Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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

Part I	Annual Report	t identification information	1								
For calen	dar plan year 2015 or f	iscal plan year beginning 01/01/	2015		and ending 1	2/31/2	015				
A This r	eturn/report is for:	a single-employer plana one-participant plan	lis	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan							
B This re	eturn/report is	the first return/report an amended return/report	Ħ	e final return/report short plan year return	/report (less than 12 m	nonths))				
C Check	k box if filing under:	X Form 5558 Special extension (enter desc	ш	utomatic extension			DFVC progr	ram			
Part II	Racic Plan Inf	ormation—enter all requested in									
1a Nam		·	normand	OTT		1b	Three-digit plan number (PN) ▶	001			
						1c	Effective date of	[:] plan 1/1971			
Maili	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				2b	Employer Identif				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WESLEY DRUG CO., INC.					2c Sponsor's telephone number 606-787-6181						
P. O. BOX LIBERTY, I						2d	Business code (
3a Plan	administrator's name a	and address XSame as Plan Spon	sor.			3b	Administrator's E	EIN			
						3с	Administrator's t	elephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last	t return/report filed fo	r this plan, enter the	4b	EIN				
	nsor's name					4c	PN				
5a Tota	I number of participant	s at the beginning of the plan year.				5	а	7			
b Tota	I number of participant	s at the end of the plan year				5	b	0			
		account balances as of the end of		•	•	5	С	0			
d(1) ⊤d	otal number of active pa	articipants at the beginning of the p	lan year	r		5d		0			
d(2) T	otal number of active p	articipants at the end of the plan ye	ear			5d	(2)	0			
thai	n 100% vested	t terminated employment during the				5		0			
		or incomplete filing of this retur						abla a Cabadula			
SB or Scl		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.									
SIGN		Myalid electronic signature		10/10/2016	IOHNNIE DANDO						

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi ot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) For m	5500.		X Ye	П
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		2820						0
b Total plan liabilities	7b		0000	0					0
C Net plan assets (subtract line 7b from line 7a)	7c		2820	1525					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		30)445					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30	0445
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2850	970					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2850	0970
i Net income (loss) (subtract line 8h from line 8c)	8i							-2820	0525
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	catura cod	as from the List of Pla	n Char	octorict	ic Coc	loc in the	n inetructi	one:	
in the plan provides wellare benefits, effer the applicable wellare in	eature cou	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 1116	z IIISII UCII	ulis.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
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 Program)	oluntary Fi	duciary Correction	10a		X				
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					280000
d 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 some	ner persons	s by an insurance	Tou						
the plan? (See instructions.)			10e		X				
f Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	nd.)	10g		X				
· · · · · · · · · · · · · · · · · · ·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
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						
j Did the plan trust incur unrelated business taxable income?			10j		X				
Part VI Pension Funding Compliance						<u></u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable	
18	Is the I	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	5	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

Department of the Tressury Internal Revenue Service

Department of Labor
Employee Benefits Security Relativistication
Pension Becefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be first under sections 104 and 4065 of the Employee Retinement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code)

