

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: 1.5em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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>PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>10/01/1998</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>PHARMACHEM LABORATORIES, INC.</u> <u>265 HARRISON AVENUE</u> <u>KEARNEY, NJ 07032</u>	2b	Employer Identification Number (EIN) <u>22-1625213</u>
		2c	Plan Sponsor's telephone number <u>201-246-1000</u>
		2d	Business code (see instructions) <u>311900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	DENISE BRADY
	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 (2018)
v. 171027

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	5 241
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) 211 6a(2) 168 6b 1 6c 25 6d 194 6e 2 6f 196 6g 194 6h
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 2R 2T 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)** ☐ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PHARMACHEM LABORATORIES, INC.	D Employer Identification Number (EIN) 22-1625213	

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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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 ☐

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:	BDO USA LLP	b EIN:	13-5381590
c Position:	AUDITOR		
d Address:	90 WOODBRIDGE CENTER DR. 4TH FLOOR WOODBIDGE, NJ 07095	e Telephone:	732-750-0900

Explanation: BLUE AND CO ENGAGED TO COORDINATE ALL BENEFIT PLANS AUDITS.

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:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
A Name of plan PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PHARMACHEM LABORATORIES, INC.				D Employer Identification Number (EIN) 22-1625213	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: ASHLAND LLC MASTER TRUST					
b Name of sponsor of entity listed in (a): ASHLAND LLC					
c EIN-PN 20-0865835-030		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68299584	
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)	
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)	
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 1	

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
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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
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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 PHARMACHEM LABORATORIES, INC.	D Employer Identification Number (EIN) 22-1625213	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	47154	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	469012	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	59373532	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	68299584
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	27893718	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	87783416	68299584

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	87783416	68299584
---	-----------	----------	----------

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	2100000	
(2) Noncash contributions	2a(2)	0	2100000
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-63188	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-63188
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-3170896
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		105714
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-1028370

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18455726	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		18455726
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	-264	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		-264
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18455462

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-19483832
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: BLUE AND COMPANY, LLC

(2) EIN: 35-1178661

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		1000000
4e	X		1000000
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 _____.

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.)

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHARMACHEM LABORATORIES, INC.</u>	D Employer Identification Number (EIN) <u>22-1625213</u>

Part I	Distributions
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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	
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>04-6568107</u> <u>23-3060382</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.)
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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) 2018
v. 171027

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):

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			87,783,415.58				
COMPARATIVE VALUE (5%)			4,389,170.78				
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
130006-010	ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18 01/24/18 B 27,000,000	0.999		0	26,978,632-*	26,978,632	
130006-010	ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18 02/15/18 S 27,000,000	1.000		0	26,978,632 *	26,978,632	0
130006-010	ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18 01/23/18 B 25,000,000	0.999		0	24,974,314-*	24,974,314	
130006-010	ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18 02/21/18 S 25,000,000	1.000		0	24,974,314 *	24,974,314	0
130006-009	ISSUE: 31420C787 - FEDERATED SHORT-TERM INC-Y 02/21/18 S 2,046,548	8.450		0	17,293,334 *	17,375,195	-81,862
130006-009	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/22/18 B 27,811,856	1.000		0	27,811,856-*	27,811,856	
130006-009	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/28/18 S 27,923,820	1.000		0	27,923,820 *	27,923,820	0
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 01/23/18 B 52,733,315	1.000		0	52,733,315-*	52,733,315	
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 01/24/18 S 24,974,314	1.000		0	24,974,314 *	24,974,314	0
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 01/24/18 S 26,978,632	1.000		0	26,978,632 *	26,978,632	0
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/15/18 B 27,514,688	1.000		0	27,514,688-*	27,514,688	
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/21/18 B 25,000,000	1.000		0	25,000,000-*	25,000,000	
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/28/18 S 59,811,438	1.000		0	59,811,438 *	59,811,438	0
130006-009	ISSUE: 74676P698 - PUTNAM SHORT DUR INCOME-Y 02/21/18 S 1,045,579	10.060		0	10,518,522 *	10,518,522	0

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 97181C605 - WILMINGTON US 130006-000 02/28/18 B	87,735,258	GOVT MONEY	MKT CL INST 1.000	0	87,735,258-*	87,735,258	
ISSUE: 97181C605 - WILMINGTON US 130006-000 03/01/18 S	87,777,531	GOVT MONEY	MKT CL INST 1.000	0	87,777,531 *	87,777,531	0
GRAND TOTAL				0	579,978,600	580,060,461	-81,862

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE						
BROKER: BANK OF NEW YORK/TORONTO DOM						
ISSUE: 37045XAV8 - GEN MOTORS FINL CO 2.4% 4/10/18						
130006-010 01/19/18 S	600,000	1.001	0	600,540	600,744	-204
ISSUE: 69353REM6 - PNC BANK NA 1.6% 6/01/18						
130006-010 01/19/18 S	1,250,000	0.999	0	1,248,475	1,248,400	75
ISSUE: 717081DL4 - PFIZER INC 2.1% 5/15/19						
130006-010 01/19/18 S	1,200,000	0.999	0	1,198,416	1,201,884	-3,468
ISSUE: 822582BR2 - SHELL INTERNATIONAL 1.375% 5/10/19						
130006-010 01/19/18 S	1,200,000	0.989	0	1,187,220	1,189,668	-2,448
ISSUE: 91159HHH6 - US BANCORP MTN 2.2% 4/25/19						
130006-010 01/19/18 S	1,250,000	0.999	0	1,248,513	1,253,538	-5,025
SUB-TOTAL			0	5,483,164	5,494,234	-11,070
BROKER: JP MORGAN SECURITIES LLC						
ISSUE: 14042E5V8 - CAPITAL ONE NA 2.35% 8/17/18						
130006-010 01/19/18 S	1,250,000	1.001	0	1,251,388	1,251,950	-563
ISSUE: 865622CC6 - SUMITOMO MITSUI BK 1.762% 10/19/18						
130006-010 01/19/18 S	750,000	0.997	0	747,870	748,928	-1,058
ISSUE: 89236TAY1 - TOYOTA MOTOR MTN 2% 10/24/18						
130006-010 01/19/18 S	1,405,000	1.000	0	1,404,958	1,406,756	-1,798
ISSUE: 843646AK6 - SOUTHERN POWER 1.5% 6/01/18						
130006-010 01/31/18 S	1,250,000	0.999	0	1,248,175	1,248,013	163
SUB-TOTAL			0	4,652,391	4,655,647	-3,256
BROKER: DAIWA SECURITIES AMERICA						

