

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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	<u>LABORATORY SUPPLY COMPANY 401K PROFIT SHARING PLAN</u>		1b Three-digit plan number (PN) ▶
			<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>
			1c Effective date of plan
			<u>01/01/1991</u>
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<u>61-0732657</u>		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
<u>LABORATORY SUPPLY COMPANY</u>	2c Plan Sponsor's telephone number		
	<u>502-363-1891</u>		
<u>1951 BISHOP LANE SUITE 300</u>	2d Business code (see instructions)		
<u>LOUISVILLE, KY 40218</u>	<u>423400</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.	<u>08/24/2017</u>	<u>JACKIE LOUIE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>MCCREADY & KEENE, INC.</u> <u>MCCREADY & KEENE, INC.</u> <u>P. O. BOX 6094</u> <u>INDIANAPOLIS, IN 46206-6094</u>			Preparer's telephone number <div style="text-align: center;"> <u>800-261-9618</u> </div>

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 279
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 210 6a(2) 184 6b 0 6c 58 6d 242 6e 0 6f 242 6g 206 6h 15
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 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>1</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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan LABORATORY SUPPLY COMPANY 401K PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 LABORATORY SUPPLY COMPANY	D Employer Identification Number (EIN) 61-0732657	

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

AMERICAN UNITED LIFE INSURANCE COMPANY

(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
35-0145825	60895	K00081	206	01/01/2016	12/31/2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 114188**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 195927**c** Additions: (1) Contributions deposited during the year **7c(1)** 9154
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 2370
(4) Transferred from separate account..... **7c(4)** 508
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 12032**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 207959**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 92213
(2) Administration charge made by carrier..... **7e(2)** 1065
(3) Transferred to separate account..... **7e(3)** 493
(4) Other (specify below) **7e(4)** 0
▶(5) Total deductions **7e(5)** 93771**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 114188

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan LABORATORY SUPPLY COMPANY 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LABORATORY SUPPLY COMPANY	D Employer Identification Number (EIN) 61-0732657	

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	
HILLIARD LYONS - BRADLEY WALKER	10200 FOREST GREEN BLVD, SUITE 500 LOUISVILLE, KY 40223

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
M & T BANK	
16-0538020	

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

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

MCCREADY & KEENE

35-0500670

(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 37 38 50	NONE	27161	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILLIARD LYONS

10200 FOREST GREEN BLVD, SUITE 500
LOUISVILLE, KY 40223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	25238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MG TRUST CO. DBA MATRIX TRUST CO.

75-3182674

(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?
18 19 21 25 49 50 51 59 60 61 62 63 65	NONE	3778	Yes ☒ No ☐	Yes ☐ No ☒	228	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>LABORATORY SUPPLY COMPANY 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORATORY SUPPLY COMPANY</u>	D Employer Identification Number (EIN) <u>61-0732657</u>	

Part I	Asset and Liability Statement
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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	2594	63233
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	5841508	7050543
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	195927	114188
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6040029	7227964

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6040029	7227964
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	169765	
(B) Participants	2a(1)(B)	1284633	
(C) Others (including rollovers)	2a(1)(C)	61577	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1515975
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)	2370	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2370
(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)	276178	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		276178
(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)		179275
c Other income.....	2c		5474
d Total income. Add all income amounts in column (b) and enter total.....	2d		1979272

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	735160	
(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)		735160
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)	3778	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	52399	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		56177
j Total expenses. Add all expense amounts in column (b) and enter total	2j		791337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1187935
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: STROTHMAN & CO. PSC

(2) EIN: 61-1191655

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		100000000
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LABORATORY SUPPLY COMPANY 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORATORY SUPPLY COMPANY</u>	D Employer Identification Number (EIN) <u>61-0732657</u>

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	<u>0</u>
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): <u>75-3182674</u>		
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
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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
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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.
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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) 2016
v. 160205

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Audited Financial Statements
and Supplemental Schedule

2016

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015



Strothman+Co

Audited Financial Statements
and Supplemental Schedule

Laboratory Supply Company
401(k) Profit Sharing Plan

December 31, 2016 and 2015

Independent Auditors' Report	1
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Financial Statements

Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
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Supplemental Schedule – Schedule H, Part IV, Line 4i (Form 5500)

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)	16
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Independent Auditors' Report



Board of Trustees and Plan Administrator
Laboratory Supply Company
401(k) Profit Sharing Plan
Louisville, Kentucky

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to 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 C, which was certified by Matrix Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 and for the years ended December 31, 2016 and 2015, 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 and supplemental schedule.

