For	m 5500-SF	Short Form Annu	•	•	oyee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan		etirement		2015	
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 197		6057(b) and 6058(a) of the				
	nefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.			
Part I For calenda	Annual Report Id ar plan year 2015 or fisc	dentification Information al plan year beginning 01/01/		and ending 0	2/04/2016			
	T I I I I I I I I I I I I I I I I I I I	x a single-employer plan		r plan (not multiemployer)		king this bo	ox must attach a	
A This retu	urn/report is for:	a one-participant plan	list of participating	employer information in a	ccordance wi	th the form	instructions)	
B This retu	rn/report is	the first return/report	x the final return/repo	rt				
	· [an amended return/report	🗙 a short plan year re	turn/report (less than 12 m	ionths)			
C Check b	oox if filing under:	Form 5558	automatic extensio	n		FVC progr	am	
	ĺ	special extension (enter dese	cription)					
Part II	Basic Plan Infor	mation—enter all requested in	nformation					
1a Name o	•				1b Three	e-digit number		
WISH S DRU	JGS 401(K) PLAN				(PN)		001	
					1c Effect		plan I/1997	
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos			2b Emplo (EIN)		ication Number 365665	
WISH'S DRU		country, and ZIP of foreign pos	ital code (il loreign, see il	istructions)	2c Spon		none number 25-1146	
					2d Busin	ess code (see instructions)	
0615 WHIPPS OUISVILLE,	S MILL ROAD KY 40242					4242	10	
3a Plan ad	dministrator's name and	address XSame as Plan Spor	nsor.		3b Admir	nistrator's E	EIN	
					3c Admir	nistrator's t	elephone number	
		blan sponsor has changed since per from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN			
a Sponso	<i>i</i>				4c PN			
5a Total n	umber of participants a	t the beginning of the plan year			5a		1	
		t the end of the plan year			5b		0	
		count balances as of the end o			5c		0	
		cipants at the beginning of the p			5d(1)		1	
d(2) Tota	al number of active parti	cipants at the end of the plan ye	ear		5d(2)		0	
		rminated employment during th			5e			
Caution: A Under pena	penalty for the late or lities of perjury and othe	incomplete filing of this return r penalties set forth in the instru- l signed by an enrolled actuary,	rn/report will be assess actions, I declare that I ha	ed unless reasonable ca ve examined this return/re	port, includin	ng, if applic		
	rue, correct, and comple					,	~ 	
SIGN HERE	Filed with authorized/va	alid electronic signature.	02/20/2016	FRANK WISHNIA				
	Signature of plan ad	ministrator	Date	Enter name of individ	lual signing a	ıs plan adm	iinistrator	
SIGN HERE	Signature of employe	er/nlan snonsor	Date	Enter name of individ	lual signing a	is employe	r or plan sponsor	
KATHY JAE DEAN DOR 106 W. VIN	name (including firm nar EGER TON ALLEN FORD, PL E STREET, SUITE 600	me, if applicable) and address (Preparer's		number	
	N, KY 40507	and OMB Control Numbers, see t	ho instructions for Form 55	00 SE			Form 5500-SF (2015)	

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a		. ,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condi	tions.)					X Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
	rt III Financial Information				021):		100	
7	Plan Assets and Liabilities		(a) Beginning	n of Ver	ar			(b) End of Year
<u>'</u> a	Total plan assets	7a	(a) Beginning	<u>114</u>				
	Total plan liabilities	7a 7b			021			
	Net plan assets (subtract line 7b from line 7a)	7c		114	821			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-8	933			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-8933
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		105	838			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			50			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						105888
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-114821
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V							
h	Program)			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х		
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			10i		х		
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•			•			

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIS
--

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

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Page **3 -** 1

					1			
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter tl Day	ne date o	f the letter _ Year	ruling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1				
b	Enter	the minimum required contribution for this plan year		12b				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)		12d				
е	Will	he 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			-			
		a resolution to terminate the plan been adopted in any plan year?			XY	es No		
Tou				120			0	
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d		e's or custo ne number		
Par	t IX	IRS Compliance Questions						
15a	Is the	e plan a 401(k) plan?		XY	es)	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?							ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ig method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		XY	es)	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Πr	Ratio percentag est		verage enefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	ΧY	es	No)	
17a	Hast	he plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///	•				nstructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play ory letter, enter the date of that favorable letter/ and the letter's serial r		t to a	avorable	IRS opinio	on or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	an's last f	avorable		
18	Is the	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Ye	es	X No		
19	Were	in-service distributions made during the plan year?		Y	es	× No		
	lf "Ye	s," enter amount		19				
20		required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		[] Y	es	No	N/A	

