Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 11/30/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BORSCHOW 1165E SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2001

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

BORSCHOW HOSPITAL & MEDICAL SUPPLIES, INC.

GPO BOX 366211
SAN JUAN, PR 00936-6211

2b Employer Identification Number (EIN) 66-0287590

2c Sponsor's telephone number 787-625-4100

2d Business code (see instructions) 423990

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.	07/30/2012	MARIBEL DELFAUS ROSARIO
	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 (if same as plan sponsor, enter "Same")
BORSCHOW HOSPITAL & MEDICAL SUPPLIES, INC.

GPO BOX 366211
SAN JUAN, PR 00936-6211

3b Administrator's EIN
66-0287590

3c Administrator's telephone number
787-625-4100

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	426
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristic Codes in the instructions:
2E 2F 2G 3C 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 11/30/2011

A Name of plan
BORSCHOW 1165E SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BORSCHOW HOSPITAL & MEDICAL SUPPLIES, INC.

D Employer Identification Number (EIN)
66-0287590

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	228	0
(2) Participant contributions	1b(2)	20067	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	618593	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	638888	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	638888	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3169	
	(B) Participants	2a(1)(B)	60889	
	(C) Others (including rollovers)	2a(1)(C)	111141	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		175199
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	7151	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7151
	(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

		(a) Amount	(b) Total
2b (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
(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)		-9152
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		173198
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	106624	
(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)		106624
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	468	
(4) Other	2i(4)	199	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		667
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		107291
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		65907
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		704795

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: KEVANE GRANT THORNTON, LLP (2) EIN: 66-0563256

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		33279
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
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		50000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**	X		
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. [X] **Yes** [ ] **No** **Amount:** 0

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)
CARDINAL HEALTH 401(K) SAVINGS PLAN FOR EMPLOYEES OF PR	31-0958666	062

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 11/30/2011

A Name of plan
BORSCHOW 1165E SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BORSCHOW HOSPITAL & MEDICAL SUPPLIES, INC.

D Employer Identification Number (EIN)
66-0287590

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): 66-0532499

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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 item 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 items (a) through (c)

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

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

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

Kevane
Grant Thornton

Financial Statements and Report of
Independent Certified Public Accountants

Borschow 1165 (e) Savings Plan

November 30, 2011 and December 31, 2010

Borschow 1165 (e) Savings Plan

Table of Contents

Report of Independent Certified Public Accountants 1-2

Financial Statements:

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5-12

Schedules of Assets (Held at End of Year), December 31, 2010 13

Schedule of Delinquent Participants Contributions for the
eleven – month period ended November 30, 2011 14

Kevane
Grant Thornton

Report of Independent Certified Public Accountants

Kevane Grant Thornton LLP
33 Calle Bolivia
Ste 400
San Juan, Puerto Rico 00917-2013
T +1 787 754 1915
F +1 787 751 1284
www.kevane.com

To the Plan Administrator of
Borschow 1165(e) Savings Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of **Borschow 1165 (e) Savings Plan** ("the Plan") as of November 30, 2011 and December 31, 2010, and the related statement of changes in net assets available for benefits, for the eleven – month period ended November 30, 2011, and the supplemental schedules of (1) Schedule H - Part IV, Line 4(i)- Schedules of assets (Held at End of Year) as of December 31, 2010 and (2) Schedule H, Line 4(a) –Schedule of Delinquent Participants Contributions for the eleven – month period ended November, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Hand Benefits & Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Hand Benefits & Trust Company held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the custodian as of November 30, 2011 and December 31, 2010 and for the eleven – month period ended November 30, 2011 that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment 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.

As further discussed in the Note 10 to the financial statements, on November 30, 2011, Borschow 1165 (e) Savings Plan was merged into the "Cardinal Health 401k Savings Plan for the Employees of Puerto Rico", being the latter the surviving plan. All of the assets of Borschow 1165 (e) Savings Plan were transferred to the surviving plan on November 30, 2011, as part of the merger. The Plan Administrator contracted Fidelity Investments as the Trustee and Custodian of the surviving plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2010 financial statements to the liquidation basis used in presenting the 2011 financial statements.

Kevane Grant Thornton LLP

San Juan, Puerto Rico,
June 21, 2012.

Borschow 1165(e) Savings Plan

Statements of Net Assets Available for Benefits
As of November 30, 2011 and December 31, 2010

	2011	2010
Assets:		
Investments, at fair value	$ -	$ 618,593
Contributions receivable-		
Participants	-	20,067
Employer	-	611
Total contributions receivable	-	20,678
Net assets available for benefits	$ -	$ 639,271

The accompanying notes are an integral part of these statements.

