

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>05/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☒ the final return/report ☒ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information
1a	Name of plan <u>MEDICAL SPECIALTIES DISTRIBUTORS, LLC 401(K)PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/2006</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEDICAL SPECIALTIES DISTRIBUTORS, LLC</u> <u>800 TECHNOLOGY CENTER DRIVE</u> <u>STOUGHTON, MA 02072</u>
2b	Employer Identification Number (EIN) <u>20-3585845</u>
2c	Plan Sponsor's telephone number <u>781-344-6000</u>
2d	Business code (see instructions) <u>424990</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.	03/16/2020	JACKIE LOUIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 778
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 697 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H 3B 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
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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)** ☐ 0 **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 05/31/2019		
A Name of plan MEDICAL SPECIALTIES DISTRIBUTORS, LLC 401(K)PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL SPECIALTIES DISTRIBUTORS, LLC	D Employer Identification Number (EIN) 20-3585845	

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

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

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

CAPITAL GROUP RETIREMENT PLAN SERV

6455 IRVINE CENTER DRIVE
IRVINE, CA 92618

(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?
64	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning	01/01/2019	and ending	05/31/2019
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A Name of plan MEDICAL SPECIALTIES DISTRIBUTORS, LLC 401(K)PLAN	B Three-digit plan number (PN)	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MEDICAL SPECIALTIES DISTRIBUTORS, LLC	D Employer Identification Number (EIN) 20-3585845
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	RELIANCEMETLIFE GAC SERIES 25157 CL
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b Name of sponsor of entity listed in (a):	RELIANCE TRUST CT OR SVF
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c EIN-PN	46-6625485-002	d Entity code	C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 05/31/2019		
A Name of plan MEDICAL SPECIALTIES DISTRIBUTORS, LLC 401(K)PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL SPECIALTIES DISTRIBUTORS, LLC	D Employer Identification Number (EIN) 20-3585845	

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		
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)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	288824	0
(9) Value of interest in common/collective trusts	1c(9)	4262	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	10196384	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	10489470 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	31476 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	31476 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10457994 0

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	7
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7
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)	140
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	140
(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)	35
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	35
(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)		3
(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)		193696
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		193881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		193881
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		10651875

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) ☐ Unmodified **(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: **RSM US LLP**

(2) EIN: **42-0714325**

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		100000000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MCKESSON CORPORATION 401(K) RETIREMENT SAVINGS PLAN	94-3207296	002

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.)

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 2019 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 05/31/2019

A Name of plan <u>MEDICAL SPECIALTIES DISTRIBUTORS, LLC 401(K)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>MEDICAL SPECIALTIES DISTRIBUTORS, LLC</u>	D Employer Identification Number (EIN) <u>20-3585845</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>71-0294708</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
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% 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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Medical Specialties Distributors, LLC 401(k) Plan

Financial Report
January 2, 2019

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Independent Auditor's Report

Board of Directors of the Plan Sponsor and Participants of
Medical Specialties Distributors, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Medical Specialties Distributors, LLC 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of January 2, 2019, December 31, 2018 and 2017, the related statements of changes in net assets available for benefits for the period from January 1, 2019 through January 2, 2019 and for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by Capital Bank and Trust Company, the current trustee of the Plan, and Voya Retirement Insurance and Annuity Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that both trustees held the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the current trustee as of January 2, 2019, December 31, 2018, and December 31, 2017 and for the period from January 1, 2019 through January 2, 2019, for the year ended December 31, 2018 and for the period from December 22, 2017 to December 31, 2017, and the former trustee as of December 31, 2017 and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the trustees 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.

Emphasis of Matter

As discussed in Note 3 to the financial statements, the Plan sponsor elected on November 20, 2017 to merge the First Choice Medical Supply, LLC 401(k) Plan (FCMS Plan) into the Plan effective January 1, 2018. The transfer of assets was completed on January 10, 2018 at which time all participant balances in the FCMS Plan were transferred to the Plan. The participants maintained the vested amounts in their account balances. Our disclaimer of opinion has not been modified with respect to this matter.