Change in Accounting Principles

As discussed in Note B to the financial statement, in 2016 the Plan adopted new accounting guidance retrospectively which simplified certain reporting and disclosure requirements related to the Plan's investments and fair value measurements disclosures. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, 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.

Stoltman and Company PSC
Louisville, Kentucky
June 29, 2017

Statements of Net Assets Available for Benefits

Laboratory Supply Company
401(k) Profit Sharing Plan

	December 31	
	2016	2015
Cash , non-interest bearing	\$ 63,233	\$ 2,594
Investments , at fair value		
Registered investment companies	7,050,543	5,841,508
Stable value fund	114,188	195,927
Total Investments	7,164,731	6,037,435
Receivables		
Participants' contributions		29,798
Employer's contributions	384	4,196
Other contributions	177	
Total Receivables	561	33,994
Total Assets	7,228,525	6,074,023
Liabilities		
Participant distributions payable	1,672	3,039
Excess deferrals payable	70,873	
Total Liabilities	72,545	3,039
Net Assets Available for Benefits	<u>\$ 7,155,980</u>	<u>\$ 6,070,984</u>

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits

**Laboratory Supply Company
401(k) Profit Sharing Plan**

	Year Ended December 31	
	2016	2015
Additions to Net Assets		
Contributions:		
Participants' contributions	\$ 1,254,835	\$ 1,046,664
Rollover contributions	61,577	74,149
Employer's contributions	165,953	162,538
Other contributions	177	
Total Contributions	1,482,542	1,283,351
Investment income:		
Net appreciation (depreciation) in fair value of investments	187,119	(329,162)
Interest and dividend income	276,178	266,256
Total Investment Income (Loss)	463,297	(62,906)
Total Additions to Net Assets	1,945,839	1,220,445
Deductions from Net Assets		
Benefits paid to participants	804,666	1,025,541
Administrative fees	56,177	54,569
Total Deductions from Net Assets	860,843	1,080,110
Increase in Net Assets Available for Benefits	1,084,996	140,335
Net Assets Available for Benefits		
Beginning of Year	6,070,984	5,930,649
Net Assets Available for Benefits		
End of Year	\$ 7,155,980	\$ 6,070,984

See Notes to Financial Statements

Notes to Financial Statements

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note A--Description of Plan

The following description of the Laboratory Supply Company 401(k) Profit Sharing 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 sponsored by Laboratory Supply Company (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility--The Plan has an automatic enrollment feature, which upon attaining twenty one years of age and 90 days of service with the Employer, the employees become Plan participants on the first day of the following month coinciding with or following completion of the eligibility requirements. The participants are automatically enrolled contributing 3% of their compensation, unless they expressly decline participation in the Plan. This automatic enrollment feature includes an automatic deferral increase of 1% of compensation each year up to 8% of compensation, unless the participant elects otherwise.

Contributions and Funding

Participant Contributions--A participant may contribute up to a maximum of 50% of pretax annual compensation, subject to Internal Revenue Code limitations. 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 plans. The Plan allows for Roth 401k (or "post-tax") contributions to the Plan. There is no limit on the amount of Roth contributions other than statutory limits. Total annual deferrals of both pretax and Roth contributions combined may not exceed the maximum salary deferral set by law.

Employer Contributions--The Plan provides for a discretionary Employer matching contribution for active participants in the Plan. During 2016 and 2015, the Employer made monthly matching contributions equal to 3% of participant contributions up to a maximum of 1% of gross wages. The Employer may also make additional annual profit sharing contributions to the Plan at its discretion. There were no profit sharing contributions made during 2016 or 2015.

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

Vesting--Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion of their accounts plus earnings thereon is based on years of continuous service, with a participant becoming 33% vested after one year of service, 66% after two years of service, and 100% vested after three years of service.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note A--Description of Plan--Continued

Investment Options--Participants direct his/her contributions, employer matching contributions, and employee rollover contributions in various increments to multiple investment options available as set forth in the Plan. The Plan currently offers various mutual funds and a stable value fund as investment options for participants.

Forfeitures--When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Employer's matching contributions for the Plan year or can be used to pay Plan expenses. However, if the participant is re-employed and fulfills certain requirements as defined by the Plan, the participant's account will be reinstated.

During the years ended December 31, 2016 and 2015, the Employer's contributions were reduced by \$9,346 and \$6,294, respectively, from forfeited nonvested accounts. As of December 31, 2016 and 2015, the Plan had no forfeitures available to be used.

Participant Distributions Payable--Amounts payable to participants for forfeitures improperly withheld from participants' accounts during the Plan year are recorded as participant distributions payable.