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 57636QAA2 - MASTERCARD INC 2% 4/01/19							
130006-010 01/19/18 S	1,250,000		0.998	0	1,247,563	1,249,025	-1,463
ISSUE: 74432QBG9 - PRUDENTIAL FINL MTN 7.375% 6/15/19							
130006-010 01/19/18 S	1,200,000		1.069	0	1,282,788	1,288,608	-5,820
ISSUE: 313385TR7 - FHLB Z-CPN 2/28/18							
130006-010 01/31/18 B	3,400,000		0.999	0	3,396,711-	3,396,711	
SUB-TOTAL				0	5,927,062	5,934,344	-7,283
BROKER: GX CLARKE & CO.							
ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18							
130006-010 01/24/18 B	27,000,000		0.999	0	26,978,632-*	26,978,632	
SUB-TOTAL				0	26,978,632	26,978,632	0
BROKER: PERSHING LLC							
ISSUE: 78012KJZ1 - ROYAL BNK CANADA MTN 2% 12/10/18							
130006-010 01/11/18 B	500,000		1.000	0	500,045-	500,045	
ISSUE: 046353AH1 - ASTRAZENECA PLC 1.75% 11/16/18							
130006-010 01/19/18 S	750,000		0.997	0	747,735	748,125	-390
ISSUE: 064159CU8 - BANK NOVA SCOTIA 2.05% 10/30/18							
130006-010 01/19/18 S	1,095,000		1.000	0	1,094,726	1,096,095	-1,369
ISSUE: 166764BA7 - CHEVRON CORP 1.79% 11/16/18							
130006-010 01/19/18 S	750,000		0.998	0	748,830	748,823	8
ISSUE: 345397XH1 - FORD MOTOR CREDIT 2.24% 6/15/18							
130006-010 01/19/18 S	1,250,000		1.000	0	1,250,625	1,251,188	-563
ISSUE: 38147MAA3 - GOLDMAN SACHS GP 2.9% 7/19/18							
130006-010 01/19/18 S	1,375,000		1.004	0	1,380,679	1,381,256	-578
ISSUE: 501044DA6 - KROGER CO/THE 2% 1/15/19							
130006-010 01/19/18 S	1,250,000		0.998	0	1,247,375	1,247,763	-388
ISSUE: 585055BQ8 - MEDTRONIC INC 1.5% 3/15/18							
130006-010 01/19/18 S	750,000		0.999	0	749,513	749,460	53
ISSUE: 63254AAK4 - NATL AUS BANK/NY MTN 1.875% 7/23/18							
130006-010 01/19/18 S	1,250,000		1.000	0	1,249,513	1,249,600	-88

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 78012KJZ1 - ROYAL BNK CANADA MTN 2% 12/10/18							
130006-010 01/19/18 S	1,250,000		0.999	0	1,248,650	1,249,243	-593
ISSUE: 89153VAK5 - TOTAL CAPITAL INTL 2.125% 1/10/19							
130006-010 01/19/18 S	1,200,000		1.000	0	1,200,492	1,201,200	-708
ISSUE: 907818DW5 - UNION PACIFIC RR 2.25% 2/15/19							
130006-010 01/19/18 S	1,250,000		1.001	0	1,251,263	1,251,588	-325
ISSUE: 91324PCT7 - UNITEDHEALTH GRP INC 1.7% 2/15/19							
130006-010 01/19/18 S	1,250,000		0.995	0	1,243,325	1,245,463	-2,138
ISSUE: 94974BFQ8 - WELLS FARGO CO 2.15% 1/15/19							
130006-010 01/19/18 S	1,250,000		1.000	0	1,250,375	1,252,013	-1,638
SUB-TOTAL				0	15,163,146	15,171,862	-8,714
BROKER: INTL FCSTONE FINANCIAL INC./BD							
ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18							
130006-010 01/23/18 B	25,000,000		0.999	0	24,974,314-*	24,974,314	
SUB-TOTAL				0	24,974,314	24,974,314	0
GRAND TOTAL				0	83,178,709	83,209,033	-30,323

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18							
130006-010	01/24/18 B	27,000,000	0.999	0	26,978,632-*	26,978,632	
	SUB-TOTAL OF BUYS # 1			0	26,978,632	26,978,632	
130006-010	02/15/18 S	27,000,000	1.000	0	26,978,632 *	26,978,632	0
	SUB-TOTAL OF SALES # 1			0	26,978,632	26,978,632	0
	SUB-TOTAL			0	53,957,264	53,957,264	0
ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18							
130006-010	01/23/18 B	25,000,000	0.999	0	24,974,314-*	24,974,314	
	SUB-TOTAL OF BUYS # 1			0	24,974,314	24,974,314	
130006-010	02/21/18 S	25,000,000	1.000	0	24,974,314 *	24,974,314	0
	SUB-TOTAL OF SALES # 1			0	24,974,314	24,974,314	0
	SUB-TOTAL			0	49,948,628	49,948,628	0
ISSUE: 313385TR7 - FHLB Z-CPN 2/28/18							
130006-010	01/31/18 B	3,400,000	0.999	0	3,396,711-	3,396,711	
	SUB-TOTAL OF BUYS # 1			0	3,396,711	3,396,711	
130006-010	02/28/18 S	3,400,000	1.000	0	3,396,711	3,396,711	0