OMB Nos.	1210-011
	1210-000

2015

This Form is Open to Public Inspection

Pen	stion Brooff, Guaranty Corporation	► Complete all entries in ac	coordar.ca	with the i	rstruc	tions to the Form 5	500-SF.	
	Annual Report Id	ientification information						15
C CI	dendar plan year 2015 or fiscalis return/report is for: is return/report is: leck box if filing under: Basic Plan Information of plan	ientification information	a multiple a force a force a should be force as a should be force a should be force as a should be force a should be force as a should be forced by the should be forced by th	1/01/20: Uple-emplo of participa sign plan cal seturnin rt plan yea malic exten	15 Vyer pla Ving er Pport r return	and ending an (not mukiemployer nployer information in nlreport (less than 12	12/31/201 () (Filers checking the accordance with the	is box must at ach is form it structions) orcgram Coll late of plas
5	Maiing Address (include room City or lown, state or province, WESLEY DRUG CO., INC P. O. BOX 160	er, if for a single-employer plan) aph, suite no. and street or P.O. country, and ZIP or fereign post address X Same as Pfan Spr	(a) code (i		a instr	uctions)	2b Employer (EIN) 63 2c Sponsor's (606) 7	Identification Number 1-0676531 telephone number 187-6181 code (see instructions)
r	f the same and/or EtN of the g name, EtN, and the plan numb Sponsor's name	p'er, sponsor has changed since ver from the last return/report.	the last rel	um/report	€€¢fo	or this plan, enter the	4b Elk 4c PN	alor's letephone aumber
		I the begirning of the plan year					5a	7
ros, 7	Total number of participants a	the end of the p'an year	*****				5b	0
<i>∽</i> ,	Number of participants with ac	count balances as of the end of	the plan ye	ear (define	d bene	ft plans do no:	5c	0
		cipants at the beginning of the pla		************			5d(1)	0
≥ (2	Total number of active partic	cipants at the end of the plan year miraled employment during the				ofils fast were		0
1	ess than 100% vested					******************************	5e	, 0
2. 20 Bo	ar penaties of penjury and other Schedule M3 completed and it is to be correct and completed and some state of the state o	Douds	uctions, I da , as well as	led endra	Thave on'c ve	examined this seturning size of this returning Johnnie Dando Enter name of ind w Same	freport, including, if port, and to the best best best best best best best bes	approache, a Sotsotie o' my knowledge and radministrator
	Signatura of employer	olan sponsor	Da	01/01 ets	16	Enter name of indiv	idual signing as emp	oloyer or plan sponsor
Prep	arer's name (including from na	ame, if applicable] and address; i			rumbi		Preparer's telep	o'tone number

