's sale of Xenometrics, LLC, a participating employer, Plan participants employed directly by Xenometrics, LLC were no longer permitted to make elective deferral or Roth contributions to the Plan and both the Plan Sponsor and Xenometrics, LLC were no longer permitted to make any matching contributions to the Plan on their behalf. Effective December 31, 2017, the participation of Plan participants employed directly by Xenometrics, LLC was fully discontinued and such participants and their account balances were spun off from the Plan and merged into the qualified retirement 401(k) plan established by Xenometrics, LLC as its successor plan. As such, assets totaling \$3,477,233 were recorded as plan transfer payable at December 31, 2017. Effective January 1, 2018, the Plan was amended to remove Xenometrics, LLC as a participating employer under the Plan.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Plan Mergers, Restatement, and Amendments (Continued)

Effective December 31, 2017, Abraxis, Inc., DiscoverX Corporation, and Amatsigroup Inc. were acquired by the Plan Sponsor. Notes receivable from participants totaling \$82,375 were received by the Plan during December 2017, and assets totaling \$12,924,846 were recorded as a plan merger receivable at December 31, 2017. Employees of Abraxis, Inc., DiscoverX Corporation, and Amatsigroup Inc. are eligible to participate in the Plan January 1, 2018.

Contributions

Participants are allowed to contribute up to 75% of eligible compensation, as defined in the Plan Document. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Plan allows for automatic deferrals for all newly eligible employees, currently at a rate of 6%. Participants automatically enrolled in the Plan, who decide not to participate in the Plan within 90 days of being auto-enrolled, can request such deferral contributions made during this time to be refunded.

The Company may make a discretionary matching contribution to the Plan. The matching contribution is determined each Plan year. Additional profit sharing and non-elective contributions may be made at the option of the Company's board of directors. The employer profit sharing contribution, if any, is generally allocated to eligible employees ratably as a percentage of compensation, unless a permitted disparity (Social Security Integration) provision applies.

Participants direct the investment of all contributions to their accounts into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. If a participant in the Plan terminates employment other than by retirement, disability, or death, employer contributions and earnings or losses thereon vest in accordance with the following table:

Years of Service	Percent Vested
1	33%
2	66%
3	100%

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts at a minimum of \$1,000 up to a maximum equal to the greater of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, which remains fixed throughout the duration of the loan, is set at one percent above the prime rate. Principal and interest is paid ratably through payroll deductions. Participants are only permitted to have two outstanding loans at a time.

Payment of Benefits

On termination of service due to disability, retirement, or termination of employment, a participant may elect to receive a lump sum distribution, direct rollover distribution, or a combination of the two in an amount equal to the value of the participant's vested interest in his/her account. The normal retirement age is 65. The Plan Administrator may automatically pay out any terminated participant accounts with a balance of \$1,000 or less.

The Plan allows hardship distributions to participants of all or part of their salary deferrals in their account for qualifying expenses as further outlined in the Plan Document.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$57,777 and \$191,881, respectively. These accounts can be used to reduce future employer matching contributions or future profit sharing contributions. Forfeitures of employer contributions were allocated to reduce employer matching contributions for the years ended December 31, 2017 and 2016, in the amount of \$498,118 and \$163,880, respectively.

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

Use of Estimates

The preparation of financial statements in accordance 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.

Cash and Cash Equivalents

Cash and cash equivalents include non-interest bearing cash. The Plan maintains cash deposits at financial institutions where the account balance may at times exceed FDIC insured limits. At December 31, 2017 and 2016, net pending trades of \$-0- and \$616,568, respectively, are included in non-interest bearing cash. At December 31, 2017 and 2016, non-interest bearing cash also includes pending transfers out of the Plan totaling \$3,477,233 and \$-0-, respectively (see Note 1).

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. The Plan's trustees, in collaboration with the Plan's investment advisor, determine the valuation policies utilizing information provided by the custodian and its related parties. See Note 4 for discussion of fair value measurements.