As discussed in Note 3 to the financial statements, the Plan's sponsor elected on May 2, 2018 to merge the Plan into the McKesson Corporation 401(k) Retirement Savings Plan (McKesson Plan) effective January 2, 2019. The transfer of assets was substantially completed on January 9, 2019 at which time substantially all participant balances in the Plan were transferred to the McKesson Plan. The participants maintained the vested amounts in their account balances. Our disclaimer of opinion has not been modified with respect to this matter. As legal control changed to the McKesson Plan at the close of business on January 2, 2019, the financial statements are presented as of and for the period ending January 2, 2019. However, the form 5500 was prepared through May 9, 2019 as assets continued to be held at the former custodian until transfers were completed.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018, 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 purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with 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 or provided by the current and former trustees, 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.

RSM US LLP

Boston, Massachusetts
March 16, 2020

Medical Specialties Distributors, LLC 401(k) Plan

**Statements of Net Assets Available for Benefits
January 2, 2019, December 31, 2018 and 2017**

	2019	2018	2017
Assets			
Investments, at fair value	\$ -	\$ 10,200,646	\$ 7,556,937
Investments, at contract value	-	-	743,499
Total investments	-	10,200,646	8,300,436
Receivables:			
Notes receivable from participants	-	290,204	232,853
Total assets	-	10,490,850	8,533,289
Liabilities			
Accrued liabilities (corrective distributions)	-	31,476	32,782
Net assets available for benefits	\$ -	\$ 10,459,374	\$ 8,500,507

See notes to financial statements.

Medical Specialties Distributors, LLC 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Period From January 1, 2019 through January 2, 2019 and Year Ended December 31, 2018

	2019	2018
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 193,703	\$ (1,378,850)
Interest and dividends	38	476,563
Total investment income (loss)	193,741	(902,287)
Interest income on notes receivable from participants	140	10,327
Contributions:		
Participants	-	1,823,643
Employer	-	117,370
Rollover	-	57,961
Total contributions	-	1,998,974
	193,881	1,107,014
Deductions from net assets attributed to:		
Benefits paid to participants	-	2,581,763
Administrative expenses	-	39,099
Total deductions	-	2,620,862
	193,881	(1,513,848)
Transfer of assets to the Plan	-	3,472,715
Transfer of assets to McKesson Corporation 401(k) Retirement Savings Plan	(10,653,255)	-
Net increase (decrease)	(10,459,374)	1,958,867
Net assets available for benefits:		
Beginning of year	10,459,374	8,500,507
End of year	\$ -	\$ 10,459,374

See notes to financial statements.

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Medical Specialties Distributors, LLC 401(k) 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 retirement plan available to all employees of Medical Specialties Distributors, LLC (the "Company"), provided that they are at least 21 years of age and an employee for 30 days. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"). The Plan was most recently amended effective January 1, 2018, to allow the merger of the First Choice Medical Supply, LLC 401(k) Plan ("FCMS Plan") into Medical Specialties Distributors, LLC 401(k) Plan. As a result, net assets of \$3,472,715 were transferred to the control of the Plan on January 10, 2018. The Plan was also amended effective January 2, 2019, to allow the merger of the Plan into the McKesson Corporation 401(k) Retirement Savings Plan (McKesson Plan). As a result, net assets of \$10,653,254 were transferred out of the Plan on January 9, 2019 and a residual \$1 was transferred on May 9, 2019.

Contributions: Participants are allowed to contribute up to 100% of their pretax compensation to the Plan through payroll deductions, not to exceed IRC limitations.

The Company, at its discretion, may make matching and profit sharing contributions to the Plan. During the period from January 1, 2019 through January 2, 2019 and for the year ended December 31, 2018, the Company made matching contributions of \$0 and \$117,370. These employer contributions equaled 10% of the first 5% of an individual's compensation contributed to the Plan, subject to certain limitations. There were no profit sharing contributions in 2019 or 2018.

An eligible participant may, at the discretion of the Plan Administrator, transfer tax free to the Plan a distribution from another qualified plan, provided that the transfer qualifies as a rollover contribution under the IRC.

