	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	rt of Small Empl					
Inte D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to			
	Benefit Guaranty Corporation	 Complete all entries in a 	,	,	500-SF.	Public Inspection			
Part I		Identification Information							
For calend	dar plan year 2017 or fis	scal plan year beginning 01/01/2			2/31/2017	king this box must attach a			
A This re	eturn/report is for:	a single-employer plan				<i>v</i> ith the form instructions.)			
B This ret	turn/report is	a one-participant plan a foreign plan the first return/report the final return/report							
		an amended return/report		urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr				-			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name					1b Three				
JORDAN DI	RUG, INC. 401K PLAN				(PN)	number 001			
					, ,	ctive date of plan 07/01/2000			
Mailin	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 61-1307388			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JORDAN DRUG, INC.				2c Spor	nsor's telephone number 606-464-3901			
	-				2d Busir	Business code (see instructions)			
PO BOX 346 BEATTYVIL	o LE, KY 41311					446110			
3a Plan a	administrator's name ar	nd address 🗙 Same as Plan Spon	sor.		3b Admi	inistrator's EIN			
					3c Admi	inistrator's telephone number			
		e plan sponsor or the plan name ha			4b EIN				
•	plan, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
C Plan N	Name								
5a Total	number of participants	at the beginning of the plan year			5a	47			
b Total	number of participants	at the end of the plan year			5b	49			
		account balances as of the end of t		•	5c	19			
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	41			
• • •		rticipants at the end of the plan yea			5d(2)	41			
than	100% vested	terminated employment during the			5e	0			
Under pen SB or Sch	nalties of perjury and otl edule MB completed ar	or incomplete filing of this return ner penalties set forth in the instruc- nd signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule			
sign	true, correct, and comp	blete. /valid electronic signature.	06/07/2018	ROSEMARY SMITH					
HERE	Signature of plan a		Date	Enter name of individ	lual signing	as plan administrator			
SIGN	5				<u>3</u>				
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor			
For Paperw		e, see the Instructions for Form 5500				Form 5500-SF (2017) v.170203			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	Yes No
b	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 If you answered "No" to either line 6a or line 6b, the plan cann			
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
C	If "Yes" is checked, enter the My PAA confirmation number from th			
	If fes is checked, enter the My PAA commation number from th	е РБСС рі	emium ming for this plan year	(See Instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1479767	1705710
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	1479767	1705710
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	77282	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	240098	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		317380
d	· · · · · · · · · · · · · · · · · · ·		04070	
	to provide benefits)	8d	91676	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		
	Administrative service providers (salaries, fees, commissions)	8f	-239	
g	Other expenses	8g		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		91437
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		225943
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a		feature co	des from the List of Plan Characteris	tic Codes in the instructions:
<u> </u>	2E 2F 2G 2J 3D			

D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	0 During the plan year:		Yes	No	Amount
а	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)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		170571
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Fo	rm 5500-SF	Short Form Annu	아파 그리는 것은 것은 것이 아파 가지 않는 것이 같다. 이 집 것은 아프 것이 가지 않는 것이 가지 않는 것이 같다. 가지 않는 것이 같아요. 나는 것이 않아요. 나는 것이 같아요. 나는 것이 않아요. 나는 않아요. 나는 것이 않아요. 나는 않아요. 나는	n an teas an anazaranan mananan an esabahan biran	oyee	OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury ernal Revenue Service	This form is required to be file	Benefit Plan m is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					
	Pepartment of Labor Benefits Security Administration		057(b) and 6058(a) of the	f the Internal This Form is Open				
Pension B	enefit Guaranty Corporation	 Complete all entries in a 	(B)	<i>a</i> .	500-SF.	Public Inspection		
Part I	Annual Report le	dentification Information						
For calend	ar plan year 2017 or fisc	cal plan year beginning	01/01/2017	and ending	12/3	31/2017		
A This re	turn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) employer information in ac		ing this box must attach a ith the form instructions.)		
D This ast		a one-participant plan	a foreign plan					
D This ret	urn/report is	the first return/report	the final return/report	t				
	l	an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
special extension (enter description)								
Part II	Basic Plan Infor	mation—enter all requested inf	ormation					
1a Name	of plan				1b Three			
JORDAN	DRUG, INC. 401	K PLAN			plan (PN)	number 001		
					1c Effec	tive date of plan 1/2000		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JORDAN DRUG, INC.					2b Employer Identification Number (EIN) 61 - 1307388 2c Sponsor's telephone number 606 - 464 - 3901			
				structions)				
PO BOX	346				2d Busin 4461	ess code (see instructions)		
BEATTY	/ILLE	KY 41311						
		address X Same as Plan Spon	isor.		3b Admir	nistrator's EIN		
					3c Admir	nistrator's telephone number		
4 If the r	name and/or FIN of the r	plan sponsor or the plan name ha	s changed since the last	rotum/roport filed for	4b EIN			
this pl		or's name, EIN, the plan name a			40 PN			
C Plan N					4U PN			
5a Total	number of participants at	t the beginning of the plan year			5a	47		
b Total i	number of participants at	t the end of the plan year			5b	49		
		count balances as of the end of t			5c	19		
		cipants at the beginning of the pla			5d(1)	41		
d(2) Tot	al number of active partic	cipants at the end of the plan yea	r		5d(2)	41		
e Numb	per of participants who te	erminated employment during the	plan year with accrued b	enefits that were less	5e	0		
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	d unless reasonable cau	use is estab	lished.		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, as	tions, I declare that I have	e examined this return/ren	oort, includir	g, if applicable, a Schedule		
SIGN	Reserver	0 -1	6-7-18	Rosemary Smith	1			
HERE	Signature of plan adm		Date	Enter name of individ		s plan administrator		
SIGN	Rosema	0	6-7-18	Rosemary Smith		1. The state of th		
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing a	s employer or plan sponsor		
For Paperwo	ork Reduction Act Notice,	see the Instructions for Form 5500-	SF.			Form 5500-SF (2017)		

