## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Allitual Report	identification information	<u> </u>									
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015												
Δ This ro	turn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions)									
A IIIISTE	turi/report is for.	ipioyor imormation in doc	oordanoo wiiir ii	ie ieim metreetiens)								
<b>B</b> This ret	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retur									
C Check	box if filing under:	X Form 5558	automatic extension	DFVC program								
		special extension (enter desc										
Part II	Basic Plan Info	rmation—enter all requested in	formation									
1a Name	•				1b Three-dig							
JORDAN D	RUG, INC. 401K PLAN	1			plan num	001						
				}	(PN) •							
			1c Effective	07/01/2000								
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	) Povl		2b Employer Identification Number							
		e, country, and ZIP or foreign pos		ructions)	(EIN)	61-1307388						
JORDAN DF	RUG, INC.			·	<b>2c</b> Sponsor's telephone numbe 606-464-3901							
BO BOY 040					2d Business	code (see instructions)						
PO BOX 346 BEATTYVILI	LE, KY 41311					446110						
3a Plan a	administrator's name ar	nd address XSame as Plan Spon	sor.		<b>3b</b> Administr	ator's EIN						
				<u> </u>	3c Administr	ator's tolophone number						
					3C Administr	ator's telephone number						
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN							
	e, Eliv, and the plan hur sor's name	mber from the last return/report.			4c PN							
<b>5a</b> Total	number of participants	at the beginning of the plan year.			5a	33						
<b>b</b> Total	number of participants	at the end of the plan year			5b	44						
		account balances as of the end of			5c	24						
<b>d(1)</b> Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)	33						
<b>d(2)</b> Tot	tal number of active pa	rticipants at the end of the plan ye	ar		5d(2)	38						
		terminated employment during the			<b>5e</b> 0							
		or incomplete filing of this retur										
SB or Scho		her penalties set forth in the instrund signed by an enrolled actuary, ablete.										
SIGN	Filed with authorized/	valid electronic signature.	09/20/2016	ROSEMARY SMITH								
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal signing as pl	an administrator						
SIGN												
HERE	Signature of emplo		Date		ıal signing as eı	mployer or plan sponsor						
Preparer's	name (including firm n	ame, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's tele	phone number						

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to</li></ul>	an indepenand	dent qualified public a	account	ant (IQ	PA)		
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		1664	347			1422952
b Total plan liabilities	7b		1004	247			1422052
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7c	(a) A max	1664	-347			1422952
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)		90	206			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b		-223	949			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-133743
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		107	652			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						107652
Net income (loss) (subtract line 8h from line 8c)	8i						-241395
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V		
reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			10000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under		V			_
the plan? (See instructions.)			10e	X			7
f Has the plan failed to provide any benefit when due under the pla			10f		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	•	,	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	he required	notice or one of the					
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			. 0,	1	<u> </u>	<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	, 🖂 🔛
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X N

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

## Form 5500-SF

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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).

2045

2015

OMB Nos. 1210-0110

1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

Part I		rt Identification Information										
For calend	dar plan year 2015 o	r fiscal plan year beginning	01/01/2015	and ending								
					er) (Filers checking this box must attach a accordance with the form instructions)							
a one-participant plan a foreign plan					ocordance with	in the form instructions,						
B This return/report is the first return/report the final return/report												
		an amended return/report	a short plan year retur	rn/report (less than 12 m	months)							
C Check box if filing under:						FVC program						
Dout II	Danie Dlen In	special extension (enter descri										
Part II		formation—enter all requested info	ormation		1b Three-	digit						
1a Name of plan JORDAN DRUG, INC. 401K PLAN					plan ni (PN)	umber 001						
						ve date of plan 1/2000						
		ployer, if for a single-employer plan) nom, apt., suite no. and street, or P.O.	. Box)			yer Identification Number 61-1307388						
	r town, state or proving N DRUG, INC.	nce, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Spons	or's telephone number						
DO DO	. 246					464-3901 ess code (see instructions)						
PO BOX	346				4461	10						
BEATTY	dalam and the second second second	KY 41311	er er er folkelelen er		01							
3a Plan a	dministrator's name	and address XSame as Plan Spons	or,		3b Administrator's EIN							
					3c Admini	istrator's telephone number						
		he plan sponsor has changed since to umber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN							
a Spons	or's name				4c PN							
5a Total	number of participant	ts at the beginning of the plan year			5a	33						
b Total	number of participant	ts at the end of the plan year			5b	44						
		n account balances as of the end of ti			5c	24						
		articipants at the beginning of the pla			5d(1)	33						
d(2) Tota	al number of active p	articipants at the end of the plan year	r		5d(2)	38						
		at terminated employment during the p			5e	0						
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau								
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, as nplete.										
SIGN	Roseman	y C. Smith	9-20-16	Rosemary Smit	h							
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as	plan administrator						
SIGN Regenancy C. Smith 9.20-16 Rosemary Smith												
		loyer/plan sponsor	Date			employer or plan sponsor						
Preparers	name (including firm	name, if applicable) and address (inc	dude room of suite numbe	r)	Preparer's te	elephone number						
				]								