Benefits--Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly installment payments, in a form authorized by the Internal Revenue Service and approved by the Plan Administrator. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may also be permitted to receive a distribution from their account prior to termination of employment if they experience a financial hardship.

Amounts payable to participants totaling \$70,873 for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017.

Note B--Summary of Significant Accounting Policies

The Plan follows generally accepted accounting principles as outlined in Financial Accounting Standards Board *Accounting Standards Codification*. Significant accounting policies are as follows.

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

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

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note B--Summary of Significant Accounting Policies--Continued

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized gains or losses on those investments.

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

Benefit Payments--Benefits are recorded when paid.

Administrative Expenses--Certain administrative expenses of the Plan are generally paid directly by the Employer. Certain administrative functions are performed by employees of the Employer; however, no employee receives compensation from the Plan.

Use of Estimates--The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefit and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Accordingly, actual results could differ from those estimates.

New Accounting Pronouncement--In July 2015, FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair values. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The Plan's adoption of this guidance in 2016 was applied retrospectively and did not have a material impact on its financial statements.

Reclassifications--Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. There was no effect on the change in the net assets resulting from these reclassifications.

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note C--Summary of Financial Data Certified By the Custodian

The December 31, 2016 and 2015, statements of net assets available for plan benefits, the investment activities included on the statements of changes in net assets available for plan benefits for the years ended, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 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 information certified includes total investments of \$7,227,964 and \$6,040,029 at December 31, 2016 and 2015, respectively, and related income (loss) of \$463,297 and \$(62,906) for the years then ended.

Note D--Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Generally accepted accounting principles establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The 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, 2016 and 2015.

1) Registered Investment Companies Mutual Funds, Including Money Market and Cash Reserve Funds:

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

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note D--Fair Value Measurements--Continued

2) Stable Value Fund:

A stable value fund that is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

The following table presents the fair value of investments at December 31, 2016 and 2015:

	Fair Value Measurements Using:			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<u>December 31, 2016</u>				
Registered investment companies	\$ 7,050,543	\$ 7,050,543		
Total Assets in the Fair Value Hierarchy	7,050,543	<u>\$ 7,050,543</u>		
Stable Value Fund Measured at Net Asset Value (a)	<u>114,188</u>			
Investments at Fair Value	<u>\$ 7,164,731</u>			
<u>December 31, 2015</u>				
Registered investment companies	\$ 5,841,508	\$ 5,841,508		
Total Assets in the Fair Value Hierarchy	5,841,508	<u>\$ 5,841,508</u>		
Stable Value Fund Measured at Net Asset Value (a)	<u>195,927</u>			
Investments at Fair Value	<u>\$ 6,037,435</u>			

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note D--Fair Value Measurements--Continued

- (a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient:

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 114,188	n/a	Daily	12 months
<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 195,927	n/a	Daily	12 months

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2016 and 2015, there were no significant transfers between Level 1 and 2 and no transfers into or out of Level 3.

Note E--Stable Value Fund

The Plan has assets invested in a Stable Value Fund, which is offered through the AUL Stable Value Account. As of December 31, 2016 and 2015, the Stable Value Fund has invested all of its assets in various bonds, mortgages and other mortgage-backed securities. The average duration of the underlying investments is seven years. The daily value of the Stable Value Fund's investments is based on the underlying daily value reported by the various bonds, mortgages and other mortgage-backed securities held.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note E--Stable Value Fund--Continued

Because the Stable Value Fund is not a fully benefit-responsive, fair value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Stable Value Fund. The Stable Value Fund is presented on the face of the statement of net assets available for benefits. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on an annual basis for resetting. For both the years ended December 31, 2016 and 2015, the crediting interest rate was 1.25%.

Note F--Termination of the Plan

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Plan Administrator may:

- a) Continue to administer the Plan and pay account balances in accordance with the provisions of the Plan to a participant upon his/her termination of employment, or to his/her beneficiaries upon a participant's death, until the Plan has been liquidated; or
- b) Distribute the assets remaining in the Plan, after payment of any expenses, to participants and beneficiaries in proportion to their respective account balances.

Note G--Tax Status and Uncertain Tax Positions

The Employer adopted a Prototype Non-standardized Profit-Sharing Plan (cash or deferral arrangement) which received a favorable opinion letter from the IRS on March 31, 2008, which stated that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. In evaluating the Plan's tax status and potential liabilities, interpretations and tax strategies are considered. For the years ended December 31, 2016 and 2015, the Plan Administrator determined it did not have any uncertain tax positions and the Plan did not accrue any associated interest or penalties. The Plan is subject to routine audits by taxing authorities for the years subsequent to 2012; however, there are currently no audits for any tax periods in progress.