Form 5500-SF	Short Form	Annual Return/R Benefit		mployee	,	OMB	Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required Retirement Income Se	to be filed under sec				2015			
Department of Labor Employee Benefits Security Administration	0	f the Internal Revenue	Code (the Code).			This For	m is Open		
Pension Benefit Guaranty Corporation	Complete all entries		the instructions to	the Form 55	500-SF.	to Public	Inspection		
	Identification Inform	01/01/20	16		0.	2/04/20	16		
For calendar plan year 2015 or fi A This return/report is for:	a single-employer		e-employer plan (not m	and ending					
A misretum/eportision.			pating employer inform		<u>்</u>				
	a one-participant						,		
B This return/report is	the first return/rep	ort X the fina	l return/report						
0	an amended retur		plan year return/repo	ort (less than					
C Check box if filing under:	Form 5558		tic extension			DFVC progra	m		
Part II Basic Plan Info	rmation - enter all req	(enter description)							
1a Name of plan	ination - enter an req	dested information		1b Three	e-digit				
WISH'S DRUGS 401	(K) PLAN				number (F	PN)	001		
				1c Effec	tive date o	of plan 1 / 1 9 9 7			
2a Plan sponsor's name (emplo	over, if for a single-employ	ver plan)		2b Empl		tification Num	ber (EIN)		
Mailing address (include roo	m. apt., suite no, and stre	eet, or P.O. Box)	oroign .coo.instr.)			865665			
WISH'S DRUGS #1,		ineigh postal code (in it	oreign, see man.)	2c Sponsor's telephone number					
9615 WHIPPS MILL	ROAD			(502) 425-1146					
LOUISVILLE	KY 40	212		2d Busir	4242	(see instruct	ions)		
3a Plan administrator's name a		s Plan Sponsor.		3b Admi	inistrator's				
od Fian auministrator s name a	nu autress 💾 Same a	s Fian Sponsor.		OD Adm	manator				
				3c Adm	inistrator's	s telephone n	umber		
4 If the name and/or EIN of the			n/report filed for this	4b EIN					
plan, enter the name, EIN, an	d the plan number from t	he last return/report.		40 01					
a Sponsor's name				4c PN					
5a Total number of participant	ts at the beginning of the	plan vear		5a			1		
b Total number of participant				5b			0		
C Number of participants with	h account balances as of	the end of the plan ye	ear (defined						
benefit plans do not compl				5c			0		
d (1) Total number of active				5d(1)			1		
d (2) Total number of active				5d(2)			0		
 Number of participants that benefits that were less that 		during the plan year	with accrued	5e					
Caution: A penalty for the late	e or incomplete filing of	this return/report wi	Il be assessed unles	s reasonab	le cause	is establishe	d.		
Under penalties of perjury and c Schedule SB or Schedule MB c my knowledge and belief, it is tr	other penalties set forth in ompleted and signed by ue, correct, and complete	n the instructions, I de an enrolled actuary, as e.	clare that I have exan s well as the electron	nined this re ic version of	turn/repo this retur	rt, including, i n/report, and	f applicable, a to the best of		
1	41								
SIGN HERE Farl	what	2.20.16	FRANK WISH						
Signature of plan admi	inistrator	Date	Enter name of indiv	idual signin/	g as plan	administrator			
SIGN									
HERE Signature of employer.	/nlan sponsor	Date	Enter name of indiv	idual signin	a as empl	over or plan s	sponsor		
Preparer's name (including firm			-		-	lephone num			
in opticity of the the the deling with									
KATHY JAEGER				(8)	59)25	5-2341			
DEAN DORTON ALLE		0							
106 W. VINE STRE	The second s								
LEXINGTON KY 40507									
					and the second second	and a summer subscript			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 518571 12-07-15