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF SALES # 1				0	3,396,711	3,396,711	0
SUB-TOTAL				0	6,793,422	6,793,422	0
ISSUE: 31420C787 - FEDERATED SHORT-TERM INC-Y							
130006-009	02/21/18 S	2,046,548	8.450	0	17,293,334 *	17,375,195	-81,862
SUB-TOTAL OF SALES # 1				0	17,293,334	17,375,195	-81,862
SUB-TOTAL				0	17,293,334	17,375,195	-81,862
ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM							
130006-009	01/02/18 B	2,300	1.000	0	2,300-	2,300	
130006-009	01/03/18 B	45,053	1.000	0	45,053-	45,053	
130006-009	02/02/18 B	14,791	1.000	0	14,791-	14,791	
130006-009	02/05/18 B	30,258	1.000	0	30,258-	30,258	
130006-009	02/22/18 B	27,811,856	1.000	0	27,811,856-*	27,811,856	
130006-010	01/03/18 B	1,098	1.000	0	1,098-	1,098	
130006-010	01/10/18 B	251,875	1.000	0	251,875-	251,875	
130006-010	01/10/18 B	12,750	1.000	0	12,750-	12,750	
130006-010	01/16/18 B	774,893	1.000	0	774,893-	774,893	
130006-010	01/16/18 B	41,875	1.000	0	41,875-	41,875	
130006-010	01/22/18 B	7,125	1.000	0	7,125-	7,125	
130006-010	01/23/18 B	52,733,315	1.000	0	52,733,315-*	52,733,315	
130006-010	01/23/18 B	11,719	1.000	0	11,719-	11,719	
130006-010	01/25/18 B	1,261,250	1.000	0	1,261,250-	1,261,250	
130006-010	01/25/18 B	1,152,388	1.000	0	1,152,388-	1,152,388	
130006-010	02/02/18 B	1,254,338	1.000	0	1,254,338-	1,254,338	
130006-010	02/12/18 B	1,282,813	1.000	0	1,282,813-	1,282,813	
130006-010	02/15/18 B	27,514,688	1.000	0	27,514,688-*	27,514,688	
130006-010	02/21/18 B	25,000,000	1.000	0	25,000,000-*	25,000,000	
130006-010	02/28/18 B	3,400,000	1.000	0	3,400,000-	3,400,000	

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF BUYS # 20				0	142,604,385	142,604,385	
130006-009	02/28/18 S	27,923,820	1.000	0	27,923,820 *	27,923,820	0
130006-010	01/19/18 S	1,180,925	1.000	0	1,180,925	1,180,925	0
130006-010	01/24/18 S	24,974,314	1.000	0	24,974,314 *	24,974,314	0
130006-010	01/24/18 S	26,978,632	1.000	0	26,978,632 *	26,978,632	0
130006-010	02/01/18 S	2,112,336	1.000	0	2,112,336	2,112,336	0
130006-010	02/28/18 S	59,811,438	1.000	0	59,811,438 *	59,811,438	0
SUB-TOTAL OF SALES # 6				0	142,981,465	142,981,465	0
SUB-TOTAL				0	285,585,850	285,585,850	0
ISSUE: 74676P698 - PUTNAM SHORT DUR INCOME-Y							
130006-009	02/21/18 S	1,045,579	10.060	0	10,518,522 *	10,518,522	0
SUB-TOTAL OF SALES # 1				0	10,518,522	10,518,522	0
SUB-TOTAL				0	10,518,522	10,518,522	0
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST							
130006-000	01/02/18 B	104	1.000	0	104-	104	
130006-000	02/01/18 B	51	1.000	0	51-	51	
130006-000	02/20/18 B	1,791,324	1.000	0	1,791,324-	1,791,324	
130006-000	02/28/18 B	87,735,258	1.000	0	87,735,258-*	87,735,258	
130006-000	03/01/18 B	2,920	1.000	0	2,920-	2,920	
SUB-TOTAL OF BUYS # 5				0	89,529,657	89,529,657	
130006-000	01/10/18 S	48,411	1.000	0	48,411	48,411	0
130006-000	02/21/18 S	1,791,324	1.000	0	1,791,324	1,791,324	0
130006-000	03/01/18 S	87,777,531	1.000	0	87,777,531 *	87,777,531	0
130006-000	03/02/18 S	2,920	1.000	0	2,920	2,920	0

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
SUB-TOTAL OF SALES # 4				0	89,620,186	89,620,186	0
SUB-TOTAL				0	179,149,843	179,149,843	0
GRAND TOTAL				0	603,246,863	603,328,724	-81,862

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE						
BROKER: GX CLARKE & CO.						
ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18						
130006-010 01/24/18 B	27,000,000		0.999	0	26,978,632-*	26,978,632
	SUB-TOTAL			0	26,978,632	0
BROKER: INTL FCSTONE FINANCIAL INC./BD						
ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18						
130006-010 01/23/18 B	25,000,000		0.999	0	24,974,314-*	24,974,314
	SUB-TOTAL			0	24,974,314	0
	GRAND TOTAL			0	51,952,946	0

**PHARMACHEM LABORATORIES, INC.
PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2018, AND 2017

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.



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INDEPENDENT AUDITOR'S REPORT

To the Investment and Administrative Oversight Committee of Ashland Global Holdings, Inc.
and Participants of the Pharmachem Laboratories, Inc. Profit Sharing Plan
Wilmington, Delaware

We were engaged to audit the accompanying financial statements of the Pharmachem Laboratories, Inc. Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wilmington Trust and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2018, and for the year then ended, 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 on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements referred to in the first paragraph.

Other Matters – 2017 Financial Statements

The financial statements of the Plan as of and for the three month period ended December 31, 2017, were audited by predecessor auditors whose report, dated July 16, 2020, expressed an unmodified opinion on those statements.

Other Matter – Supplemental Schedule

The supplemental schedule - Schedule H, line 4j – Schedule of Reportable Transactions for the year ended 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 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 2018 financial statements and supplemental schedule, other than that derived from the information certified by the 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.

Blue & Co., LLC

Lexington, Kentucky
October 9, 2020

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2018 AND 2017

	2018	2017
(In thousands)		
Assets:		
Non-interest cash	\$ -0-	\$ 47
Investments at fair value	-0-	87,328
Participating units in the		
Ashland LLC Savings Plan Master Trust:		
Investments at fair value	64,498	-0-
Investments at contract value	3,802	-0-
Accrued interest	-0-	408
Net assets available for benefits	\$ 68,300	\$ 87,783

See accompanying notes to financial statements.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2018

(In thousands)

Additions to net assets attributed to:

Investment income (loss) in the Plan's interest in the Ashland, LLC Savings Plan Master Trust	\$ (3,160)
Investment income (loss) investments held by Wilmington Trust	106
Realized gain on investment	2,100
Total additions	<u>(954)</u>

Deductions from net assets attributed to:

Benefits paid to participants	18,407
Administrative and other expenses	122
Total deductions	<u>18,529</u>

Net change in assets	(19,483)
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Net assets available for benefits:

Beginning of year	87,783
End of year	<u>\$ 68,300</u>

See accompanying notes to financial statements.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

1. PLAN DESCRIPTION

The following description of the Pharmachem Laboratories, Inc. Profit Sharing Plan (Plan) provides only general information. The information in this note is not a Summary Plan Description or Plan document, as those terms are defined under Employee Retirement Income Security Act of 1974 (ERISA). Instead, this information merely summarizes selected aspects of the Plan. Read the Summary Plan Description or the Plan document for more information about the Plan. The Plan document controls the terms of the Plan and supersedes any inconsistencies contained herein or in the Summary Plan Description. The Ashland Global Holdings Inc. Investment and Administrative Oversight Committee (the IAOC), as Plan Administrator, retains all rights to determine, interpret and apply the Plan's terms to factual matters and matters of law. This retained discretionary authority is more particularly described in the Summary Plan Description and the Plan document.