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note H--Risks and Uncertainties

The Plan provides for any combination of various investment options. 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 and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Note I--Reconciliation of Financial Statements to Schedule H of Form 5500

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

	December 31	
	2016	2015
Net Assets Available for Benefits per the Financial Statements	\$ 7,155,980	\$ 6,070,984
Participant contributions and employer contributions not recorded by Custodian	(384)	(33,994)
Other contributions not recorded by Custodian	(177)	
Distributions payable not recorded by Custodian	72,545	3,039
Net Assets Available for Benefits per Schedule H of the Form 5500	\$ 7,227,964	\$ 6,040,029

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500:

	Year Ended December 31	
	2016	2015
Participants' Contributions per the Financial Statements	\$ 1,254,835	\$ 1,046,664
Amount of participant's contributions not recorded by Custodian in current year	29,798	(29,798)
Participants' Contributions per Schedule H of Form 5500	\$ 1,284,633	\$ 1,016,866

The following is a reconciliation of employer's contributions per the financial statements to Schedule H of Form 5500:

	December 31	
	2016	2015
Employer's Contributions per the Financial Statements	\$ 165,953	\$ 162,538
Amount of employer's contributions not recorded by Custodian in prior year	4,196	(4,196)
Amount of employer's contributions not recorded by Custodian in current year	(384)	
Employer's Contributions per Schedule H of Form 5500	\$ 169,765	\$ 158,342

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued

The following is a reconciliation of third party administrator's contributions per the financial statements to Schedule H of Form 5500:

	December 31 2016
Other Contributions per the Financial Statements	\$ 177
Amount of other contributions not recorded by Custodian in current year	<u>(177)</u>
Other Contributions per Schedule H of Form 5500	<u>\$</u>

The following is a reconciliation of benefits payments per the financial statements to Schedule H of Form 5500:

	December 31 2016	2015
Benefits paid to participants per the Financial Statements	\$ 804,666	\$ 1,025,541
Amount of benefit payments not recorded by Custodian in prior year	3,039	(3,039)
Amount of benefit payments not recorded by Custodian in current year	<u>(72,545)</u>	<u></u>
Employer's Contributions per Schedule H of Form 5500	<u>\$ 735,160</u>	<u>\$ 1,022,502</u>

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note J--Subsequent Events

Events that occur after the statement of net assets available for benefits date but before the financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the statement of net assets available for benefits date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the statement of net assets available for benefits date require disclosure in the accompanying notes to the financial statements. Management evaluated the activity of the Plan through June 29, 2017, the date the financial statements were available to be issued, and disclosed the following subsequent event.

In May 2016, McKesson Corporation purchased Laboratory Supply Company, the Employer. As of December 31, 2016, all participant contributions ceased and effective March 31, 2017, the Plan was merged with McKesson Corporation Profit-Sharing Investment Plan. All investment and Plan activity after this date applies to the new Plan and Plan Sponsor, McKesson Corporation.

**Supplemental Schedule -
Schedule H, Part IV, Line 4i (Form 5500)**

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)

Laboratory Supply Company
401(k) Profit Sharing Plan
EIN: 61-0732657
Plan #001

December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AMG	Yacktman Fund, 19,134.984 shares	**	\$ 409,297
	Allianz NFJ	International Value Fund, 2,458.157 shares	**	40,437
	American Century Investments	Inflation Adjusted Bond, 5,329.372 shares	**	61,554
	AUL	Stable Value Account, 104,690.936 shares	**	114,188
	Goldman Sachs Asset Mgmt	International Small Cap, 4,582.219 shares	**	47,655
	Goldman Sachs Asset Mgmt	Small-Mid Cap Growth Fund, 20,120.325 shares	**	395,566
	Ivy	High Income Fund Y, 10,365.942 shares	**	77,641
	John Hancock	Disciplined Value Mid Cap R6, 13,282.478 shares	**	285,042
	J.P. Morgan	Small Cap Value Fund, 11,037.058 shares	**	348,661
	Lord Abbett Funds	Short Duration Income, 8,261.236 shares	**	35,606
	Oppenheimer	International Growth Fund, 1,930.871 shares	**	66,963
	PIMCO	Commodity Real Return Strategy, 8,258.760 shares	**	59,133
	Prudential	Global Real Estate, 1,454.894 shares	**	33,215
	Russell	Investment Grade Bond, 3,279.611 shares	**	68,511
	T Rowe Price	Retirement 2020, 17,212.344 shares	**	351,304
	T Rowe Price	Retirement 2030, 16,462.599 shares	**	370,902
	T Rowe Price	Retirement 2040, 15,906.612 shares	**	369,192
	T Rowe Price	Retirement Income, 1,923.656 shares	**	28,201
	T Rowe Price	Retirement 2050, 6,579.509 shares	**	86,455
	T Rowe Price	New Horizons, 4,316.782 shares	**	186,960
	Templeton	Global Bond Fund, 4,046.294 shares	**	48,394
	Vanguard Group	REIT Index Fund, 518.677 shares	**	60,618
	Vanguard Group	Total International Stock Index, 10,894.212 shares	**	268,324
	Vanguard Group	Balanced Index, 41,199.879 shares	**	1,281,728