Form 5500-SF (2015) v.150123

Form 5500-SF 2015		F	Page	2				
							6.2	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instru	uctions.)					X Yes	No
b Are you claiming a waiver of the annual examination and report of an independent	and the second state of the second	NACCOSE AND AN ARREST OF CASE						
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X Yes	No
If you answered "No" to either line 6a or line 6b, the plan cannot use Forn					r			
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	e ERISA se	ction 4021)?		Y	es	No	Not de	termined
Part III Financial Information	1	(.) D		- () (-				
7 Plan Assets and Liabilities	144251	(a) Begiı		4,8		(1	o) End of Y	ear
a Total plan assets	7a		T T	±,0	41			
b Total plan liabilities	7b 7c		11	4,8	21			
C Net plan assets (subtract line 7b from line 7a)	10	(2)	Amou		41		(b) Total	
8 Income, Expenses, and Transfers for this Plan Year	THE REAL	(a)	Amou	in			(b) Total	
a Contributions received or receivable from:	0-(1)							
(1) Employers	8a(1)							
(2) Participants	8a(2) 8a(3)							
(3) Others (including rollovers)	8b		_	8,9	33	STA	TEMENT	1
C Total income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the second	1.1.1	0,5	55	0111		8,933
d Benefits paid (including direct rollovers and insurance premiums to provide	1 00				a based of the			01500
Et al.	8d		10	5,8	38	STATEMENT 2		2
e Certain deemed and/or corrective distributions (see instructions)	8e			- / -		DINIDINI Z		
f Administrative service providers (salaries, fees, commissions)	8f				50	STA'	TEMENT	3
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		de la la	1000	0.61		10	5,888
i Net income (loss) (subtract line 8h from line 8c)	8i	and the set						4,821
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare feature co	ues nom	the List of	Fiant	Jiara	stenstic	. Codes	in the motion	uctions.
Part V Compliance Questions			-		1			
10 During the plan year:			Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contributions within		e						
period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt	ary	10a		x				
Fiduciary Correction Program.)	aluda	10a		A	1200			
b Were there any nonexempt transactions with any party-in-interest? (Do not in		10b		x				
transactions reported on line 10a.) C Was the plan covered by a fidelity bond?		100	Х					20,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond		100				_		
was caused by fraud or dishonesty?		10d	~ 2	X		1. L.		
e Were any fees or commissions paid to any brokers, agents, or other persons		100						
insurance carrier, insurance service, or other organization that provides som								
the benefits under the plan? (See instructions.)				X	Sale I			
f Has the plan failed to provide any benefit when due under the plan?				X	2018			
g Did the plan have any participant loans? (If "Yes," enter amount as of year e		10g		X				
h If this is an individual account plan, was there a blackout period? (See instru						4		
and 29 CFR 2520.101-3.)		10h		X			Arrest .	
i If 10h was answered "Yes," check the box if you either provided the required					1	Anna an		
one of the exceptions to providing the notice applied under 29 CFR 2520.10	1-3	10i		X		all a stat	And Anna And	
j Did the plan trust incur unrelated business taxable income?		10j						
Part VI Pension Funding Compliance					100 TEL			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "	Yes," see	e instructior	ns and	l comp	olete			57
Schedule SB (Form 5500) and line 11a below)	00.05					<u></u>	Yes	X No
11a Enter the unpaid minimum required contribution for all years from Schedule				O e d e	11a		1	
12 Is this a defined contribution plan subject to the minimum funding requirement	ents of se	GUON 412 0	n the (Joue	UI I		Yes	X No
section 302 of ERISA?							1165	P-4 NU

Form 5500-SF 2015	Page 3-		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this	s plan year, see instruc	tions, and ent	ter the date of the letter
ruling granting the waiver.	Month D	Day	Year
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 of a negative amount)		12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline	ne?	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?		X Yes	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to an	other plan, or brought		
under the control of the PBGC?			X Yes No
C If during this plan year, any assets or liabilities were transferred from this plan to ano	other plan(s), identify th	e 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)
			-
we have a first the famous the second s			
Part VIII Trust Information	44		
14a Name of trust	14b	Trust's EIN	
	4.4.4		
14c Name of trustee or custodian	140	Trustee's or	Contraction of the Contraction o
		telephone n	umber
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan?		X Yes	No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for em		Design	
employer matching contributions (as applicable) under sections 401(k)(3) and 401(m		safe ha	NO tast
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan			
"current year testing method" for nonhighly compensated employees (Treas. Reg se			
1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		X Yes	
		res res	No
16a Check the box to indicate the method used by the plan to satisfy the coverage requ		Ratio	
16a Check the box to indicate the method used by the plan to satisfy the coverage requisection 410(b):	irements under		
 16a Check the box to indicate the method used by the plan to satisfy the coverage requires section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 10(b) and 10(b). 	iirements under	Ratio percen	tage Average
section 410(b):	nd 401(a)(4) by	Ratio percen	tage Average
section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and the plan satisfy the coverage and test of the plan satisfy the coverage and test of test o	iirements under nd 401(a)(4) by	Ratio percen test	Average benefit test
section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and combining this plan with any other plans under the permissive aggregation rules?	iirements under nd 401(a)(4) by	Ratio percen test Yes Yes	Average benefit test
 section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are combining this plan with any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes? 	iirements under nd 401(a)(4) by	Ratio percen test Yes Yes	Average benefit test
section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at combining this plan with any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was additional tax law changes was additax la	irements under nd 401(a)(4) by opted	Ratio percen test Yes . Enter the ap	Average benefit test X No No N/A No N/A
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