Effective October 1, 2017, Pharmachem Laboratories, Inc. Employee Stock Option Plan changed its name to Pharmachem Laboratories, Inc. Profit Sharing Plan (the "Plan"), and the Plan year end was changed from September 30th to December 31st.

The following description the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for complete description of the Plan's provisions.

General

Pharmachem Laboratories, Inc. (Pharmachem) established the Plan on October 1, 1998. The Plan operated as an employee stock ownership plan ("ESOP"), and was designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the "Code"), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). See Note 8 for additional information on the tax status.

Effective March 15, 2012, Pharmachem froze participation and contributions to the ESOP. Specifically, Pharmachem amended the ESOP to provide that (i) no further contributions will be made to the ESOP by Pharmachem; and (ii) no new employees or rehired employees shall be permitted to commence or resume participation in the ESOP.

On April 14, 2017, Pharmachem and the Pharmachem Shareholders, which included the Plan, entered into a stock purchase agreement with Ashland Global Holdings Inc. (Ashland) for all issued and outstanding shares of Pharmachem common stock. The Plan owned 157.29 shares at the time of the stock purchase agreement. The sale of the common stock closed on May 17, 2017 with \$2,100,000 placed into an indemnity escrow account by Ashland for the purpose of indemnification of parties to the sale. During the year, those amounts were released from escrow in accordance with the stock purchase agreement and are recognized as a gain on investment in the statement of changes in net assets.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

(In thousands, except participant data)

Effective May 17, 2017, the Plan was amended to become a profit-sharing plan and ceased to be an ESOP and all distributions from the Plan are now to be made in cash. In addition, as soon as administratively feasible following the close of the stock purchase agreement, the Plan offered each participant the opportunity to elect a partial in-service distribution up to fifty percent (50%) of the value of the participant's account balance.

The Plan was amended, as of October 1, 2017, to add an immediate and lump sum distribution option for participants who terminated employment, regardless of reason, prior to July 1, 2017. For active participants, an in-service distribution option was added to the Plan.

Eligibility

Prior to March 15, 2012, nonunion employees of Pharmachem and its participating subsidiaries were generally eligible to participate in the Plan after one year of service and attainment of 21 years of age, providing they worked at least 1,000 hours during such Plan year and were employed on the last working day of the Plan year. Participants who did not have at least 1,000 hours of service during such Plan year or were not employed on the last working day of the Plan year were generally not eligible for an allocation of Pharmachem contributions for such year. Effective March 15, 2012, the Plan froze participation and contributions to the Plan. Specifically, Pharmachem amended the Plan to provide that (i) no further contributions will be made to the Plan by the Pharmachem, and (ii) no new employees or rehired employees shall be permitted to commence or resume participation in the Plan.

Vesting

As of September 30, 2011, all participants in the Plan become 100% vested.

Voting Rights

Participants may instruct the trustee on how to vote shares of Ashland Global Holdings Inc. Common Stock held in their Ashland Common Stock Fund account and are notified by the trustee prior to the time such rights are to be exercised. The trustee will vote fractional shares and shares for which it received no instructions in the same proportion as the voting instructions on allocated shares received from participants. Participants may also direct the trustee on how to respond if a tender offer is made for Ashland Global Holdings Inc. Common Stock. If no instructions are received from a participant on a tender offer, it will be considered to be instruction to the trustee not to respond to the offer.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each Plan year (or period) with an allocation of Plan earnings and administrative expenses. Allocations are based on the participant's account balance, relative to the total of all of the participants' account balances.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

Payment of Benefits

Distributions from the Plan will be made when a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with Ashland and its participating subsidiaries.

After the close of the stock purchase agreement, participants were offered the opportunity to elect a partial in-service distribution up to fifty percent (50%) of the value of their account balance.

Effective May 17, 2017, all distributions will be made in cash.

Effective October 1, 2017, a lump sum distribution option was added to the Plan for participants who terminated employment, regardless of reason, prior to July 1, 2017. For active participants, an in-service distribution option was added to the Plan.

Administrative Costs and Expenses

As provided in the Plan agreement, administrative expenses may be paid by either by the Plan or by Ashland. Expenses paid by Ashland are excluded from these financial statements. Certain administrative functions are performed by officers or employees of Ashland or its subsidiaries. No such officer or employee receives compensation from the Plan.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Presentation

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Master Trust

Following Ashland's 2017 acquisition of Pharmachem, effective February 28, 2018, the Plan's assets were transferred into the Ashland LLC Savings Plan Master Trust (the Master Trust). The investments of the Plan are pooled with the investments of the Ashland Union Employee Savings Plan (formerly known as the Hercules Plan), the International Specialty Products, Inc. 401(k) Plan, and the Ashland

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

Employee Savings Plan in the Master Trust pursuant to an amended agreement between Fidelity Management Trust Company, the trustee, and the Master Trust, effective October 1, 2012.

Investments

The Plan's investment in the Master Trust at December 31, 2018, is stated at fair value based on the fair value of the underlying investments. Investments reported at December 31, 2017, were reported at fair value. The fair value of investments are determined primarily by quoted market prices.

Investment Contracts

Investment contracts held by a employee benefit plan are required to be reported at fair value, except for fully-benefit responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of an employee benefit plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Income and Expense Recognition

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 and Master Trust's gains or losses on investments bought or sold as well as held during the year. This activity is presented as "Investment Income (loss) in the Plan's interest in the Ashland, LLC Savings Plan Master Trust" on the Statement of Changes in Net Assets Available for Benefits.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

The majority of costs and expenses of administering the Plan are paid by Ashland, except that short-term redemption fees and overnight charges are paid by participants. Investment management fees are paid to the investment managers from their respective funds.