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

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, 2017 and 2016. 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.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 - INFORMATION PREPARED and CERTIFIED by the CUSTODIAN (UNAUDITED)

Charles Schwab Bank, the custodian, held the Plan's assets for the years ended December 31, 2017 and 2016. The following information was certified as complete and accurate by the Plan's custodian under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2017	2016
Investments at Fair Value:		
Registered Investment Companies	275,906,064	195,365,951
Cash and Cash Equivalents	3,490,012	669,993

Investment income for the years ended December 31, 2017 and 2016, totaled \$40,388,571 and \$14,806,704, respectively.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the registered investment companies methodology used as of and for the years ended December 31, 2017 and 2016. The guaranteed interest account methodology was adopted as of and for the year ended December 31, 2017.

Registered Investment Companies

Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-ended 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 registered investment companies held by the Plan are deemed to be actively traded.

Guaranteed Interest Account

Fair value is the amount that Plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. This fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates (See Note 5).

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	275,906,064	-0-	-0-	275,906,064
Guaranteed Interest Account	<u>-0-</u>	<u>-0-</u>	<u>40,808</u>	<u>40,808</u>
	275,906,064	-0-	40,808	275,946,872

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	195,365,951	-0-	-0-	195,365,951
Guaranteed Interest Account	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
	195,365,951	-0-	-0-	195,365,951

Level 1 and 2 Transfers

No transfers in and out of levels 1 and 2 occurred during the years ended December 31, 2017 and 2016.

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets as of and for the year ended December 31, 2017:

	Level 3 Guaranteed Interest Account
Balance at December 31, 2016	-0-
Acquired Via Plan Merger	68,364
Sales	(27,755)
Net Appreciation in Fair Value of Investments	<u>199</u>
Balance at December 31, 2017	40,808

There were no level 3 assets as of or for the year ended December 31, 2016.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 5 - GUARANTEED INTEREST ACCOUNT with INSURANCE COMPANY

The Plan Sponsor acquired Diatherix Laboratories, Inc., effective July 1, 2017 (see Note 1). The Diatherix Laboratories 401(k) Plan held a non-benefit responsive guaranteed interest contract with Principal Life Insurance Company. As part of the Plan Sponsor's acquisition of Diatherix Laboratories, Inc., the assets of the Diatherix Laboratories 401(k) Plan were transferred to the Plan during 2017 (see Note 1). As such, this investment contract is an asset held by the Plan. At December 31, 2017, the fair value of this interest account was \$40,808. This contract provides a guaranteed interest rate for a specified period of time as determined, either three or five years. The rate credited is the rate in effect on the day when each deposit is directed to the account. To simplify reporting to Plan participants, all rates credited during the 12-month deposit year are averaged into a single composite rate. The 12-month deposit year is the same as the Plan year, ending on December 31 annually.

This contract promises contract value for a benefit event (termination, death, disability, and retirement); however, there is a possible surrender charge when funds are withdrawn prior to their maturity. Thus, the guaranteed interest contract is considered non-benefit responsive.

If the participant terminates participation in the fund before a guaranteed interest account matures or transfers funds to other investments beyond the limits of the contract, the Plan will apply an early withdrawal charge to guaranteed interest account balances.

The following is the average yield provided by these contracts as of the following maturity dates as of the year ended:

Maturity Date:	3-Year Contract
-----------------------	------------------------

December 31, 2018	.73%
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NOTE 6 - GUARANTEED INVESTMENT CONTRACT with INSURANCE COMPANY