Form 5500-SF 2015		Page 2							
6a Were all of the plan's assets during the plan year invest b Are you claiming a waiver of the annual examination an under 29 CFR 2520.104-46? (See instructions on waive If you answered "No" to either line 6a or line 6b, the	d report of an independ r eligibility and condition plan cannot use Fort	dent qualified public ons.) m 5500-SF and mus	accoun st inste	tant (IC	PA) Form	 1 5500.		X	Yes No
C If the plan is a defined benefit plan, is it covered under the	ne PBGC insurance pro	ogram (see ERISA s	ection 4	1021)?		Yes	□ NO [	Not a	etermined
Part III   Financial Information		(-) B			1		(h) F.,	- 6 V	
7 Plan Assets and Liabilities a Total plan assets	7a	(a) Beginnin	1,66		7		(b) End		,422,95
b Total plan liabilities			1,00	1,31	-				, 122, 55
C Net plan assets (subtract line 7b from line 7a)			1,66	4,34	7		***********	1	,422,95
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount			(b) Total				
a Contributions received or receivable from:		(4) /					1/		
(1) Employers					_				
(2) Participants			9	0,20	6				
(3) Others (including rollovers)			22	2 04	_				
b Other income (loss)			-22	3,94	9				122 741
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance pr					+				-133,743
to provide benefits)			10	7,65	2				
e Certain deemed and/or corrective distributions (see instr	uctions) 8e								
f Administrative service providers (salaries, fees, commiss	sions) 8f				_				
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								107,652
Net income (loss) (subtract line 8h from line 8c)					+				-241,39
j Transfers to (from) the plan (see instructions)	8j			_					
B If the plan provides welfare benefits, enter the applicable  Part V Compliance Questions	e welfare feature code:	s from the List of Pla	n Chara	acterist	ic Cod	des in th	ne instruc	ions:	
10 During the plan year:				Yes	No	N/A		Amou	ınt
Was there a failure to transmit to the plan any participal described in 29 CFR 2510.3-102? (See instructions an Program)	d DOL's Voluntary Fid	uciary Correction	10a		х			Alliot	
b Were there any nonexempt transactions with any party- reported on line 10a.)	•		10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х	,				100,00
d Did the plan have a loss, whether or not reimbursed by by fraud or dishonesty?			10d		X				
e Were any fees or commissions paid to any brokers, age carrier, insurance service, or other organization that pro the plan? (See instructions.)	vides some or all of th	e benefits under	10e	х					•
f Has the plan failed to provide any benefit when due und	ler the plan?		10f		х				
g Did the plan have any participant loans? (If "Yes," enter	amount as of year end	d.)	10g		Х				
h If this is an individual account plan, was there a blackou	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)				х				
i If 10h was answered "Yes," check the box if you either p exceptions to providing the notice applied under 29 CFF			10i						
j Did the plan trust incur unrelated business taxable incor	me?		10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all ye						11a	_		
12 Is this a defined contribution plan subject to the minimum	m funding requirement	ts of section 412 of th	ne Code	e or se	ction 3	302 of E	RISA?		Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a 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 letter ruling granting the waiver									
lf	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			William Constitution of Constitution				
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?			Yes	No	N/A				
Part	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, or brought under of the PBGC?				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 which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):	c(2)	EIN(s)		13c(3)	PN(s)				
Part	VIII Trust Information									
14a i	Name of trust		14b Trust's EIN							
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number							
Part	IX IRS Compliance Questions									
15a	Is the plan a 401(k) plan?		Yes	3	No					
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- sed safe rbor thod	ADP/ACP test					
	if the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		Yes		No					
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ra per tes	centage	Average benefit test					
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?		Yes		No					
	Has the plan been timely amended for all required tax law changes?		Yes		□No	N/A				
	or tax law changes and codes).		pplicabl			nstructions				
	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is s advisory letter, enter the date of that favorable letter and the letter's serial number					or ————				
	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the da determination letter	e of I	he plan'	's last fav	orable					
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?.		Yes		No					
19 \	Vere in-service distributions made during the plan year?		Yes		No					
1	f "Yes," enter amount		19							
	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or n etired), as required under section 401(a)(9)?		Yes		□ No	N/A				