Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	 Complete all entries in accorda 	ance with the instruc	tions to the Form 5500	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information			•		
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	13	
A This ret	urn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report t	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)	-	
C Check b	box if filing under:	님	automatic extension			DFVC progra	ım
	T	special extension (enter description	<i>'</i>				
Part II		mation—enter all requested informat	ion				
1a Name	•					hree-digit	
WISH'S DRU	JGS 401(K) PLAN					olan number PN) ▶	001
					•		
					IC E	Effective date of 01/01/	•
2a Plan er	noneor's name and add	dress; include room or suite number (em	unlover if for a single-	employer plan)	2h -		
WISH'S DRU		ress, include room or suite number (em	ipioyer, ir ior a sirigie-	employer plan		EIN) 61-08	fication Number 65665
					2c S	Sponsor's telep	
9615 WHIPF LOUISVILLE	PS MILL ROAD E. KY 40242				24 D	502-425	see instructions)
	-,				Zu b	42421	•
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b A	dministrator's E	EIN
					3c A	dministrator's t	telephone number
							·
		plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b ⊟	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the last nber from the last return/report.	st return/report filed fo	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name		· 	·	4c P		6
a Sponso	, EIN, and the plan num or's name number of participants a	nber from the last return/report.					6
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c P 5a 5b		5
name, a Sponso 5a Total r b Total r c Number comple	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	fit plans do not	4c P 5a 5b	PN	5
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan numor's name number of participants a number of participants a er of participants with a lete this item) all of the plan's assets	at the beginning of the plan year	an year (defined bene assets? (See instruc	fit plans do not	4c P 5a 5b 5c	PN	5
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene an sasets? (See instruc n independent qualifie	fit plans do not tions.)d public accountant (IQI	4c P 5a 5b 5c PA)	PN	5
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets and claiming a waiver of 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late o	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier and conditions.) t use Form 5500-SF urance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c P 5a 5b 5c PA) Form 5:	500. /es No	5 X Yes No X Yes No Not determined
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have a as the electronic vers	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report Enter name of individu	4c P 5a 5b 5c	500. /es No stablished. Juding, if application the best of my ing as plan adming as employe	S X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities	ities (a) Beginning of Yea				(b) End of Year					
a	Total plan assets	7a	19532			249277			7		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	195321				249277			7	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tota					
	Contributions received or receivable from:		(w) runount				()				
	(1) Employers	8a(1)	139	9							
	(2) Participants	8a(2)	1365	2							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	8b	4416	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							59220)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	521	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	5	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							526	4	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							5395	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Ī	Am	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
					Χ					20000	
				10c						20000	
d	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	•								
	instructions.)		• •	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		X					
Part		-									
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No	
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							·· L	. 00		
						11a		Тг	Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?	L	res	^ INO	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard to a prior year is being standard for a prior year.	ng amortiz	ed in this plan year, see instru		, and e	_	ne date o			ling	
It.	you completed line 12a, complete lines 3, 9, and 10 of Schedule			ιrι <u> </u>		Day		Yea	al		
	Enter the minimum required contribution for this plan year	•				12b					

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No		
С	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.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

Date: 10/15/2014 2:52:28 PM

FROM:

FAX NO. :5022447765

Oct. 15 2014 11:32AM P3

Form 5500-SF		Annual Return/R Benefit I	Plan		OMB Nps. 1210-0110 1210-0089		
Degariment of Lation	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)						
Employee Benefits Socurity Administration Papalan Benefit Guaranty Corporation	and a second of the second of the form of						
	dentification Inform						
For calendar plan year 2013 or f		01/01/203	. 3	nd ending 1	.2/31/2013		
A This return/report is for:	a single-employer	plan a multip	le-employer plan (not	multiemployer)	a one-participant plan		
B This return/report is:	the first return/rep	ort L the final	retum/report				
_	an amended return	· H	olan year return/repor	t (leas than 12 mo <u>n</u>	1		
C Check box if filing under:	Form 5558	Lud .	lic extension	l	DFVC program		
Part II Basic Plan Info	rmation - enter all requ			-A			
18 Name of plan	THE CONTRACTOR			15 Three-digit			
WISH'S DRUGS 401(K) PLAN				plan number	(FN) 001		
				1C Effective date			
0		- t - t - c - c - c - c - c - c - c - c	-lle (or -le)		1/1997		
2a Plan sponsor's name and addre WISH'S DRUGS #1,		mobr (bumpioybu, ii ior sin	Bis-surbioser bien)	61-0	ntilication Number (EIN)		
Ofic withhou with	DOLD			2C Sponsor's tell (502) 425			
9615 WHIPPS MILL	ROAD				e (aea instructions)		
LOUISVILLE	KY 402	242		4242			
39 Plan administrator's name a	nd address X Rome as P	Isn Sponsor Name X Sam	au Plen Spulisor Address	3b Administrator	's EIN		
				3c Administrator	r's telephone number		
4 If the name and/or EIN of the	plan sponsor has change	ed since the last return	/report filed for this	4b EIN			
plan, enter the name. EIN, an	id the plan number from t	he last return/report.					
a Sponsor's name		•		4c PN			
				5a	6		
58 Total number of participantb Total number of participant		-		5b			
C Number of participants with	· · · · · · · · · · · · · · · · · · ·		ar (delined				
benefit plans do not compl				5c	5		
Bs Were all of the plan's asset	ts during the plan year inv	teces eldigile ni betee	e? (See Instructions.)		No Xe Yes		
b Are you claiming a waiver of					Yes No		
(IQPA) under 29 CFR 2520			•				
If you answered "No" to e					No Not determined		
Caution: A penalty for the late					h l : :		
Under panalties of perjury and o	other penalties set forth in	the instructions, I dec	lere that I have exam	ned this return/rep	ort, including, if applicable, a		
Schedule SB or Schedule MB omy knowledge and belief, it is to	ompleted and signed by a	an enrolled actuary, as	well as the electronic	c version of this retu	en/report, and to the best of		
SIGN X LAND	listen	101514	Frank	MIShn	IN		
HERE Signature of plan adm	Inlatrator	Date	Enter name of indivi	dual signing as plan	administrator		
SION HERE							
Signature of employer		Date	·		ployer or plan sporsor		
Preparer's name (including firm	name, if applicable) and	address; include room	o or suite number (opt	donal) Preparers t	elebrade number (optional)		
For Paperwork Reduction Act 3186/1 07-17-13	Natice and OMB Contro	ol Numbers, see the i	nstructions for Form	5500-8F.	Form 5500-8F (2013) v.130118		

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Date: 10/15/2014 2:52:28 PM

FROM:

FAX NO. :5022447765

Oct. 15 2014 11:32AM P4

Form 5500-SF 2013 13011B		Page 2			······
Part III Financial Information				—т	/63 Faul - 4 V
7 Plan Assets and Liabilities	_	(a) Beginning	OFT	31	(b) End of Year 249277
# Total plan assets	79		953	61	243211
D Total plan liabilities	7b		953	77	249277
C Net plan assets (subtract line 7b from line 7a)	7c			41	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	int		(b) Total
8 Contributions received or receivable from:	- 1		1 2	ا مم	
(1) Employers	Be(1)		$\frac{13}{136}$		
(2) Participants			130	24	***************************************
(3) Others (including rollovers)	8 <u>>(3)</u>	44169		-	
b Other income (loss) SEE STATEMENT 1	8b		44T	20	59220
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			·		33220
d Benefits paid (including direct rollovers and insurance premiums to provide			C 2		STATEMENT 2
benefits)	Bd		52	14	STATEMENT Z
Certain deemed and/or corrective distributions (see instructions)	6e			50	STATEMENT 3
f Administrative aervice providers (salaries, fees, commissions)	8f			30	SIRIBALITI
g Other expenses	89				5264
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u> </u>			53956
Net income (loss) (subtract line 8h from line 8c)	<u> </u>		·		33330
Transfers to (from) the plan (see instructions)	81	L	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part IV Plan Characteristics					
98 If the plan provides pension benefits, enter the applicable pension feature	e codes in	om the List of Plan	Chara	ictoris	tic Codes in the instructions:
2E 2G 2J 2K 3D					
b If the plan provides welfare benefits, enter the applicable welfare feature	codes from	n the List of Plan (Charac	1eristic	c Codes in the instructions:
Fill III Compliance Constitute					
Part V: Compliance Questions			Yes	No	Amount
During the plan year:	na nadad d	ocaribad	765	140	Amount
Was there a fallure to transmit to the plan any participant contributions within the tire				х	
in 29 CFR 2510,3-1027 (See Instructions and DOL's Voluntary Fiduciary Com		ogram.) 10a		<u> </u>	
b Were there any nonexempt transactions with any party-in-interest? (Do no		10b]	х	
transactions reported on line 10a.)		100	X		20000
C Was the plan covered by a fidelity bond?		100	+		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity to		المدا		х	
was caused by fraud or diehonesty?			-		
Were any fees or commissions paid to any brokers, agants, or other personal and the area of the personal and the persona			1		
camer, insurance service, or other organization that provides some or all o	oi ule pelik	10e	•	х	
tne plan? (See instructions.)	************	101		X	
f Has the plan falled to provide any benefit when due under the plan?		10g	 	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of yea		109	 		the grant and the
h if this is an individual account plan, was there a blackout period? (See ins		10h		x	
and 29 CFR 2520,101-3.)			 		
i if 10h was answered "Yes," check the box if you either provided the requ		101		x	
of the exceptions to providing the notice applied under 29 CFR 2520.101 Persion Funding Compliance	· · · · · · · · · · · · · · · · · · ·		Ь		F. Martin Communication
	u Blee Ve	an la sta untila na ana	Laame	laka	
11 le this a defined benefit plan subject to minimum funding requirements? (17 YOS, 60	se instructions and	rcomp	HOLE	Yes X No
Schedule SB (Form 5500) and line 11a below)	odulo SB	(Enen 6500) Foe 30		118	
 112 Enter the unpaid minimum required contribution for current year from Sch 12 is this a defined contribution plan subject to the minimum funding requirements of 	eaction 412	of the Code or section	m 302		
		S. THE COURT OF SUCIN			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as app 8 If a waiver of the minimum funding standard for a prior year is being amor	dized in the	le plan vaar see in	structi	nns. a	nd enter the date of the letter
		Month	Da		Yes!
ruling granting the waiver. If you completed line 12s, complete lines 3, 9, and 10 of Solvadule MB (F	orm SSAA				
		Take on to to the		12b	
b Enter the minimum required contribution for this plan year	************				

319577 07-17-13 Page: 5/5

Date: 10/15/2014 2:52:28 PM

FROM:

FAX NO. :5022447765

Oct. 15 2014 11:33AM P5

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C Enter the amount contributed by the employer to the plan for this plan year		120			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter the left of a negative amount)	er a minus sign to	120			
Will the minimum funding amount reported on line 12d be met by the funding deal Part VII. Plan Terminations and Transfers of Assets	idline?	Ш	Yes	No	I N/A
139 Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.		138	Yes	X No	
Were all the plan assets distributed to participants or beneficiaries, transferred to under the control of the PBGC?	another plan, or brought		<u> </u>	Yes	X No
C if during this plan year, any assets or liabilities were transferred from this plan to liabilities were transferred. (See instructions.)					
13c(1) Name of plante):	· 13o(E) EIN	(5)	136(8) PN(s)
Part VIIII Trust Information (optional)					
14a Name of trust	140	Trust	's EIN		
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