_	rm 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F								
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	57(b) and 6058(a) of the e).	Internal	This Form is Open to Public Inspection						
Pension Be	Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		Identification Information		and and in a 10/	24/2044						
FOI Calend	ar plan year 2014 of its	cal plan year beginning 01/01/2014			31/2014	king this box must attach a list					
A This ref	turn/report is for:	X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan									
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retur	m/report (less than 12 mo	onths)						
C Check	box if filing under:	X Form 5558	automatic extension		_ D	FVC program					
		special extension (enter descripti	on)								
Part II	Basic Plan Info	rmation—enter all requested inforr	nation								
1a Name WISH'S DRI	of plan JGS 401(K) PLAN				1b Thre plan (PN)	number					
					. ,	ctive date of plan					
2a Plan s		dress; include room or suite number (employer, if for a single	-employer plan)	2b Emp (EIN)	loyer Identification Number					
9615 WHIPP	S MILL ROAD				2c Spor	nsor's telephone number 502-425-1146					
LOUISVILLE					2d Busi	Business code (see instructions) 424210					
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor.			3b Administrator's EIN						
4 If the r	name and/or FIN of the	plan sponsor has changed since the	last return/report filed f	or this plan enter the	4b EIN	inistrator's telephone number					
name		nber from the last return/report.			4C PN						
·		at the beginning of the plan year			5a	5					
b Total	number of participants	at the end of the plan year			5b	3					
		account balances as of the end of the			5c	3					
d(1) Tot	al number of active par	ticipants at the beginning of the plan	year		5d(1)	5					
d(2) Tot	al number of active par	ticipants at the end of the plan year			5d(2)	3					
e Numbe less th	er of participants that te an 100% vested	rminated employment during the plar	year with accrued ben	efits that were	5e	0					
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/re ner penalties set forth in the instructio ner signed by an enrolled actuary, as v olete.	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule					
SIGN		valid electronic signature.									
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator					
SIGN HERE											
	Signature of employ name (including firm na	yer/plan sponsor ame, if applicable) and address (inclu	Date Ide room or suite numbe			as employer or plan sponsor s telephone number (optional)					
	ad Daduation Act Not	e and OMB Control Numbers, see the in		05		Eorm 5500-SE (2014)					

b	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No		
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40	21)?		Yes	No	Not	determ	ined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year				
а	Total plan assets	. 7a	2492	277					20251	9	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2492	277			202519				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)	11	01							
	(2) Participants	. 8a(2)	109	61							
	(2) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b	151	25							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							2718	7	
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d	738	870							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f		75	_						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							7394		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-46758			
	Transfers to (from) the plan (see instructions)										
	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature cod	les from the List of Plan Chara	acteris	stic Co	ides in	the instru	ctions			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					110		Amo	unt		
		uciary Corre	j ,	10a		×		Amo	Junt		
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Corre t? (Do not ir	clude transactions reported	10a 10b				Amo	Junt		
b c	Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Corre t? (Do not ir	clude transactions reported		X	Х		Amo		20000	
	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond?	uciary Corre t? (Do not ir	d, that was caused by fraud	10b		Х		Amo		20000	
c d	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot	uciary Corre t? (Do not ir ifidelity bon her persons	d, that was caused by fraud by an insurance carrier,	10b 10c		x		Amo		20000	
c d	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	uciary Corre t? (Do not ir fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		x		Amo		20000	
c d	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all	uciary Corre t? (Do not ir fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x x		Amo		20000	
c d e	Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Corre t? (Do not ir fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x x		Amc		20000	
d d f g	Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Corre t? (Do not ir fidelity bon her persons of the bene as of year er (See instruc	d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.)	10b 10c 10d 10e 10f		x x x x x		Amc		20000	
d d f g	 Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 	uciary Corre t? (Do not ir fidelity bon her persons of the bene as of year er (See instruc he required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.)	10b 10c 10d 10e 10f 10g		x x x x x x x		<u>Amc</u>		20000	
c d e f g h	 Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	uciary Corre t? (Do not ir fidelity bon her persons of the bene as of year er (See instruc he required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x x		<u>Amc</u>		20000	
d e f h i	 Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	uciary Corre t? (Do not ir fidelity bon her persons of the bene as of year er (See instruc he required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X S dule SE			Yes		
c d e f g h i Part	 Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	uciary Corre t? (Do not ir fidelity bon her persons of the bene as of year er (See instruc he required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X S dule SE					
c d e f g h i Part	 Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	uciary Corre t? (Do not ir fidelity bon her persons of the bene as of year er (See instruc he required 1-3 hents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X X dule SE					