Continued

Schedule H, Part IV, Line 4i (Form 5500) - Schedule of Assets (Held at End of Year)--Continued

Laboratory Supply Company
401(k) Profit Sharing Plan
EIN: 61-0732657
Plan #001

December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Group	Total Bond Market Index, 16,588.065 shares	**	176,663
	Vanguard Group	Mid Cap Index, 702.075 shares	**	114,396
	Vanguard Group	Small Cap Index, 948.041 shares	**	58,560
	Vanguard Group	500 Index Admiral, 2,401.468 shares	**	496,071
	Virtus	Emerging Markets Opportunity I, 7,708.260 shares	**	69,760
	Wells Fargo	Advantage Premier Large Co. Growth, 59,643.172 shares	**	779,536
	Western Asset	Core Plus Bond Fund I, 32,738.219 shares	**	374,198
			<u>\$ -</u>	<u>\$ 7,164,731</u>

** Cost information is omitted because all investments are participant directed.

See Independent Auditors' Report

Audited Financial Statements
and Supplemental Schedule

2016

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015



Audited Financial Statements
and Supplemental Schedule

Laboratory Supply Company
401(k) Profit Sharing Plan

December 31, 2016 and 2015

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Independent Auditors' Report



Board of Trustees and Plan Administrator
Laboratory Supply Company
401(k) Profit Sharing Plan
Louisville, Kentucky

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Laboratory Supply Company 401(k) Profit Sharing Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to 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 C, which was certified by Matrix Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 and for the years ended December 31, 2016 and 2015, 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 and supplemental schedule.

Change in Accounting Principles

As discussed in Note B to the financial statement, in 2016 the Plan adopted new accounting guidance retrospectively which simplified certain reporting and disclosure requirements related to the Plan's investments and fair value measurements disclosures. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, 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.

Stoltman and Company PSC
Louisville, Kentucky
June 29, 2017

Statements of Net Assets Available for Benefits

Laboratory Supply Company
401(k) Profit Sharing Plan

	December 31	
	2016	2015
Cash , non-interest bearing	\$ 63,233	\$ 2,594
Investments , at fair value		
Registered investment companies	7,050,543	5,841,508
Stable value fund	114,188	195,927
Total Investments	7,164,731	6,037,435
Receivables		
Participants' contributions		29,798
Employer's contributions	384	4,196
Other contributions	177	
Total Receivables	561	33,994
Total Assets	7,228,525	6,074,023
Liabilities		
Participant distributions payable	1,672	3,039
Excess deferrals payable	70,873	
Total Liabilities	72,545	3,039
Net Assets Available for Benefits	<u>\$ 7,155,980</u>	<u>\$ 6,070,984</u>

See Notes to Financial Statements

Statements of Changes in Net Assets Available for Benefits

**Laboratory Supply Company
401(k) Profit Sharing Plan**

	Year Ended December 31	
	2016	2015
Additions to Net Assets		
Contributions:		
Participants' contributions	\$ 1,254,835	\$ 1,046,664
Rollover contributions	61,577	74,149
Employer's contributions	165,953	162,538
Other contributions	177	
Total Contributions	1,482,542	1,283,351
Investment income:		
Net appreciation (depreciation) in fair value of investments	187,119	(329,162)
Interest and dividend income	276,178	266,256
Total Investment Income (Loss)	463,297	(62,906)
Total Additions to Net Assets	1,945,839	1,220,445
Deductions from Net Assets		
Benefits paid to participants	804,666	1,025,541
Administrative fees	56,177	54,569
Total Deductions from Net Assets	860,843	1,080,110
Increase in Net Assets Available for Benefits	1,084,996	140,335
Net Assets Available for Benefits		
Beginning of Year	6,070,984	5,930,649
Net Assets Available for Benefits		
End of Year	\$ 7,155,980	\$ 6,070,984

See Notes to Financial Statements

Notes to Financial Statements

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note A--Description of Plan

The following description of the Laboratory Supply Company 401(k) Profit Sharing 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 sponsored by Laboratory Supply Company (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility--The Plan has an automatic enrollment feature, which upon attaining twenty one years of age and 90 days of service with the Employer, the employees become Plan participants on the first day of the following month coinciding with or following completion of the eligibility requirements. The participants are automatically enrolled contributing 3% of their compensation, unless they expressly decline participation in the Plan. This automatic enrollment feature includes an automatic deferral increase of 1% of compensation each year up to 8% of compensation, unless the participant elects otherwise.