The Plan Sponsor acquired Diatherix Laboratories, Inc., effective July 1, 2017, (see Note 1). The Diatherix Laboratories 401(k) Plan held an investment contract that comprises a traditional fully benefit-responsive guaranteed investment contract with Principal Life Insurance Company. As part of the Plan Sponsor's acquisition of Diatherix Laboratories, Inc., the assets of the Diatherix Laboratories 401(k) Plan were transferred to the Plan during 2017, (see Note 1). As such, this investment contract is an asset held by the Plan. 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 interest at a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract held by the Plan meets the criteria to be considered 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. The guaranteed investment contract is presented on the statement of net assets available for benefits at December 31, 2017, at contract value of \$43,828. Contract value, as reported to the Plan by Principal Life Insurance Company, 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.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 6 - GUARANTEED INVESTMENT CONTRACT with INSURANCE COMPANY (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting rate is declared and determined based on a formula outlined in the contract, but may not be less than the guaranteed minimum interest rate which will be determined and announced each time the crediting interest is announced.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include retirement, death, disability, plan termination, and bankruptcy. Furthermore, the Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement before the scheduled maturity date.

NOTE 7 - RELATED PARTY TRANSACTIONS and PARTY-in-INTEREST TRANSACTIONS

Certain Plan investments are in registered investment companies managed by Charles Schwab Bank. Charles Schwab Bank is the custodian of the Plan's assets and, therefore, these transactions qualify as party-in-interest transactions. At December 31, 2017 and 2016, the fair value of these investments totaled \$4,227,401 and \$3,638,313, respectively.

As previously discussed, the Plan may issue loans to participants that are secured by participant account balances. The value of the notes receivable outstanding were \$4,116,061 and \$3,711,442 as of December 31, 2017 and 2016, respectively. All of these transactions qualify as party-in-interest transactions.

During the year ended December 31, 2017, the Plan Sponsor discovered unintentional delays in remitting certain employee deferrals and loan repayments to the custodian (see Note 11). These delays constitute a prohibited transaction.

There were no other prohibited transactions involving a known party-in-interest for the years ended December 31, 2017 and 2016.

NOTE 8 - PLAN TERMINATION

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

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 9 - TAX STATUS

The Plan has not obtained a tax determination letter and relies on the advisory letter associated with the volume submitter defined contribution plan document dated March 31, 2014, in which the IRS stated that a plan, designed within the parameters of the volume submitter defined contribution plan document, would be in compliance with the applicable requirements of the Internal Revenue Code (IRC). The volume submitter defined contribution plan document has been amended and restated since receiving the advisory letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

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 organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2017 and 2016, 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 IRS audits for any tax periods in progress.

NOTE 10 - 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 statements of net assets available for benefits.

NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2017, the Plan Sponsor discovered unintentional delays in remitting certain employee deferrals and loan repayments to the custodian in the amount of \$13,609. The Plan Sponsor computed the lost earnings on these deferrals and loan repayments and subsequently remitted the deferrals and loan repayments and made a contribution for lost earnings to the Plan. These earnings have been recognized in the Plan's earnings for the Plan year ended December 31, 2017. The Plan Sponsor has corrected the failure that caused the delinquent contributions, and in March 2018, filed with the DOL's Voluntary Fiduciary Correction Program.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 12 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2017 and 2016:

	2017	2016
Net Assets Available for Benefits per Financial Statements	293,049,711	216,821,653
Plan Transfer Payable per Financial Statements	3,477,233	-0-
Benefit Claims Payable per Form 5500	<u>(70,099)</u>	<u>(39,856)</u>
Net Assets per Form 5500	296,456,845	216,781,797

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2017:

	2017
Benefits Paid to Participants per Financial Statements	16,045,980
2016 Benefit Claims Payable paid in 2017 per Financial Statements	(39,856)
2017 Benefit Claims Payable per Form 5500	<u>70,099</u>
Benefits Paid to Participants per Form 5500	16,076,223

NOTE 13 - SUBSEQUENT EVENTS

Effective January 1, 2018, the Plan Sponsor acquired Boston Heart Diagnostics Corporation and they became a participating employer in the Plan. Accordingly, assets totaling \$12,233,252 have been received by the Plan as of the date the financial statements were available to be issued.