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b Enter the minimum required contribution for this plan year		12b						
C 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 onegative amount)	of a	12d						
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No				
C 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.)								
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust		14b ⊺⊧	rust's EIN					

F	orm 5500-SF	Short Form		turn/R enefit	eport of Small I Plan	Empl	oyee	OMB	Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is require	d to be filed ur	nder sec	tions 104 and 4065 (of the	Employee	2	014
Employ	Department of Labor ee Benefits Security Administration		of the Internal F	Revenue	Code (the Code).	• •			rm is Open
	on Benefit Guaranty Corporation	Complete all entrie		ce with	the instructions to	the F	orm 5500-SF.		Inspection
Par		Identification Infor	04.104	1/20-	1 /	<u> </u>		2/31/20	1.4
	ilendar plan year 2014 or f his return/report is for:	a single-employer		•	e-employer plan (not m	and e			
~ "	is return/report is for.	A a single-employer	pian U		pating employer inform				
		a one-participant	plan	a foreig					
Вт	nis return/report is	the first return/rep		the fina	return/report				
•		an amended retur	n/report	a short	plan year return/repo	ort (les	s than 12 mont		
CC	heck box if filing under:	X Form 5558	, U		tic extension		Ш	DFVC progra	m
Par	+ II Rasic Plan Info	special extension							
lin	lame of plan	officer arreq	003100 11101118	ation		1b	Three-digit		
	SH'S DRUGS 401	(K) PLAN					plan number (F	PN) 🕨	001
							Effective date		L
29 PI	an sponsor's name and addre	est include room or suite au	mber (emninuer	if for sin	ale-employer plan)	2b	Employer Iden	1/1997	
	H'S DRUGS #1,			1 10 101 511	die-enthio⊼er bian)	20		865665	
						2c	Sponsor's tele	phone numbe	r
961	5 WHIPPS MILL	ROAD				(50)2) 425-	1146	
LOU	ISVILLE	KY 40	242			2d	Business code 4242		ions)
3a P	lan administrator's name a	nd address 🛛 Same a	s Plan Sponso	or.		3b	Administrator's	s EIN	
						3c	Administrator	s telephone n	umber
4 lft	he name and/or EIN of the	plan sponsor has chang	ed since the la	ast return	n/report filed for this	4b	EIN		
•	n, enter the name, EIN, an	d the plan number from t	he last return/	report.					
as	Sponsor's name					4c	PN		
5a 1	otal number of participant	s at the beginning of the	nlan vear			5a	1		5
	otal number of participant		• • • • • • • • •			5b			3
	lumber of participants with								
	enefit plans do not compl					5c			3
) Total number of active					5d(1)			5
-	Total number of active	· · · · · · · · · · · · · · · · · · ·				5d(2	4		
	lumber of participants tha penefits that were less thar		ouring the pla	an year v	with accrued	5e			0
Cau	tion: A penalty for the late	e or incomplete filing of	this return/re	port wil	l be assessed unles	s reas	sonable cause	is establishe	d.
Unde Sche	r penalties of perjury and o dule SB or Schedule MB o	other penalties set forth in ompleted and signed by	the instruction an enrolled act	ns, I dec tuary, as	lare that I have exam well as the electroni	nined 1 ic vers	this return/repo ion of this retur	rt, including, i n/report, and	applicable, a to the best of
	owledge and belief, it is to	nesium		<u> </u>	THE WICH	NIA	Presid	ent	
SIGN		a Wish's Arrand no	8.29	1.15	Frank WISH WShij	Dri	es #1	Inc	
neni	Signature of plan admi	nistrator	Date		Enter name of indiv	ridual :	signing as plan	administrator	
SIGN									
HERE		/nlan snonsor	Date		Enter name of indiv	idual	signing as empl	over or plan s	nonsor
Prep	arer's name (including firm			de room			T	· · · · · · · · · · · · · · · · · · ·	
					,(-,		,		
								· · · · · · · · · · · · · · · · · · ·	
1									
For P 418571 10-13-1	aperwork Reduction Act	Notice and OMB Contro	ol Numbers, se	ee the ii	nstructions for Form	n 550(D-SF.	Form	5500-SF (2014) v.140124