Form 5600-SF 2015		Page 2							
Were a'll of the plan's assets during the plan year invested in eligible	essets? (S	See instructions.)						XYes	□ No
b Are you daining a waiver of the annual examination and report of an	bracetani n	ent qualified public account	itant ((IQPA	1			XYes	Пм
under 29 CFR 2520.104-437 (See instructions on waiver eligibility as	d conditio	ns.) a 5533-SF and must inste	ad u	se Fo	rm 55	30.			
If you answered "No" to either line bail, line on, the plan, tablical lifthe plan is a defined benefit plan, is it covered under the PBGC it.s.	rusa ce bu	ogram (see ERISA section	4021	۱۶ ,.	C]Yes	☐ No	Note	etermined
Part Financial Information									
Pian Assets and Liabifiles		(a) Begirning of	Year			[1) End o	of Year	
Total plan assets promote and	7a	2,82	0,53	5					0
	76			O					0
Total plan liabilities	7c	2,82	0,52	25					0
B Income, Expenses, and Transfers for this Plan Year	1444	(a) Amount				-	(b) T	otal	EMPROID!
a Contributions received or receivable from:	Be/dl			0	2.75	7 4 4			
(1) Ersp'oyeis	Ba(1)			0			19-19-110	4-717	magazin (ili
(2) Participants	Ba(2)			0		7.70			7
(3) Others (including rollarets)	Ba(3)	3	0,4	_	14.5			عفر توليان	Designation
b Offer income (loss)	8c	AGENTAGE HARMAN TANK	CO.	Che S	100 Tours Facrous of Track outsiden				445
C Total income (add lines 8a(1), 8a(2), 8a(3) and 8b) homeone	5C	S. S	111.		127 11	wad to you	approx.		
d Benefits paid (including direct ratiovers and insurance premiums to provide benefits)	8d	2,85	0.9	70					
e Certain deemed and/or corrective & stributions (see instructions)	Se			0					
f Administrative service providers (salaries, fees, commissions)	81			0	100000			1.05	phareness.
	8g			0		il ir			
			9 7 7 86 M 1376		2,850,970				970
	the second secon					(2,820,525)			
2 N. 2 :	Bi	THEFT			·				
i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Plan Characteristics	8j	se from the List of Plan Ch	ararN	O eristic	Code	s ir the			
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Transfers to (from) the plan (see instructions) Part Plan Characteristics Part III re plan provides pension benefits, enter the applicable pension for 28 30 If the plan provides welfars benefits, enter the applicable welfare feather the plan provides welfars benefits, enter the applicable welfare feather the plan provides welfars benefits, enter the applicable welfare feather the plan provides welfars feather the plan and provides welfare feather the plan provides and policy to the plan and policy to the plan and policy to the program of the plan and policy to the plan and policy to the plan and policy the plan policy that the plan have a loss, whether or not reimbursed by the plan's by traud or dishonesty? Were any feas or commissions paid to any brokers, agents, or other plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan good the plan failed to provide any benefit when due under the plan good the plan failed to provide any benefit when due under the plan good the plan failed to provide any benefit when due under the plan good the plan failed to provide any benefit when due under the plan good the plan failed to provide any benefit when due under the plan good the plan failed to provide any benefit when due under the plan good the plan have any participant loars? (If 'Yes," enter amount a lift has the plan failed to provide any benefit you either provided the plan good the plan any participant loars? (If 'Yes," enter amount a lift has the plan failed to provide any benefit you either provided the plan and provided the plan you either provided the plan and provided the plan an	alure code sture code tions with bluntary Fire [Openotic of the person the person the or all of the person the or all of the person the sections of the person the sections of the person the perso	of the List of Plan Charles of the time period duciary Corrector: Tokade transactions Tokad	10a 10b 10c 10d 10e 10f	Yes X	No x x x x x x x	in the in	nskuci	ons:	80,003
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Form 5500-SF 2015 Page 3-					
A proping on the second					
a. If a waiver of the minimum funding standard for a prior year is being amenased in this plant year, see instances at Month	nd er.tar th Day	a date of the Year	letterrui	ing	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
a Enter the minimum required contribution for this plan year	12b		-		
The second contributed by the environments the plan for this plan Well	12c				
Change the engrest in line 12c from the amount in the 12b. Enter the result (enter a minus sign to the left of a	454				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌	Нэ 🗆	N'A	
Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?	X Y	es 🗌 No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
by the standard distributed to postiginants or beneficiaries, transferred to another plan, or brought under the	control	X	Yes [No	
of the PBGC?					
ution assets or labities were transferred. (See Instruments)		. 1	49-79) 6	DAI'6)	
13c(1) Name of plac(6)	13c(2) EIN	(5)	13c(3) F	44,5)	
Randolla Trust Information	daha	rus!'s EIN			
14a Name of frus	140	tus, s cur			
all a					
14c Name of Irustee or custodian		14d Trustee or custodian's telephone number			
Parity IRS Compliance Questions					
15a is the plan a 401(4) plan:	Y	es [_ No		
15b if "Yes," how does the 401(k) plan satisfy the nandiscrimination requirements for employee determ's and employer matching contributions (as applicable) under sections 401(x)(3) and 401(m)(2)?	□ ba	esign- ased safe [arbor ethod	ADP//	ACP	
5c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "oursent year testing method" for nonhighly compensated employees (Treas, Reg. section 1.401(k)-2(a)[2](f) and 1.401(m)-	_ U v	ез [No		
2(s)(2)(ii))?		atic	Avera	ge	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		ercentage L		il Test	
50 Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by committing the plan with any other plans under the permissive aggregation rules?		370	No	_	
To Use to Dien been timely amended for all required law O'STCBS? some is to assessment and assessment and assessment and assessment and assessment and assessment as a second assessment assessment assessment assessment as a second a	U Y		_] No	☐ MA	
7 In Date of the last plan amendment/restatement for the required lax law changes was adopted	er the appli	cable code _	(Se	£	
To the decrease and adopter of a pre-approved master, prototype (MAP) or souther submitted plant and the state of the stat	ct to a favo	irable IRS op	in'on or		
activisory letter, enter the date of that rayorable takes 7d if the clan is an individually designed plan and recieved a favorable determination letter from IRS, please enter the	dale of pla	in's last favor	ist-le		
B is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been been been derived in a U.S. Vigin Islands)?	□ Y		No		
made), American Samoa, Guam, the Commonwealth of the No trent shartful stands of the Society Stands of the Soc	U Y	es [No		
If Yes, enter any interest of the party of t					
If Yes, erter strought amount or the same of the same at the same	□ Y	es I	□ No	□ N/A	
Were minimum required distributions made to 5% owners who have allained age 76 % (regardless of whether or not retired) as required under section 401(a)(9)?	l□,	I			