Effective January 1, 2018, the Plan was amended to remove Xenometrics, LLC as a participating employer under the Plan.

Effective January 1, 2018, the Plan was amended to permit qualified military reservist distributions for participants called into active qualified military service for a period exceeding 179 days, and deemed severance distributions for participants on active duty performing qualified military service for a period exceeding 30 days.

Effective February 1, 2018, Eurofins Craft Technologies, Inc. became a participating employer in the Plan.

Effective March 1, 2018, the Plan was amended to permit a participant or beneficiary to elect to receive distribution of his/her account as a lump sum payment or installment payments if the vested account balance exceeds \$5,000. If the vested account balance does not exceed \$5,000, lump sum payment shall be the sole payment option.

Effective April 1, 2018, Eurofins Digital Media Services, LLC, Eurofins Met Laboratories, Inc., and Eurofins CEI, Inc. became participating employers in the Plan.

Effective July 1, 2018, the Plan Sponsor acquired LABS, Inc., which was merged with Eurofins VRL, Inc., a participating employer in the Plan.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 13 - SUBSEQUENT EVENTS (Continued)

Effective August 1, 2018, Eurofins Sensory, Consumer Research and Product Design US Holding, Inc., Eurofins Food Chemistry Testing US, Inc., and Eurofins Botanical Testing US, Inc. became participating employers in the Plan.

Effective August 1, 2018, the Plan was amended to permit employees formerly covered by the Covance 401(k) Savings Plan to participate in the Plan effective August 1, 2018, for the purpose of receiving a special employer profit sharing allocation.

Effective September 1, 2018, Eurofins CRL Cosmetics, Inc. became a participating employer in the Plan.

Effective October 1, 2018, Gold Standards Diagnostics Corporation became a participating employer in the Plan.

Subsequent events have been evaluated through October 12, 2018, which represents the date the financial statements were available to be issued.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

EIN 27-3225082 Plan No. 002

Schedule H - Line 4a - SCHEDULE of DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2017

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$-0-	\$-0-	\$13,609	\$-0-

See independent auditors' report.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

EIN 27-3225082 Plan No. 002

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2017

(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	(d)	Cost	(e)	Current Value
Registered Investment Companies:							
	American Century		American Century Govt Bond Instl	**		\$	5,041,128
	Dimensional Fund Advisors		DFA Emerging Mkts Core Eqty Port Instl	**			2,564,511
	Dimensional Fund Advisors		DFA Intl Small Cap Value Port Instl	**			2,457,443
	Dimensional Fund Advisors		DFA One Year Fixed Income Port Instl	**			324,245
	Dimensional Fund Advisors		DFA Real Estate Securities Port Inst	**			1,307,977
	Dimensional Fund Advisors		DFA US Targeted Value Port Instl	**			3,400,501
	Eaton Vance		Eaton Vance Floating Rate Fund Cl I	**			108,430
*	Schwab		Schwab Government Money Fund	**			4,227,401
	Vanguard		Vanguard Developed Markets Index	**			2,006,785
	Vanguard		Vanguard GNMA Fund Investor SHS	**			541,710
	Vanguard		Vanguard Growth Index Fund Instl	**			10,718,602
	Vanguard		Vanguard Institutional Index Fund	**			9,659,459
	Vanguard		Vanguard Mid Cap Index Fund Admiral	**			2,754,846
	Vanguard		Vanguard Mid Cap Growth Index Admiral	**			4,140,505
	Vanguard		Vanguard Mid Cap Value Index Admiral	**			5,576,436
	Vanguard		Vanguard Short Term Investment GRD Inv	**			324,554
	Vanguard		Vanguard Small Cap Growth Index Admiral	**			3,854,951
	Vanguard		Vanguard Small Cap Index Admiral	**			2,548,457
	Vanguard		Vanguard Instl Target Retirement Income	**			5,928,448
	Vanguard		Vanguard Instl Target Retirement 2015	**			6,297,988
	Vanguard		Vanguard Instl Target Retirement 2020	**			16,320,135
	Vanguard		Vanguard Instl Target Retirement 2025	**			28,019,245
	Vanguard		Vanguard Instl Target Retirement 2030	**			29,590,736
	Vanguard		Vanguard Instl Target Retirement 2035	**			26,596,539
	Vanguard		Vanguard Instl Target Retirement 2040	**			26,593,912
	Vanguard		Vanguard Instl Target Retirement 2045	**			23,532,500
	Vanguard		Vanguard Instl Target Retirement 2050	**			17,537,185
	Vanguard		Vanguard Instl Target Retirement 2055	**			14,034,471
	Vanguard		Vanguard Instl Target Retirement 2060	**			3,205,885
	Vanguard		Vanguard Total Intl Stock Index Admiral	**			3,765,694
	Vanguard		Vanguard Value Index Admiral	**			4,924,535
	Vanguard		Vanguard Wellington	**		\$	8,000,850