1

Form	5500-SF 2014	Page 2								
b	Were all of the plan's assets during the plan year invested in eligible assets? (Are you claiming a waiver of the annual examination and report of an independ (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan cannot use Form If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	dent qua condition n 5500-S	lified public s.) F and mus	c accou	untan ead u	t se For		X Yes		No No
Pa	t III Financial Information		-							
7	Plan Assets and Liabilities		(a) Begi	inning	of Ye	ar	(b) End o	f Yea	ar
а	Total plan assets	7a		2	492	77			20	2519
b	Total plan liabilities	7b								·
C	Net plan assets (subtract line 7b from line 7a)	7c	249277			77			20	2519
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amou	unt		(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)				01			_	
	(2) Participants	8a(2)			109	61	•			
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b			151	25	STATEMENT 1			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	7187
d	Benefits paid (including direct rollovers and insurance premiums to provide							-		
	benefits)	8d			<u>738</u>	70	STA	TEMEN	VT.	2
e	Certain deemed and/or corrective distributions (see instructions)	8 e								
f	Administrative service providers (salaries, fees, commissions)	8f				75	STA	TEMEN	1T	3
g	Other expenses	<u>8g</u>								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							-	3945
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>							- 4	6758
j	Transfers to (from) the plan (see instructions)	8j								
b	2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature co	des from	the List of	Plan C	Charac	teristi	c Codes	in the ins	struc	tions:
Pa	t V Compliance Questions									<u> </u>
10	During the plan year:				Yes	No		Amou	int	
а	Was there a failure to transmit to the plan any participant contributions within the time	period des	cribed							
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc	tion Prog	ram.)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in	nclude								
	transactions reported on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				2	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon	nd, that								
	was caused by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons						1			
	carrier, insurance service, or other organization that provides some or all of the	he benefi	ts under				1			
	the plan? (See instructions.)			10e		X	 			
<u>_f</u>	Has the plan failed to provide any benefit when due under the plan?			10f		X	 			
	Did the plan have any participant loans? (If "Yes," enter amount as of year en		••••••	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instru-	ctions					i i			
	and 29 CFR 2520.101-3.)	<u></u> .	. <u></u>	10h		X	<u> </u>			
i	If 10h was answered "Yes," check the box if you either provided the required	d notice o	rone			.,				
	of the exceptions to providing the notice applied under 29 CFR 2520.101.3	····	······	10i		X				·
	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "	1 es," see	instruction	is and	comp	nete		∏ Yes		X No
440	Schedule SB (Form 5500) and line 11a below)	ula 80 /5		line 00	<u></u>	11a		LIYes		110 PM
	Enter the unpaid minimum required contribution for current year from Scheduls this a defined contribution plan subject to the minimum funding requirements of sec							Yes		X No
<u>12</u>				1 35LUU	1 302			LITES		14 INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as application of a waiver of the minimum funding standard for a prior year is being amortized and the minimum funding standard for a prior year is being amortized and the standard for a prior year is being amortized and the standard for a prior year is being amortized at the standard for a prior year is being amortized at the standard for a prior year is being amortized at the standard for a prior year is being amortized at the standard for a prior year is being amortized at the standard for a prior year is being amortized at the standard for a prior year is being a standard for a prior year is being		nlan vear	see inc	structi	one e	nd enter	the date	of th	e letter
4	ruling granting the waiver.		Nonth		Da			Year		

Form 5500-SF 2014	Page 3-		٦				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	o to line 13.						
b Enter the minimum required contribution for this plan year		121	,				
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 a minus si	gn to						
the left of a negative amount)	·····	120	1				
e 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?		Yes	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			_				
under the control of the PBGC?				Yes	X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan	(s), identify the	plan(s) to w	hich assets or			
liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	13c(2	EIN	s)	13c(3)	PN(s)		
Part VIII Trust Information (optional)							
14a Name of trust	14b 1	Frus t	'rust's EIN				
	1						

ł