Participant accounts: Each participant's account is credited with the participant's contribution, the Company's matching contribution and profit sharing contributions, investment earnings, and 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 fully vested in all salary contributions, rollovers and earnings thereon. Employer contributions and earnings thereon are vested in accordance with the following schedule:

Years	Vesting Percent
Less than one	0%
One but less than two	25%
Two but less than three	50%
Three but less than four	75%
Four or more	100%

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Forfeitures: Participants who terminate prior to being 100% vested forfeit the non-vested portion of their account. Forfeitures will be used to either pay Plan expenses or reduce employer contributions as determined by the Plan Administrator. For the period from January 1, 2019 through January 2, 2019, there were no forfeitures of non-vested account balances and \$4,261 were transferred to the McKesson Plan. For the year ended December 31, 2018, \$17,834 of non-vested account balances were forfeited and \$13,940 of forfeitures were used to pay Plan expenses. At January 2, 2019, December 31, 2018, and December 31, 2017, forfeited non-vested accounts totaled \$0, \$4,261, and \$367 respectively.

Payments of benefits: Participants are allowed to withdraw certain portions of their account, as defined by the Plan, upon retirement, death, disability, termination, reaching the age of 59 ½, or determination of financial hardship. Participants are able to elect to receive a lump-sum or annuity distribution based upon the valuation of the participant's vested account balance.

Investment options: Participants can direct their contributions to various guaranteed investment contracts and pooled separate accounts. Participants determine the investment of both Company and participant contributions.

Notes receivable from participants: Participants may borrow from their accounts any amount greater than \$500, but not more than the lesser of \$50,000 or 50% of their account balance, reduced by the highest outstanding loan balance during the preceding twelve month period. A participant may have three outstanding loans at one time. Loans must be repaid within 5 years but may be extended to 30 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate equal to regional bank rates for similar loans. Loans outstanding at December 31, 2018 bear interest at rates ranging from 3.25% to 5.25% and mature through 2023. Principal and interest are paid ratably through weekly payroll deductions.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements have been prepared on the accrual basis of accounting in accordance with accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets generally accepted accounting principles ("GAAP") to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification ("FASB ASC").

Use of estimates: The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and uncertainties: The Plan provides for various investment options in any combination of guaranteed investment contracts and pooled separate accounts. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by investment advisors and custodians. See Note 8 for discussion of fair value measurements.

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 depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Income taxes: GAAP requires plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require revenue recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S federal, state, or local tax authorities for years before 2015.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of January 2, 2019, December 31, 2018 or 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Administrative expenses are the responsibility of both the Plan and the Company. The Company has elected to pay substantially all administrative expenses.

Excess contributions payable: Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. As of January 2, 2019 there were no excess contributions payable recorded. As of December 31, 2018 and 2017, excess contributions payable totaled \$31,476 and \$32,782 as of December 31, 2018 and 2017, respectively. The Plan did not distribute the 2018 excess contributions to the applicable participants prior to March 15, 2019. As a result, the Plan Sponsor paid a 10% excise tax in an amount of \$3,147 to the IRS. This excess contribution payable was transferred to the McKesson Plan during 2019. The Plan distributed the 2017 excess contributions to the applicable participants prior to March 15, 2018.

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 3. Plan Mergers/Termination

On November 20, 2017, in connection with the acquisition of First Choice Medical Supply by the Company, the Board of Directors voted to merge the plan of First Choice Medical Supply, LLC 401(k) Plan (FCMS Plan) effective January 1, 2018. The transfer of assets was completed on January 10, 2018 at which time all participant balances in the FCMS Plan were transferred to the Plan. The participants maintained the vested amounts in their account balances. Assets totaling \$3,472,715 were transferred from the FCMS Plan to the Plan during the year ended December 31, 2018.