Contributions and Funding

Participant Contributions--A participant may contribute up to a maximum of 50% of pretax annual compensation, subject to Internal Revenue Code limitations. 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 plans. The Plan allows for Roth 401k (or "post-tax") contributions to the Plan. There is no limit on the amount of Roth contributions other than statutory limits. Total annual deferrals of both pretax and Roth contributions combined may not exceed the maximum salary deferral set by law.

Employer Contributions--The Plan provides for a discretionary Employer matching contribution for active participants in the Plan. During 2016 and 2015, the Employer made monthly matching contributions equal to 3% of participant contributions up to a maximum of 1% of gross wages. The Employer may also make additional annual profit sharing contributions to the Plan at its discretion. There were no profit sharing contributions made during 2016 or 2015.

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

Vesting--Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Employer's contribution portion of their accounts plus earnings thereon is based on years of continuous service, with a participant becoming 33% vested after one year of service, 66% after two years of service, and 100% vested after three years of service.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note A--Description of Plan--Continued

Investment Options--Participants direct his/her contributions, employer matching contributions, and employee rollover contributions in various increments to multiple investment options available as set forth in the Plan. The Plan currently offers various mutual funds and a stable value fund as investment options for participants.

Forfeitures--When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Employer's matching contributions for the Plan year or can be used to pay Plan expenses. However, if the participant is re-employed and fulfills certain requirements as defined by the Plan, the participant's account will be reinstated.

During the years ended December 31, 2016 and 2015, the Employer's contributions were reduced by \$9,346 and \$6,294, respectively, from forfeited nonvested accounts. As of December 31, 2016 and 2015, the Plan had no forfeitures available to be used.

Participant Distributions Payable--Amounts payable to participants for forfeitures improperly withheld from participants' accounts during the Plan year are recorded as participant distributions payable.

Benefits--Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or monthly installment payments, in a form authorized by the Internal Revenue Service and approved by the Plan Administrator. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may also be permitted to receive a distribution from their account prior to termination of employment if they experience a financial hardship.

Amounts payable to participants totaling \$70,873 for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017.

Note B--Summary of Significant Accounting Policies

The Plan follows generally accepted accounting principles as outlined in Financial Accounting Standards Board *Accounting Standards Codification*. Significant accounting policies are as follows.

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

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

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note B--Summary of Significant Accounting Policies--Continued

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized gains or losses on those investments.

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

Benefit Payments--Benefits are recorded when paid.

Administrative Expenses--Certain administrative expenses of the Plan are generally paid directly by the Employer. Certain administrative functions are performed by employees of the Employer; however, no employee receives compensation from the Plan.

Use of Estimates--The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefit and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Accordingly, actual results could differ from those estimates.

New Accounting Pronouncement--In July 2015, FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair values. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The Plan's adoption of this guidance in 2016 was applied retrospectively and did not have a material impact on its financial statements.

Reclassifications--Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. There was no effect on the change in the net assets resulting from these reclassifications.

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note C--Summary of Financial Data Certified By the Custodian

The December 31, 2016 and 2015, statements of net assets available for plan benefits, the investment activities included on the statements of changes in net assets available for plan benefits for the years ended, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 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 information certified includes total investments of \$7,227,964 and \$6,040,029 at December 31, 2016 and 2015, respectively, and related income (loss) of \$463,297 and \$(62,906) for the years then ended.

Note D--Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Generally accepted accounting principles establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The 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, 2016 and 2015.