Borschow 1165(e) Savings Plan

Statement of Changes in Net Assets Available for Benefits
For the eleven - month period ended November 30, 2011

Additions:		
Additions to net assets attributed to:		
Investment income --		
Dividends and interest	$	7,151
Contributions--		
Employer		3,169
Participants		172,030
Total additions		182,350
Deductions:		
Deductions from net assets attibuted to:		
Benefits paid to participants		106,624
Net loss from investments		9,152
Administrative and other expenses		667
Total deductions		116,443
Net increase in net assets available for benefits		65,907
Net assets available for benefits, beginning of year		639,271
Net assets, before transfer of Plan assets arising from plan merger transaction		705,178
Transfer of net assets arising from plan merger transaction		(705,178)
Net assets available for benefits, end of year	$	-

The accompanying notes are an integral part of this statement.

(1) Description of the Plan:

The following description of the Borschow 1165 (e) Savings Plan ("the Plan") provides only general information. Participants should refer to the Plan Document for a complete description of the Plan provisions.

(a) Legal and tax status –

Borschow 1165 (e) Savings Plan was created on October 1, 2001; its function is the administration of a fund accumulated under the provisions of a pension plan for the purpose of providing retirement benefits for eligible employees of Borschow Hospital and Medical Supplies, Inc., (a Cardinal Health Company) ("the Employer and Sponsor") a corporation organized under the laws of the Commonwealth of Puerto Rico. The Plan is established as to comply with the requirements of Section 1165(a) of the Puerto Rico Income Tax Act of 1994, as amended. The Puerto Rico Treasury Department has ruled that the terms of the Plan meet the requirements of this Section. The effects of such qualification, maintained through the continued operations of the Plan, are to:

1. Exempt the Plan's investment income from income taxes,

2. Allow Borschow Hospital and Medical Supplies, Inc. (a Cardinal Health Company) to deduct annual contributions, made in accordance with the Plan, for income tax purposes, and

3. Allow eligible employees (participants under the Plan) to exclude such contributions, and income earned thereon, from their taxable income until distributed.

The Plan was amended on October 1, 2001, pursuant to its entrance into the Master Retirement Plan of UBS Financial Services Incorporated of Puerto Rico and its adoption of the applicable Trust Agreement.

Effective November 30, 2011, the Plan was merged with "Cardinal Health 401k Savings Plan for the Employees of Puerto Rico", being the later the surviving plan.

All contributions were remitted to the surviving plan commencing on July 1, 2011 and as a result of the merger all of the assets of Borschow 1165 (e) Savings Plan were transferred from UBS Financial Services Incorporated of Puerto Rico Master Retirement Plan to Fidelity Investments on November 30, 2011.

(b) Type of plan –

The Plan is a defined contribution plan covering all full-time employees of Borschow Hospital and Medical Supplies, Inc. (a Cardinal Health Company) who have one year of service (1,000 hours) and are age twenty-one or older. It is subject to the provisions of the U.S. Employee Retirement Income Security Act (ERISA).

As of December 31, 2010 the Plan had 342 active participants, of which 117 had active account balances at the end of 2010. The Plan had neither active participants nor net assets available for benefits as of November 30, 2011.

(c) **Contributions –**

Participants may contribute to the Plan up to 10% of their pre-tax annual compensation, up to a maximum amount of $8,000, as defined in the Plan Document. Effective August 7, 2008, Law # 186 amended the section 1165 of the Puerto Rico Internal Revenue Code. The maximum contribution was increased to $9,000 for years 2009 and 2010, to $10,000 for years 2011 and 2012, and to $12,000 for years 2013 and thereafter. Participants who have attained age fifty (50) are allowed an additional contribution, which shall not exceed $1,000.

Act #1 of January 31, 2011 increased the maximum contributions to $13,000 for the year 2012 and to $15,000 for the year 2013, and thereafter. It also increased the additional contribution for participants who have attained age fifty (50) to $1,500 for the years after 2011.

Participants may also contribute amounts representing distributions from other qualified plans and may direct their contributions into various investment options consisting mostly of mutual funds shares.

Employer contributions are made on a discretionary basis. During the eleven - month period ended November 30, 2011 no employer contributions were made aside from amounts pertaining to qualified non-elective contributions.

(d) **Participant accounts –**

An account is maintained for each participant, credited with the participant's contribution and allocation of investment income based on participants' compensation and account balances. The benefit to which a participant is entitled upon termination of employment is the vested portion of the amount accumulated in the participant's account.