On May 2, 2018, in connection with the acquisition of the Company by McKesson Corporation, the Board of Directors voted to merge the Plan into the McKesson Corporation 401(k) Retirement Savings Plan (McKesson Plan) effective January 2, 2019. The transfer of assets was substantially completed on January 9, 2019 at which time substantially all participant balances in the Plan were transferred to the McKesson Plan. An immaterial residual amount was also transferred on May 9, 2019. The participants maintained the vested amounts in their account balances.

Note 4. Information Certified by the Plan's Trustees

The following is a summary of the plan's asset information as of January 2, 2019, December 31, 2018 and 2017, and for the period from January 1, 2019 through January 2, 2019 and the year ended December 31, 2018, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Capital Bank and Trust Company, the current trustee of the Plan as of January 2, 2019, December 31, 2018 and 2017 and for the period from January 1, 2019 through January 2, 2019, for the year ended December 31, 2018 and for the period from December 22, 2017 to December 31, 2017, and from Voya Retirement Insurance and Annuity Company, the former trustee of the Plan as of December 31, 2017 and for the year ended December 31, 2017, that information provided to the Plan Administrator by the trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the (DOL's) Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	2019	2018	2017
Investments, at fair value:			
Pooled separate accounts	\$ -	\$ -	\$ 7,556,937
Mutual funds	-	10,196,384	-
Common collective trust fund	-	4,262	-
	<u>\$ -</u>	<u>\$ 10,200,646</u>	<u>\$ 7,556,937</u>
Investments, at contract value:			
Guaranteed investment contracts (fully benefit responsive)	\$ -	\$ -	\$ 743,499
Notes receivable from participants	<u>\$ -</u>	<u>\$ 290,204</u>	<u>\$ 232,853</u>

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 4. Information Certified by the Plan's Trustees (Continued)

Capital Bank and Trust Company also certified to the completeness and accuracy of net appreciation in fair value of investments of \$193,703, \$140 of interest from notes receivable from participants, and \$38 of interest and dividends related to the aforementioned investments for the period from January 1, 2019 through January 2, 2019. Capital Bank and Trust Company also certified to the completeness and accuracy of \$1,378,850 of net depreciation in fair value of investments, \$10,327 of interest from notes receivable from participants, and \$476,563 of interest and dividends related to the aforementioned investments for the year ended December 31, 2018.

Note 5. Tax Status

The Plan, through its adoption of a volume submitter plan (a prototype plan), has obtained an opinion letter issued to The Angell Pension Group, Inc. on September 30, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 6. Party-In-Interest Transactions

Plan investments during 2019 and 2018 include shares of mutual funds and a common collective trust fund managed by Capital Bank and Trust Company. Administrative fees are paid to Capital Bank and Trust Company.

Plan investments during 2017 include shares of guaranteed investment contracts and pooled separate accounts managed by Voya Retirement Insurance and Annuity Company ("Voya"). Administrative fees are paid to Voya.

As both Capital Bank and Trust Company and Voya served as trustees to the Plan for the aforementioned periods, therefore, these transactions qualify as party-in-interest transactions. The Plan Sponsor also paid certain administrative expenses of the Plan. Notes receivable from participants also qualify as party-in interest transactions.

Note 7. Guaranteed Investment Contracts

The Voya Fixed Accounts are fully benefit-responsive investment contracts. Fully benefit responsive investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The accounts are credited with interest, which is subject to a minimum contractual guarantee of 2.20% and 1.0% for Voya Fixed Account and Voya Fixed Account A, respectively. As of December 31, 2017, the contract value of the synthetic investment contracts is \$743,499.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates for Voya Fixed Account and Voya Fixed Account A were 2.20% to 1.50%, respectively, as of December 31, 2017.

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 7. **Guaranteed Investment Contracts (Continued)**

The plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events include:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. These events include:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

Note 8. **Fair Value Measurements**

FASB ASC 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 8. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies at January 2, 2019 or December 31, 2018 and 2017.

Pooled separate accounts: Valued at the net asset value ("NAV") using market prices of underlying assets and audited financial statements rather than quoted prices in an active market.

Mutual funds: Valued at quoted market prices. These securities are categorized as Level 1 as they are actively traded and no valuation adjustments have been applied.