Date of Management's Review

The Plan evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 9, 2020, which is the date the financial statements were available to be issued.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

(In thousands, except participant data)

Recent Accounting Pronouncements

In February 2017, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2017-06, Plan Accounting: Defined Contribution Plans (Topic 962), which requires an employee benefit plan to report an interest in a master trust and the change in value of that interest as separate line items on the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits, respectively. Additionally, an employee benefit plan is required to disclose the master trust's investments and other assets and liabilities, as well as the dollar amount of its interest in these balances. This guidance must be applied retrospectively and is effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. Plan management is currently evaluating the impact this guidance will have on the Plan Financial Statements and Notes to Financial Statements.

In August 2018, the FASB issued Accounting Standards Update 2018-13, Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurements which modifies the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurement. This guidance must be applied retrospectively for all periods presented in most instances and is effective for all entities for fiscal years beginning after December 15, 2019. Plan management is currently evaluating the impact this guidance will have on the Plan Financial Statements and Notes to Financial Statements.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Wilmington Trust was the trustee of the Plan through February 28, 2018, the date when the Plan switched to Fidelity Management Trust Company. The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wilmington Trust and Fidelity Management Trust Company, the trustees of the Plan, have certified to the completeness and accuracy of the below investments reported on the accompanying statement of net assets available for benefits as of December 31, 2018, and investment related activity for the year then ended reflected in the statement of changes in net assets available for benefits for 2018.

Investments, at fair value	\$	64,498
Investments, at contract value	\$	3,802
Investment income (loss) in the Plan's interest in the Ashland, LLC Savings Plan Master Trust	\$	(3,160)
Investment income (loss) investments held by Wilmington Trust	\$	106

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

4. MASTER TRUST INVESTMENTS

As of December 31, 2018, the Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and the other Ashland sponsored retirement plans. At December 31, 2018, the Plan's interest in the net assets of the Master Trust was approximately 5%. The Master Trust allocates individual assets to each plan participating in the Master Trust arrangement. Therefore, the investment results from individual assets of the Plan may not reflect its proportionate interest in the Master Trust.

The following table presents the assets including investments, receivables, and liabilities of the Master Trust as December 31, 2018:

Investments, at fair value:

Ashland Common Stock Fund	
Money Market Fund	\$ 1,047
Ashland Global Holdings Inc. Common Stock	73,478
Shares of Registered Investment Companies	680,770
Common/Collective Trusts	466,671
Stable Value Fund Money Market Fund	9,827
Total investment at fair value	<u>1,231,793</u>

Investments, at contract value:

Stable Value Fund Investment Contracts	224,470
Net assets available for benefits	<u>\$ 1,456,263</u>

The following table presents the net appreciation in investments (including gains and losses on investments bought and sold, as well as held during the year) and investment income in the Master Trust for the year ended December 31, 2018:

Net realized and unrealized appreciation in fair value of investments	\$ (109,710)
Investment income:	
Dividends	40,125
Interest	5,609
Total	<u>\$ (63,976)</u>

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

5. INVESTMENT CONTRACTS

The investment contracts held by the Master Trust in the Stable Value Fund are known as synthetic and separate account guaranteed investment contracts (GICs).

In a synthetic GIC structure, the underlying investments are owned by the Master Trust and held in the trust for plan participants. The contract values of the synthetic GIC contracts including unsettled receivables and payables at December 31, 2018, were \$122,890.

In a separate account GIC structure, investments are in a segregated account of assets maintained by an insurance company for the benefit of the investors. The total return of the segregated account assets supports the separate account GIC return. The contract values of the separate account GIC including unsettled receivables and payables at December 31, 2018, were \$101,580.

Both synthetic and separate account GIC instruments have wrapper contracts that are purchased from an insurance company or bank. The wrapper contracts amortize the realized and unrealized gains and losses on the underlying fixed income investments, typically over the duration of the investments, through adjustments to the future interest crediting rate. The contract value assigned to the wrapper contracts at December 31, 2018, was zero.

The key factors that influence the future interest crediting rates include: the level of market interest rates; the amount and timing of participant contributions, transfers, and withdrawals into and out of the contract; the investment returns generated by the underlying fixed income investments; and the duration of the underlying investments.

To determine the interest crediting rate, wrapper contracts use a formula that is based on the characteristics of the underlying fixed income portfolio, including the contract interest credit rate, yield to maturity of underlying investments, market value of underlying investments, contract value, duration of the portfolio, and wrapper contract fees. The wrapper contracts amortize the realized and unrealized gains and losses on the underlying fixed income investments, typically over the duration of the investments, through adjustments to the future interest crediting rate. The interest crediting rates of the contracts are typically reset on a quarterly basis. All wrapper contracts provide for a minimum interest crediting of zero percent.

Limits to Ability to Transact at Fair Value

In certain circumstances, the amount withdrawn from a wrapper contract would be payable at fair value rather than at contract value. These circumstances include termination of the Plan, a material adverse change to the provisions of the Plan, if Ashland withdraws from a wrapper contract in order to switch to a different investment provider, or if the terms of a successor plan do not meet the wrapper contract issuer's underwriting criteria. The circumstances described above that could result in payment of benefits at market value rather than contract value are not probable of occurring in the foreseeable future.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

Issuer-Initiated Contract Termination

Examples of events that would permit a wrapper contract issuer to terminate a wrapper contract upon short notice include the Plan's loss of its qualified status, material and adverse changes to the provisions of the Plan, or uncured material breaches of responsibilities. If one of these events was to occur, the wrapper contract issuer could terminate the wrapper contract at the market value of the underlying investments, or in the case of a traditional GIC, at the hypothetical market value based upon a contractual formula.

6. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). An instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the instrument's fair value measurement. The three levels within the fair value hierarchy are described as follows:

- Level 1 – Observable inputs such as unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs, other than quoted prices included in Level 1, which are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.
- Level 3 – Unobservable inputs for the asset or liability for which there is little, if any market activity at the measurement date.