v.170203

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 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.).	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 550	JO.
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Ye	es No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Par	rt III Financial Information	

7									
	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	of Year	
a	Total plan assets	7a	l	,479,	767			1,70	05,710
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1	,479,	767			1,70)5,710
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		77,	282				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		240,	098				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31	7,380
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		91,	676				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		-	239			S. L. House	
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9	91,437
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						22	5,943
- i	Transfers to (from) the plan (see instructions)	8j						1.1	
1	· · · ·	0 1							
Pa 9a	t IV Plan Characteristics		des from the List of Pl	lan Cha	racteri	stic Codes	in the instr	uctions:	
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature 16 16	feature co							
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature The plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions	feature co							
9a b Par 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year:	feature co	es from the List of Pla				in the instru		
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year:	feature code	es from the List of Pla		acteris	ic Codes i	in the instru	ctions:	
9a b Par 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature code eature code tions withir oluntary Fi	es from the List of Pla n the time period iduciary Correction	n Char	acteris	No	in the instru	ctions:	
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feed V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest?	feature code eature code tions withir oluntary Fi ? (Do not in	es from the List of Pla n the time period iduciary Correction nclude transactions	n Chara 10a 10b	acteris	No X	in the instru	mount	0,571
9a b Pai 10 a b	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare ference t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest' reported 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 to the plan and plan and plan's to the plan's to the plan's to the plan have a loss, whether or not reimbursed by the plan's to the plan's to the plan and plan's to the plan and plan's to the plan and plan's to the	feature cod eature cod tions withir oluntary Fi ? (Do not in fidelity bon	es from the List of Pla n the time period iduciary Correction nclude transactions	n Chara	Yes	No X	in the instru	mount	0,571
9a b Par 10 a b c	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest' reported 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 the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	feature cod eature cod cions withir oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Pla n the time period iduciary Correction Include transactions Ind, that was caused by an insurance he benefits under	10a 10b 10c	Yes	No X X	in the instru	mount	0,571
9a b Par 10 a b c c d	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fere t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest? reported 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 to y fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	feature code eature code ions withir oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Pla n the time period iduciary Correction nclude transactions nd, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e	Yes	No No X	in the instru	mount	0,571
9a b Par 10 a b c d d e	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare ference t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest' reported 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 the plan covered by a fidelity bond? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature code eature code tions withir oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Pla n the time period iduciary Correction Include transactions Ind, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X X X X X X	in the instru	mount	0,571
9a b Par 10 a b c d d e f f	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feed t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest? reported 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 the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature code eature code ions withir oluntary Fi ? (Do not in fidelity bon er persons e or all of t ? ?	es from the List of Pla	10a 10b 10c 10d 10e	Yes	No No X	in the instru	mount	0,571

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	olete Sch	edule S	в	Ye	s 🗌 No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or sectio	n 302 o	f	_ Ye	s 🗙 No
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver	tions, and h	d enter Dav		of the letter r Year	uling
lf	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 one negative amount)	fa	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V						
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 u control of the PBGC?	nder the] Yes X	No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)