Common collective trust fund: Valued at NAV per unit based on the underlying investments comprising the trust and based on audited financial statements.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 2, 2019, December 31, 2018 and 2017:

January 2, 2019	Total Fair Value	Level 1	Level 2	Level 3
Investments:				
Mutual funds	\$ -	\$ -	\$ -	\$ -
Common collective trust funds (a)	-	-	-	-
Pooled separate accounts (a)	-	-	-	-
Total investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2018	Total Fair Value	Level 1	Level 2	Level 3
Investments:				
Mutual funds	\$ 10,196,384	\$ 10,196,384	\$ -	\$ -
Common collective trust funds (a)	4,262	-	-	-
Pooled separate accounts (a)	-	-	-	-
Total investments at fair value	<u>\$ 10,200,646</u>	<u>\$ 10,196,384</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2017	Total Fair Value	Level 1	Level 2	Level 3
Investments:				
Pooled separate accounts (a)	\$ 7,556,937	\$ -	\$ -	\$ -
Total investments at fair value	<u>\$ 7,556,937</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using NAV per share practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 8. Fair Value Measurements (Continued)

The following tables set forth additional disclosures of Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2018 and 2017.

2018				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trust fund:				
Reliance MetLife Stable Value Series (a)	\$ 4,262	\$ -	Daily	None
	<u>\$ 4,262</u>	<u>\$ -</u>		
2017				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Large cap (c)	\$ 3,289,716	\$ -	Daily	None
Mid/ small cap (b)	2,860,173	-	Daily	None
Blended (d)	825,606	-	Daily	None
Bond funds (e)	367,983	-	Daily	None
International (f)	213,459	-	Daily	None
	<u>\$ 7,556,937</u>	<u>\$ -</u>		

- (a) This category seeks the preservation of principal and to provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity
- (b) The funds in this investment class seek capital appreciation primarily through investment in securities of mid-capitalization and small-capitalization companies primarily located in the United States.
- (c) The funds in this investment class seek capital growth primarily through investment in securities of large-capitalization companies primarily located in the United States.
- (d) The funds in this investment class seek conservation of capital along with current income and consistent capital growth primarily through investment in a broad range of securities including equity securities and corporate and government debt securities.
- (e) The funds in this investment class seek capital growth primarily through fixed income investments.
- (f) The funds in this investment class seek long-term capital growth primarily through investments in securities of companies located outside of the United States primarily in developed economies but may invest in securities of companies located in developing economies.

Medical Specialties Distributors, LLC 401(k) Plan

Notes to Financial Statements

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of January 2, 2019 and December 31, 2018:

	2019	2018
Net assets available for plan benefits per financial statements	\$ -	\$ 10,459,374
Aggregate deemed distributions reported on the 5500	-	(1,380)
Net assets available for plan benefits per the Form 5500	<u>\$ -</u>	<u>\$ 10,457,994</u>

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements to the Form 5500 for the period from January 1, 2019 through January 2, 2019 and for the year ended December 31, 2018:

	2019	2018
Net increase (decrease) per the financial statements	\$ 193,881	\$ (1,513,848)
Deemed distributions reported on the 5500	-	(1,380)
Net increase (decrease) per the Form 5500	<u>\$ 193,881</u>	<u>\$ (1,515,228)</u>

The following is a reconciliation of the net transfer of assets from the Plan per the financial statements to the Form 5500 for the period from January 1, 2019 through January 2, 2019:

	2019
Net transfer per the financial statements	\$ 10,653,255
Deemed distributions reported in the 2018 5500	(1,380)
Net transfer per the Form 5500	<u>\$ 10,651,875</u>

Note 10. Subsequent Events

The Plan has evaluated subsequent events through March 16, 2020, the date the financial statements were available to be issued.