As of December 31, 2018, the Plan held no investment outside of its interest in the Master Trust. The Plan's policy is to recognize transfers between levels as of the end of the reporting period. During 2018 and 2017, there were not transfers of investments between Level 1 to 2 and Level 3 to 2. The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments as of December 31, 2018:

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

December 31, 2018	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Ashland Common Stock Fund				
Money Market Fund	\$ 1,047	\$ -	\$ -	\$ 1,047
Ashland Global Holdings Inc. Common Stock	\$ 73,478	\$ -	\$ -	\$ 73,478
Shares of Registered Investment Companies	\$ 680,770	\$ -	\$ -	\$ 680,770
Stable Value Fund Money Market Fund	\$ 9,827	\$ -	\$ -	\$ 9,827
Total assets in the fair value hierarchy	\$ 765,122	\$ -	\$ -	\$ 765,122
Common/Collective Trusts (a)	-	-	-	466,671
Investments at fair value	\$ 765,122	\$ -	\$ -	\$ 1,231,793

(a) Common/Collective Trusts are measured at fair value using the net asset value per share or its equivalent as practical expedient and are therefore not required to be classified in the fair value hierarchy.

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

December 31, 2017	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 27,893	\$ -	\$ -	\$ 27,893
Cash and cash equivalents	468	-	-	468
Corporate bonds	-	58,967	-	58,967
Investments at fair value	\$ 28,361	\$ 58,967	\$ -	\$ 87,328

Following is a description of the valuation methodologies used for assets measured at fair value.

Money Market Funds, Shares of Registered Investment Companies, Ashland Global Holdings Inc. Common Stock – Valued at the quoted market price of shares held by the Plan at year-end.

Mutual funds: - 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 SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Cash and Cash Equivalents - Valued at cost plus accrued interest.

Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017 (In thousands, except participant data)

Common/Collective Trusts (CCT) - Valued using a Net Asset Value (NAV). The NAV of a CCT is based on the market values of the underlying securities. The beneficial interest of each investor is represented in units. Units are issued and redeemed daily at the fund's closing NAV.

Investments Measured Using Net Asset Value per Share Practical Expedient – The following table sets forth the investments valued at NAV as of December 31, 2018:

	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Vanguard Target Retirement Trusts	\$ 466,671	None	Daily	None	None

The Vanguard Target Retirement Trusts use an asset allocation glide path to offer an appropriate level of exposure to risk and return as investors progress along the path to retirement. The year in the trust name refers to the approximate year (the target date) when an investor in the fund would retire and leave the workforce. The fund will gradually shift its emphasis from more aggressive investments to more conservative ones based on its target date. The trusts use a simple fund of funds structure which seeks to build appropriate asset allocation from preselected stock, bond, and money market portfolios. All of the assets are invested in index funds.

7. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's portion of the Master Trust held 4,667 shares of Ashland Global Holdings Inc. Common Stock as of December 31, 2018, with fair value of \$53,348. The Plan's interest in the Master Trust received dividends on Ashland Global Holdings, Inc. Common Stock of \$552 in 2018. The remaining dividends relate to certain Master Trust investments classified as Shares of Registered Investment Companies. Fidelity Management Trust Company acts as the Trustee and Recordkeeper of the Plan. PIMCO, an Allianz Global Investors Company, and Evercore Trust Company were also providers of fiduciary services to the Master Trust during the year.

One investment held at December 31, 2017, for the Plan is managed by Wilmington Trust, the Plan's previous trustee, and therefore transactions within the investment would qualify as a party in interest transaction.

Costs paid by Ashland are not charged to the Plan or Master Trust for services it performs on behalf of the Plan.

8. TAX STATUS

The Plan's latest determination letter from the Internal Revenue Service ("IRS"), dated May 28, 2015, stating that the Plan is qualified under the Code and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter. As of the date of the financial statements, the Plan has not applied for an updated determination letter. However, the

PHARMACHEM LABORATORIES, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

(In thousands, except participant data)

Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. The Plan administrator believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for the plan years ending prior to 2015.

9. PLAN TERMINATION

Although it has not expressed any intent to do so, Ashland has the right to terminate the plan subject to the provisions of ERISA.

10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULE

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			87,783,415.58				
COMPARATIVE VALUE (5%)			4,389,170.78				
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
130006-010	ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18 01/24/18 B	27,000,000	0.999	0	26,978,632-*	26,978,632	
130006-010	ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18 02/15/18 S	27,000,000	1.000	0	26,978,632 *	26,978,632	0
130006-010	ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18 01/23/18 B	25,000,000	0.999	0	24,974,314-*	24,974,314	
130006-010	ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18 02/21/18 S	25,000,000	1.000	0	24,974,314 *	24,974,314	0
130006-009	ISSUE: 31420C787 - FEDERATED SHORT-TERM INC-Y 02/21/18 S	2,046,548	8.450	0	17,293,334 *	17,375,195	-81,862
130006-009	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/22/18 B	27,811,856	1.000	0	27,811,856-*	27,811,856	
130006-009	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/28/18 S	27,923,820	1.000	0	27,923,820 *	27,923,820	0
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 01/23/18 B	52,733,315	1.000	0	52,733,315-*	52,733,315	
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 01/24/18 S	24,974,314	1.000	0	24,974,314 *	24,974,314	0
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 01/24/18 S	26,978,632	1.000	0	26,978,632 *	26,978,632	0
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/15/18 B	27,514,688	1.000	0	27,514,688-*	27,514,688	
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/21/18 B	25,000,000	1.000	0	25,000,000-*	25,000,000	
130006-010	ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM 02/28/18 S	59,811,438	1.000	0	59,811,438 *	59,811,438	0
130006-009	ISSUE: 74676P698 - PUTNAM SHORT DUR INCOME-Y 02/21/18 S	1,045,579	10.060	0	10,518,522 *	10,518,522	0

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 130006-000 02/28/18 B	87,735,258		1.000	0	87,735,258-*	87,735,258	
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 130006-000 03/01/18 S	87,777,531		1.000	0	87,777,531 *	87,777,531	0
GRAND TOTAL				0	579,978,600	580,060,461	-81,862