See independent auditors' report.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

EIN 27-3225082 Plan No. 002

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

(Continued)

December 31, 2017

(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	(d)	Cost	(e)	Current Value
Guaranteed Interest Account:							
	Principal Life Insurance Co		Insurance Company General Guaranteed Interest		**	\$	40,808
Insurance Contract:							
	Principal Life Insurance Co		Fixed Income Guarantee Option		**		43,828
Notes Receivables from Participants:							
*	Participant Loans		3.25% - 10.00%, Various Original Maturity Dates (January 2018 to September 2028), Collateral - Portion of Participants' Vested Account Balances		-0-		4,116,061
					<u>\$ -0-</u>		<u>\$ 280,106,761</u>

* Allowable party-in-interest to the Plan.

** Information not needed.

See independent auditors' report.

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

EIN 27-3225082 Plan No. 002

Schedule H - Line 4i - SCHEDULE of ASSETS (ACQUIRED and DISPOSED of WITHIN YEAR)

Year Ended December 31, 2017

Identity of Issue, Borrower, Lessor, (a) or Similar Party (b)		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Costs of (c) Acquisitions	Proceeds of (d) Dispositions
* Notes Receivable from Participants		3.25% - 10.00%, Various Original Maturity Dates (January 2018 to September 2028), Collateral - Portion of Participants' Vested Account Balances	\$ -0-	\$ -0-

* Allowable party-in-interest to the Plan.

See independent auditors' report.

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information		
1a Name of plan Eurofins Scientific, Inc. 401(k) Incentive Savings Plan	1b Three-digit plan number (PN) ▶	002
1c Effective date of plan 04/04/2011		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Eurofins NSC US, Inc. 2425 New Holland Pike Lancaster PA 17601	2b Employer Identification Number (EIN) 27-3225082 2c Plan Sponsor's telephone number 717-556-3500 2d Business code (see instructions) 541380	

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		10/12/18	Margaret Stoltzfus
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor Eurofins NSC US, Inc. 2425 New Holland Pike Lancaster PA 17601	3b Administrator's EIN 27-3225082 3c Administrator's telephone number 717-556-3500
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6,517
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) 5,194
a(2) Total number of active participants at the end of the plan year	6a(2) 5,977
b Retired or separated participants receiving benefits.....	6b 3
c Other retired or separated participants entitled to future benefits	6c 2,047
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 8,027
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e.....	6f 8,032
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7,628
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 848
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: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule C, line 2(h) – Formula Description

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Employer I.D. #: 27-3225082
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Employer I.D. #: 27-3225082
Plan Number: 002

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
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Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

Schedule H, Line 4a - Schedule Of Delinquent Participant Contributions

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan
Employer I.D.#: 27-3225082
Plan Number: 002

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51

Schedule of Delinquent Participant Contributions is contained in the attached audit report.

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

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Employer I.D. #: 27-3225082

Plan Number: 002

(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	(d) Cost	(e) Current Value
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.