Medical Specialties Distributors, LLC 401(k) Plan

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2018**

Employer Identification Number: 20-3585845
Plan Number: 001

(a)	(b)	(c)					(d)	(e)
		Description of Investments						
	Identity of Issue, Borrower, Lessor, or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	American Funds 2030 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	\$ 2,141,983
*	American Funds 2035 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	1,797,930
*	American Funds 2025 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	1,768,182
*	American Funds 2045 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	919,817
*	American Funds 2040 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	790,985
*	American Funds 2050 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	540,201
*	American Funds 2020 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	515,965
	T. Rowe Price Blue Chip Growth I	Mutual Funds	n/a	n/a	n/a	n/a	n/a	335,082
*	American Funds 2055 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	320,423
	Vanguard Mid Cap Index Adm	Mutual Funds	n/a	n/a	n/a	n/a	n/a	131,397
	Vanguard 500 Index Fund - Admiral	Mutual Funds	n/a	n/a	n/a	n/a	n/a	121,012
	MFS Mid Cap Growth R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	116,929
	Columbia Seligman Comms & Info Instl 2	Mutual Funds	n/a	n/a	n/a	n/a	n/a	102,634
*	American Funds American Balanced R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	93,061
	Fidelity Advisor Small Cap Growth Z	Mutual Funds	n/a	n/a	n/a	n/a	n/a	90,504
*	American Funds EuroPacific Gr R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	80,673
	Vanguard Small Cap Index Fund - Admiral	Mutual Funds	n/a	n/a	n/a	n/a	n/a	68,958
	MFS New Discovery Value R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	56,196
	Vanguard Inter-Term Bond Index Adm	Mutual Funds	n/a	n/a	n/a	n/a	n/a	42,315
	Columbia Overseas Value Instl 2	Mutual Funds	n/a	n/a	n/a	n/a	n/a	37,418
*	American Funds 2015 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	26,221
	AllianzGI NFJ Mid-Cap Value Instl	Mutual Funds	n/a	n/a	n/a	n/a	n/a	25,590
*	American Funds 2060 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	21,025
	DFA Emerging Markets I	Mutual Funds	n/a	n/a	n/a	n/a	n/a	13,265
*	American Funds Fundamental Investors R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	12,227
	Diamond Hill Large Cap Y	Mutual Funds	n/a	n/a	n/a	n/a	n/a	9,418
	Vanguard Short-Term Investment-Grade Adm	Mutual Funds	n/a	n/a	n/a	n/a	n/a	9,097
*	American Funds US Govt Money Market R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	5,799
	RelianceMetLife GAC Series 25157 Cls 0	Common Collective Trust	n/a	n/a	n/a	n/a	n/a	4,262
*	American Funds 2010 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	2,077
*	Participant Loans	Loans to Participants	Varies; through 2023	3.25% - 5.25%	varies	n/a	-	288,824
								\$ 10,489,470

* Indicates party-in-interest

Medical Specialties Distributors, LLC 401(k) Plan

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2018**

Employer Identification Number: 20-3585845
Plan Number: 001

(a)	(b)	(c)					(d)	(e)
		Description of Investments						
	Identity of Issue, Borrower, Lessor, or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
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*	American Funds 2050 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	540,201
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*	American Funds American Balanced R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	93,061
	Fidelity Advisor Small Cap Growth Z	Mutual Funds	n/a	n/a	n/a	n/a	n/a	90,504
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*	American Funds 2015 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	26,221
	AllianzGI NFJ Mid-Cap Value Instl	Mutual Funds	n/a	n/a	n/a	n/a	n/a	25,590
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	Vanguard Short-Term Investment-Grade Adm	Mutual Funds	n/a	n/a	n/a	n/a	n/a	9,097
*	American Funds US Govt Money Market R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	5,799
	RelianceMetLife GAC Series 25157 Cls 0	Common Collective Trust	n/a	n/a	n/a	n/a	n/a	4,262
*	American Funds 2010 Target Date Fund R6	Mutual Funds	n/a	n/a	n/a	n/a	n/a	2,077
*	Participant Loans	Loans to Participants	Varies; through 2023	3.25% - 5.25%	varies	n/a	-	288,824
								\$ 10,489,470

* Indicates party-in-interest