1) Registered Investment Companies Mutual Funds, Including Money Market and Cash Reserve Funds:

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

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note D--Fair Value Measurements--Continued

2) Stable Value Fund:

A stable value fund that is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

The following table presents the fair value of investments at December 31, 2016 and 2015:

	Fair Value Measurements Using:			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<u>December 31, 2016</u>				
Registered investment companies	\$ 7,050,543	\$ 7,050,543		
Total Assets in the Fair Value Hierarchy	7,050,543	<u>\$ 7,050,543</u>		
Stable Value Fund Measured at Net Asset Value (a)	<u>114,188</u>			
Investments at Fair Value	<u>\$ 7,164,731</u>			
<u>December 31, 2015</u>				
Registered investment companies	\$ 5,841,508	\$ 5,841,508		
Total Assets in the Fair Value Hierarchy	5,841,508	<u>\$ 5,841,508</u>		
Stable Value Fund Measured at Net Asset Value (a)	<u>195,927</u>			
Investments at Fair Value	<u>\$ 6,037,435</u>			

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note D--Fair Value Measurements--Continued

- (a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient:

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 114,188	n/a	Daily	12 months
<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 195,927	n/a	Daily	12 months

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2016 and 2015, there were no significant transfers between Level 1 and 2 and no transfers into or out of Level 3.

Note E--Stable Value Fund

The Plan has assets invested in a Stable Value Fund, which is offered through the AUL Stable Value Account. As of December 31, 2016 and 2015, the Stable Value Fund has invested all of its assets in various bonds, mortgages and other mortgage-backed securities. The average duration of the underlying investments is seven years. The daily value of the Stable Value Fund's investments is based on the underlying daily value reported by the various bonds, mortgages and other mortgage-backed securities held.

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note E--Stable Value Fund--Continued

Because the Stable Value Fund is not a fully benefit-responsive, fair value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Stable Value Fund. The Stable Value Fund is presented on the face of the statement of net assets available for benefits. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on an annual basis for resetting. For both the years ended December 31, 2016 and 2015, the crediting interest rate was 1.25%.

Note F--Termination of the Plan

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon termination of the Plan, the Plan Administrator may:

- a) Continue to administer the Plan and pay account balances in accordance with the provisions of the Plan to a participant upon his/her termination of employment, or to his/her beneficiaries upon a participant's death, until the Plan has been liquidated; or
- b) Distribute the assets remaining in the Plan, after payment of any expenses, to participants and beneficiaries in proportion to their respective account balances.

Note G--Tax Status and Uncertain Tax Positions

The Employer adopted a Prototype Non-standardized Profit-Sharing Plan (cash or deferral arrangement) which received a favorable opinion letter from the IRS on March 31, 2008, which stated that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. In evaluating the Plan's tax status and potential liabilities, interpretations and tax strategies are considered. For the years ended December 31, 2016 and 2015, the Plan Administrator determined it did not have any uncertain tax positions and the Plan did not accrue any associated interest or penalties. The Plan is subject to routine audits by taxing authorities for the years subsequent to 2012; however, there are currently no audits for any tax periods in progress.

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note H--Risks and Uncertainties

The Plan provides for any combination of various investment options. 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 and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Note I--Reconciliation of Financial Statements to Schedule H of Form 5500

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

	December 31	
	2016	2015
Net Assets Available for Benefits per the Financial Statements	\$ 7,155,980	\$ 6,070,984
Participant contributions and employer contributions not recorded by Custodian	(384)	(33,994)
Other contributions not recorded by Custodian	(177)	
Distributions payable not recorded by Custodian	<u>72,545</u>	<u>3,039</u>
Net Assets Available for Benefits per Schedule H of the Form 5500	<u><u>\$ 7,227,964</u></u>	<u><u>\$ 6,040,029</u></u>

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued

The following is a reconciliation of participants' contributions per the financial statements to Schedule H of Form 5500:

	Year Ended December 31	
	2016	2015
Participants' Contributions per the Financial Statements	\$ 1,254,835	\$ 1,046,664
Amount of participant's contributions not recorded by Custodian in current year	29,798	(29,798)
Participants' Contributions per Schedule H of Form 5500	\$ 1,284,633	\$ 1,016,866

The following is a reconciliation of employer's contributions per the financial statements to Schedule H of Form 5500:

	December 31	
	2016	2015
Employer's Contributions per the Financial Statements	\$ 165,953	\$ 162,538
Amount of employer's contributions not recorded by Custodian in prior year	4,196	(4,196)
Amount of employer's contributions not recorded by Custodian in current year	(384)	
Employer's Contributions per Schedule H of Form 5500	\$ 169,765	\$ 158,342

Continued

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note I--Reconciliation of Financial Statements to Schedule H of Form 5500--Continued

The following is a reconciliation of third party administrator's contributions per the financial statements to Schedule H of Form 5500:

	December 31 2016
Other Contributions per the Financial Statements	\$ 177
Amount of other contributions not recorded by Custodian in current year	<u>(177)</u>
Other Contributions per Schedule H of Form 5500	<u>\$</u>

The following is a reconciliation of benefits payments per the financial statements to Schedule H of Form 5500:

	December 31 2016	2015
Benefits paid to participants per the Financial Statements	\$ 804,666	\$ 1,025,541
Amount of benefit payments not recorded by Custodian in prior year	3,039	(3,039)
Amount of benefit payments not recorded by Custodian in current year	<u>(72,545)</u>	<u></u>
Employer's Contributions per Schedule H of Form 5500	<u>\$ 735,160</u>	<u>\$ 1,022,502</u>

Notes to Financial Statements--Continued

**Laboratory Supply Company
401(k) Profit Sharing Plan**

December 31, 2016 and 2015

Note J--Subsequent Events

Events that occur after the statement of net assets available for benefits date but before the financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the statement of net assets available for benefits date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the statement of net assets available for benefits date require disclosure in the accompanying notes to the financial statements. Management evaluated the activity of the Plan through June 29, 2017, the date the financial statements were available to be issued, and disclosed the following subsequent event.

In May 2016, McKesson Corporation purchased Laboratory Supply Company, the Employer. As of December 31, 2016, all participant contributions ceased and effective March 31, 2017, the Plan was merged with McKesson Corporation Profit-Sharing Investment Plan. All investment and Plan activity after this date applies to the new Plan and Plan Sponsor, McKesson Corporation.

**Supplemental Schedule -
Schedule H, Part IV, Line 4i (Form 5500)**

Schedule H, Part IV, Line 4i (Form 5500) – Schedule of Assets (Held at End of Year)

Laboratory Supply Company
401(k) Profit Sharing Plan
EIN: 61-0732657
Plan #001

December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AMG	Yacktman Fund, 19,134.984 shares	**	\$ 409,297
	Allianz NFJ	International Value Fund, 2,458.157 shares	**	40,437
	American Century Investments	Inflation Adjusted Bond, 5,329.372 shares	**	61,554
	AUL	Stable Value Account, 104,690.936 shares	**	114,188
	Goldman Sachs Asset Mgmt	International Small Cap, 4,582.219 shares	**	47,655
	Goldman Sachs Asset Mgmt	Small-Mid Cap Growth Fund, 20,120.325 shares	**	395,566
	Ivy	High Income Fund Y, 10,365.942 shares	**	77,641
	John Hancock	Disciplined Value Mid Cap R6, 13,282.478 shares	**	285,042
	J.P. Morgan	Small Cap Value Fund, 11,037.058 shares	**	348,661
	Lord Abbett Funds	Short Duration Income, 8,261.236 shares	**	35,606
	Oppenheimer	International Growth Fund, 1,930.871 shares	**	66,963
	PIMCO	Commodity Real Return Strategy, 8,258.760 shares	**	59,133
	Prudential	Global Real Estate, 1,454.894 shares	**	33,215
	Russell	Investment Grade Bond, 3,279.611 shares	**	68,511
	T Rowe Price	Retirement 2020, 17,212.344 shares	**	351,304
	T Rowe Price	Retirement 2030, 16,462.599 shares	**	370,902
	T Rowe Price	Retirement 2040, 15,906.612 shares	**	369,192
	T Rowe Price	Retirement Income, 1,923.656 shares	**	28,201
	T Rowe Price	Retirement 2050, 6,579.509 shares	**	86,455
	T Rowe Price	New Horizons, 4,316.782 shares	**	186,960
	Templeton	Global Bond Fund, 4,046.294 shares	**	48,394
	Vanguard Group	REIT Index Fund, 518.677 shares	**	60,618
	Vanguard Group	Total International Stock Index, 10,894.212 shares	**	268,324
	Vanguard Group	Balanced Index, 41,199.879 shares	**	1,281,728

Continued

Schedule H, Part IV, Line 4i (Form 5500) - Schedule of Assets (Held at End of Year)--Continued

Laboratory Supply Company
401(k) Profit Sharing Plan
EIN: 61-0732657
Plan #001

December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Group	Total Bond Market Index, 16,588.065 shares	**	176,663
	Vanguard Group	Mid Cap Index, 702.075 shares	**	114,396
	Vanguard Group	Small Cap Index, 948.041 shares	**	58,560
	Vanguard Group	500 Index Admiral, 2,401.468 shares	**	496,071
	Virtus	Emerging Markets Opportunity I, 7,708.260 shares	**	69,760
	Wells Fargo	Advantage Premier Large Co. Growth, 59,643.172 shares	**	779,536
	Western Asset	Core Plus Bond Fund I, 32,738.219 shares	**	374,198
			<u>\$ -</u>	<u>\$ 7,164,731</u>

** Cost information is omitted because all investments are participant directed.

See Independent Auditors' Report