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE						
BROKER: BANK OF NEW YORK/TORONTO DOM						
ISSUE: 37045XAV8 - GEN MOTORS FINL CO 2.4% 4/10/18						
130006-010 01/19/18 S	600,000	1.001	0	600,540	600,744	-204
ISSUE: 69353REM6 - PNC BANK NA 1.6% 6/01/18						
130006-010 01/19/18 S	1,250,000	0.999	0	1,248,475	1,248,400	75
ISSUE: 717081DL4 - PFIZER INC 2.1% 5/15/19						
130006-010 01/19/18 S	1,200,000	0.999	0	1,198,416	1,201,884	-3,468
ISSUE: 822582BR2 - SHELL INTERNATIONAL 1.375% 5/10/19						
130006-010 01/19/18 S	1,200,000	0.989	0	1,187,220	1,189,668	-2,448
ISSUE: 91159HHH6 - US BANCORP MTN 2.2% 4/25/19						
130006-010 01/19/18 S	1,250,000	0.999	0	1,248,513	1,253,538	-5,025
SUB-TOTAL			0	5,483,164	5,494,234	-11,070
BROKER: JP MORGAN SECURITIES LLC						
ISSUE: 14042E5V8 - CAPITAL ONE NA 2.35% 8/17/18						
130006-010 01/19/18 S	1,250,000	1.001	0	1,251,388	1,251,950	-563
ISSUE: 865622CC6 - SUMITOMO MITSUI BK 1.762% 10/19/18						
130006-010 01/19/18 S	750,000	0.997	0	747,870	748,928	-1,058
ISSUE: 89236TAY1 - TOYOTA MOTOR MTN 2% 10/24/18						
130006-010 01/19/18 S	1,405,000	1.000	0	1,404,958	1,406,756	-1,798
ISSUE: 843646AK6 - SOUTHERN POWER 1.5% 6/01/18						
130006-010 01/31/18 S	1,250,000	0.999	0	1,248,175	1,248,013	163
SUB-TOTAL			0	4,652,391	4,655,647	-3,256
BROKER: DAIWA SECURITIES AMERICA						

continued

Pharmachem Laboratories, Inc Profit Sharing Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2018
Employer Identification Number 22-162513
Plan Number 002

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 57636QAA2 - MASTERCARD INC 2% 4/01/19							
130006-010 01/19/18 S	1,250,000		0.998	0	1,247,563	1,249,025	-1,463
ISSUE: 74432QBG9 - PRUDENTIAL FINL MTN 7.375% 6/15/19							
130006-010 01/19/18 S	1,200,000		1.069	0	1,282,788	1,288,608	-5,820
ISSUE: 313385TR7 - FHLB Z-CPN 2/28/18							
130006-010 01/31/18 B	3,400,000		0.999	0	3,396,711-	3,396,711	
SUB-TOTAL				0	5,927,062	5,934,344	-7,283
BROKER: GX CLARKE & CO.							
ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18							
130006-010 01/24/18 B	27,000,000		0.999	0	26,978,632-*	26,978,632	
SUB-TOTAL				0	26,978,632	26,978,632	0
BROKER: PERSHING LLC							
ISSUE: 78012KJZ1 - ROYAL BNK CANADA MTN 2% 12/10/18							
130006-010 01/11/18 B	500,000		1.000	0	500,045-	500,045	
ISSUE: 046353AH1 - ASTRAZENECA PLC 1.75% 11/16/18							
130006-010 01/19/18 S	750,000		0.997	0	747,735	748,125	-390
ISSUE: 064159CU8 - BANK NOVA SCOTIA 2.05% 10/30/18							
130006-010 01/19/18 S	1,095,000		1.000	0	1,094,726	1,096,095	-1,369
ISSUE: 166764BA7 - CHEVRON CORP 1.79% 11/16/18							
130006-010 01/19/18 S	750,000		0.998	0	748,830	748,823	8
ISSUE: 345397XH1 - FORD MOTOR CREDIT 2.24% 6/15/18							
130006-010 01/19/18 S	1,250,000		1.000	0	1,250,625	1,251,188	-563
ISSUE: 38147MAA3 - GOLDMAN SACHS GP 2.9% 7/19/18							
130006-010 01/19/18 S	1,375,000		1.004	0	1,380,679	1,381,256	-578
ISSUE: 501044DA6 - KROGER CO/THE 2% 1/15/19							
130006-010 01/19/18 S	1,250,000		0.998	0	1,247,375	1,247,763	-388
ISSUE: 585055BQ8 - MEDTRONIC INC 1.5% 3/15/18							
130006-010 01/19/18 S	750,000		0.999	0	749,513	749,460	53
ISSUE: 63254AAK4 - NATL AUS BANK/NY MTN 1.875% 7/23/18							
130006-010 01/19/18 S	1,250,000		1.000	0	1,249,513	1,249,600	-88

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 78012KJZ1 - ROYAL BNK CANADA MTN 2% 12/10/18							
130006-010 01/19/18 S	1,250,000		0.999	0	1,248,650	1,249,243	-593
ISSUE: 89153VAK5 - TOTAL CAPITAL INTL 2.125% 1/10/19							
130006-010 01/19/18 S	1,200,000		1.000	0	1,200,492	1,201,200	-708
ISSUE: 907818DW5 - UNION PACIFIC RR 2.25% 2/15/19							
130006-010 01/19/18 S	1,250,000		1.001	0	1,251,263	1,251,588	-325
ISSUE: 91324PCT7 - UNITEDHEALTH GRP INC 1.7% 2/15/19							
130006-010 01/19/18 S	1,250,000		0.995	0	1,243,325	1,245,463	-2,138
ISSUE: 94974BFQ8 - WELLS FARGO CO 2.15% 1/15/19							
130006-010 01/19/18 S	1,250,000		1.000	0	1,250,375	1,252,013	-1,638
SUB-TOTAL				0	15,163,146	15,171,862	-8,714
BROKER: INTL FCSTONE FINANCIAL INC./BD							
ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18							
130006-010 01/23/18 B	25,000,000		0.999	0	24,974,314-*	24,974,314	
SUB-TOTAL				0	24,974,314	24,974,314	0
GRAND TOTAL				0	83,178,709	83,209,033	-30,323