(e) **Vesting –**

Participants are immediately vested in their contributions and the earnings thereon. Vesting in the balance of their employer contributed accounts, including accumulated earnings thereon, is based on years of continuous service. Vesting starts at 20% of the participant's account after one year of service and increases by 20% for each additional year, to reach 100% after five years of credited service.

(f) **Forfeitures –**

Forfeitures of non-vested account balances in any given year are used to reduce the employer's contributions for the same year. As of December 31, 2010 forfeited non-vested accounts amounted to $28. There is no forfeiture balance as of November 30, 2011.

(g) **Notes receivable from participants –**

The Plan document stipulates that loans to participants are not permitted.

(h) **Benefit payments –**

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum equal to the value of the participant's vested interest in his or her account, or periodic installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

(i) **Risk and uncertainties –**
The Plan invests in various investment securities which 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 value 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.

(2) **Summary of accounting policies:**

(a) **Basis of presentation–**
The Plan's fiscal year ends on December 31st of each year. All references to years in these notes to the financial statements represent calendar years unless otherwise noted. The Plan has evaluated subsequent events through June 21, 2012, the date the financial statements were available to be issued.

(b) **Basis of accounting –**
The accompanying financial statements have been prepared following the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

(c) **Investment valuation and income recognition –**
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note (5) for discussion of fair value measurements.

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

(d) **Benefit payments –**
Benefits are recorded when paid. As of December 31, 2010, benefits unpaid and due to withdrawn participants aggregated to $25,857. As of November 30, 2011 no benefits are due to withdrawn participants.

(e) **Use of estimates –**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator 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 may differ from those estimates.

(f) **Administrative expenses –**
All administrative expenses of maintaining the Plan are paid by the Sponsor.

(3) **Information certified by the Custodian:**

The following is a detail of investments held by the Plan as of December 31, 2010. The Plan's administrator obtained a certification from the Custodian that such information was complete and accurate:

Description	Market Value	Shares
AIM International Growth Fund (Invesco International Growth Fund)	$ 129,552	4,700.71
AIM Large Cap Growth A (Invesco Large Cap Growth A)	71,981	5,993.40
AIM Mid-Cap Equity Fund (Invesco Mid-Cap Equity Fund)	30,263	1,306.12
Blackrock International Bond Fund	61,587	5,832.11
Federated Market Opportunity Fund	48,668	5,027.70
Federated Prime Oblig SS Fund	85,184	85,183.70
Oppenheimer Rising Dividends A Fund	97,126	6,262.22
Oppenheimer Global Strategic Income Fund	94,232	21,965.62
Total investments	$ 618,593	136,271.58

There are no investments held by the Plan as of November 30, 2011. See Note (10).

(4) Investments:

The Plan's investments that represented five percent or more of the Plan's net assets available for benefits as of December 31, 2010 were as follows:

Description		
AIM International Growth Fund (Invesco International Growth Fund)	$	129,552
AIM Large Cap Growth A (Invesco Large Cap Growth A)		71,981
Blackrock International Bond Fund		61,587
Federated Market Opportunity Fund		48,668
Federated Prime Oblig SS Fund		85,184
Oppenheimer Rising Dividends A Fund		97,126
Oppenheimer Global Strategic Income Fund		94,232
Total investments	$	588,330

There are no investments held by the Plan as of November 30, 2011. See Note (10).

(5) Fair value measurement:

The Plan follows the framework for measuring fair value. That frame-work 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology includes:

(a) Quoted prices for similar assets or liabilities in active markets;

(b) Quoted prices for identical or similar assets or liabilities in inactive markets;

(c) Inputs other than quoted prices that are prices that are observable for the asset or liability;

(d) 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 overall fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010.

Mutual funds: Valued at the quoted net asset value of shares held by the Plan at year end.

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 fair value measurements at December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Bonds	$ 155,820	$ -	$ -	$ 155,820
Equities	377,589	-	-	377,589
Stable Value	-	85,184	-	85,184
	$ 533,409	$ 85,184	$ -	$ 618,593

(6) Administrative fees:

The Trustee receives an administrative fee, for the services performed under the Plan Agreement, which is paid by the Plan sponsor with no reimbursement by the Plan. Administrative fees for the eleven – month period ended on November 30, 2011 aggregated to $10,387.

(7) Non-exempt transactions:

During the eleven – month period ended November 30, 2011, the Sponsor failed to remit to the Plan's trustee certain employee's contributions totaling $33,279 within the period prescribed by regulation of the Department of Labor. Lost earnings of $25 arising from the 2011 delay were paid by the Plan Sponsor on April 19, 2012.

(8) Party-in-interest investments and transactions:

Borschow Hospital and Medical Supplies, Inc. (a Cardinal Health Company), UBS Trust Company of Puerto Rico, Benefits Plan Administrative Services, LLC, Hands Benefits & Trust Company, and Kevane Grant Thornton, LLP are parties-in-interest as defined by ERISA. There were no prohibited party-in-interest investments or transactions during the eleven – month period ended November 30, 2011.

(9) Excess participant contribution:

The Plan failed to pass the Actual Deferral Percentage (ADP) test for the eleven – month period ended on November 30, 2011. In order to correct the failure of the ADP test for the eleven – month period ended on November 30, 2011, the Sponsor elected to make a qualified non-elective contribution of $3,144, which is to be allocated to certain non-highly compensated employees.

(10) Plan termination:

Effective November 30, 2011 the Plan was merged into the "Cardinal Health 401k Savings Plan for Employees of Puerto Rico". The Plan sponsor decided to terminate the Plan subject to the provisions of ERISA.

(11) Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements as of November 30, 2011 and December 31, 2010 to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements, end of period/year	$ -	$ 639,271
Contributions receivable not recorded in Form 5500	-	(383)
Net assets available for benefits per Form 5500, end of period/year	$ -	$ 638,888

(12) Income tax exemption:

The Plan is exempt from United States income taxes by Section 1022 (i) (1) of the Employment Income Security Act of 1974. In addition, the Plan is exempt from Puerto Rico income taxes as part of the exemption granted to the UBS Trust Company Incorporated of Puerto Rico Standard Prototype Defined Contribution Plan.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2007.

Borschow 1165 (e) Savings Plan

Schedules of Assets (Held at End of Year)
(Schedule H - Part IV, Line 4(i) on Form 5500)
As of December 31, 2010

Identity of issue	Description of investment	Shares	Cost	Fair Value
AIM International Growth Fund (Invesco International Growth Fund)	Value of interest in registered Investment Companies	4,700.71	*	$ 129,552
AIM Large Cap Growth A (Invesco Large Cap Growth A)	Value of interest in registered Investment Companies	5,993.40	*	71,981
AIM MID-Cap Equity Fund (Invesco Mid-Cap Equity Fund)	Value of interest in registered Investment Companies	1,306.12	*	30,263
Blackrock International Bond Fund	Value of interest in registered Investment Companies	5,832.11	*	61,587
Federated Market Opportunity Fund	Value of interest in registered Investment Companies	5,027.70	*	48,668
Federated Prime Oblig SS Fund	Value of interest in registered Investment Companies	85,183.70	*	85,184
Oppenheimer Rising Dividends A Fund	Value of interest in registered Investment Companies	6,262.22	*	97,126
Oppenheimer Global Strategic Income Fund	Value of interest in registered Investment Companies	21,965.62	*	94,232
		136,271.58		$ 618,593

* Cost information is not required for participant-directed investments, and therefore, is not included.

Borschow 1165(e) Savings Plan

Schedule of Delinquent Participants Contributions
(Schedule H, Line 4a)
For the eleven - month period ended November 30, 2011

Participant Contributions transferred late to the Plan	Total that constitutes a non exempt prohibited transaction
$ 33,279	$ 33,279

Participant's contributions were remitted untimely during the eleven - month period ended November 30, 2011. Lost earnings for the Plan period ended November 30, 2011 will be remitted in 2012. No excise taxes related remittance apply since the Plan is a Puerto Rico qualified plan and is not subject to Section 4975 of the Internal Revenue Code.

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

Name of Plan:

► BORSCHOW 1165(e) SAVINGS PLAN

Employer Identification Number:► 66-0287590

For plan year (beginning/ending):► 01/01/2011 - 10/31/2011 Plan number:► 001

(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
	Invesco Int'l Growth Fund	Value of Registered Investment Companies		0
	Invesco Large Cap Growth A	Value of Registered Investment Companies		0
	Invesco Mid Cap Equity Fund	Value of Registered Investment Companies		0
	Black Rock Int'l Bond	Value of Registered Investment Companies		0
	Federated Market Opportunity	Value of Registered Investment Companies		0
	Federate Prime Oblig SS	Value of Registered Investment Companies		0
	Oppenheimer Rising Dividends	Value of Registered Investment Companies		0
	Oppenheimer Strategic Income	Value of Registered Investment Companies		0
				0