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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18							
130006-010	01/24/18 B	27,000,000	0.999	0	26,978,632-*	26,978,632	
	SUB-TOTAL OF BUYS # 1			0	26,978,632	26,978,632	
130006-010	02/15/18 S	27,000,000	1.000	0	26,978,632 *	26,978,632	0
	SUB-TOTAL OF SALES # 1			0	26,978,632	26,978,632	0
	SUB-TOTAL			0	53,957,264	53,957,264	0
ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18							
130006-010	01/23/18 B	25,000,000	0.999	0	24,974,314-*	24,974,314	
	SUB-TOTAL OF BUYS # 1			0	24,974,314	24,974,314	
130006-010	02/21/18 S	25,000,000	1.000	0	24,974,314 *	24,974,314	0
	SUB-TOTAL OF SALES # 1			0	24,974,314	24,974,314	0
	SUB-TOTAL			0	49,948,628	49,948,628	0
ISSUE: 313385TR7 - FHLB Z-CPN 2/28/18							
130006-010	01/31/18 B	3,400,000	0.999	0	3,396,711-	3,396,711	
	SUB-TOTAL OF BUYS # 1			0	3,396,711	3,396,711	
130006-010	02/28/18 S	3,400,000	1.000	0	3,396,711	3,396,711	0

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SUB-TOTAL OF SALES # 1				0	3,396,711	3,396,711	0
SUB-TOTAL				0	6,793,422	6,793,422	0
ISSUE: 31420C787 - FEDERATED SHORT-TERM INC-Y							
130006-009	02/21/18 S	2,046,548	8.450	0	17,293,334 *	17,375,195	-81,862
SUB-TOTAL OF SALES # 1				0	17,293,334	17,375,195	-81,862
SUB-TOTAL				0	17,293,334	17,375,195	-81,862
ISSUE: 608919718 - FEDERATED GOV'T OBLIGATIONS CL PRM							
130006-009	01/02/18 B	2,300	1.000	0	2,300-	2,300	
130006-009	01/03/18 B	45,053	1.000	0	45,053-	45,053	
130006-009	02/02/18 B	14,791	1.000	0	14,791-	14,791	
130006-009	02/05/18 B	30,258	1.000	0	30,258-	30,258	
130006-009	02/22/18 B	27,811,856	1.000	0	27,811,856-*	27,811,856	
130006-010	01/03/18 B	1,098	1.000	0	1,098-	1,098	
130006-010	01/10/18 B	251,875	1.000	0	251,875-	251,875	
130006-010	01/10/18 B	12,750	1.000	0	12,750-	12,750	
130006-010	01/16/18 B	774,893	1.000	0	774,893-	774,893	
130006-010	01/16/18 B	41,875	1.000	0	41,875-	41,875	
130006-010	01/22/18 B	7,125	1.000	0	7,125-	7,125	
130006-010	01/23/18 B	52,733,315	1.000	0	52,733,315-*	52,733,315	
130006-010	01/23/18 B	11,719	1.000	0	11,719-	11,719	
130006-010	01/25/18 B	1,261,250	1.000	0	1,261,250-	1,261,250	
130006-010	01/25/18 B	1,152,388	1.000	0	1,152,388-	1,152,388	
130006-010	02/02/18 B	1,254,338	1.000	0	1,254,338-	1,254,338	
130006-010	02/12/18 B	1,282,813	1.000	0	1,282,813-	1,282,813	
130006-010	02/15/18 B	27,514,688	1.000	0	27,514,688-*	27,514,688	
130006-010	02/21/18 B	25,000,000	1.000	0	25,000,000-*	25,000,000	
130006-010	02/28/18 B	3,400,000	1.000	0	3,400,000-	3,400,000	

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SUB-TOTAL OF BUYS # 20				0	142,604,385	142,604,385	
130006-009	02/28/18 S	27,923,820	1.000	0	27,923,820 *	27,923,820	0
130006-010	01/19/18 S	1,180,925	1.000	0	1,180,925	1,180,925	0
130006-010	01/24/18 S	24,974,314	1.000	0	24,974,314 *	24,974,314	0
130006-010	01/24/18 S	26,978,632	1.000	0	26,978,632 *	26,978,632	0
130006-010	02/01/18 S	2,112,336	1.000	0	2,112,336	2,112,336	0
130006-010	02/28/18 S	59,811,438	1.000	0	59,811,438 *	59,811,438	0
SUB-TOTAL OF SALES # 6				0	142,981,465	142,981,465	0
SUB-TOTAL				0	285,585,850	285,585,850	0
ISSUE: 74676P698 - PUTNAM SHORT DUR INCOME-Y							
130006-009	02/21/18 S	1,045,579	10.060	0	10,518,522 *	10,518,522	0
SUB-TOTAL OF SALES # 1				0	10,518,522	10,518,522	0
SUB-TOTAL				0	10,518,522	10,518,522	0
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST							
130006-000	01/02/18 B	104	1.000	0	104-	104	
130006-000	02/01/18 B	51	1.000	0	51-	51	
130006-000	02/20/18 B	1,791,324	1.000	0	1,791,324-	1,791,324	
130006-000	02/28/18 B	87,735,258	1.000	0	87,735,258-*	87,735,258	
130006-000	03/01/18 B	2,920	1.000	0	2,920-	2,920	
SUB-TOTAL OF BUYS # 5				0	89,529,657	89,529,657	
130006-000	01/10/18 S	48,411	1.000	0	48,411	48,411	0
130006-000	02/21/18 S	1,791,324	1.000	0	1,791,324	1,791,324	0
130006-000	03/01/18 S	87,777,531	1.000	0	87,777,531 *	87,777,531	0
130006-000	03/02/18 S	2,920	1.000	0	2,920	2,920	0

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SUB-TOTAL OF SALES # 4				0	89,620,186	89,620,186
SUB-TOTAL				0	179,149,843	179,149,843
GRAND TOTAL				0	603,246,863	603,328,724
						-81,862

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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE							
BROKER: GX CLARKE & CO.							
ISSUE: 313385TC0 - FHLB Z-CPN 2/15/18							
130006-010	01/24/18 B	27,000,000	0.999	0	26,978,632-*	26,978,632	
SUB-TOTAL				0	26,978,632	26,978,632	0
BROKER: INTL FCSTONE FINANCIAL INC./BD							
ISSUE: 313385TJ5 - FHLB Z-CPN 2/21/18							
130006-010	01/23/18 B	25,000,000	0.999	0	24,974,314-*	24,974,314	
SUB-TOTAL				0	24,974,314	24,974,314	0
GRAND TOTAL				0	51,952,946	51,952,946	0