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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 2017 or fis	scal plan year beginning 01/01/2	017	and ending 12	2/31/2017					
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report	al return/report						
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name 1ST AVENU	of plan JE PHARMACY 401(K)	PLAN			1b Three-digit plan numb (PN) ▶					
					1c Effective d	ate of plan 01/01/2017				
		yer, if for a single-employer plan)	. D)			dentification Number				
		m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	` '	20-2904092				
•	JE PHARMACY	5, 000), aa <u>=</u> oo.o.g poo	a. ccac (e.e.g, ecee	401.01.07	2c Sponsor's telephone number 509-624-3017					
					2d Business c	ode (see instructions)				
6 EAST 1ST					446110					
SPOKANE,	WA 99202									
20.01					2h Adamin'ara	Carlo FINI				
3a Plan a	administrator's name an	nd address X Same as Plan Spor	nsor.		3b Administra	OFS EIN				
					3c Administra	tor's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
	sor's name	ison's name, Life, the plan name a	ind the plan number nom	the last return/report.	4d PN					
C Plan N										
5a Total	number of participants	at the beginning of the plan year			5a	27				
b Total	number of participants	at the end of the plan year			5b	33				
		account balances as of the end of t			5c	33				
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	27				
d(2) Total number of active participants at the end of the plan year				5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 3					
Caution: /	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau						
SB or Sch		ner penalties set forth in the instruc nd signed by an enrolled actuary, a blete.								
SIGN	Filed with authorized/	valid electronic signature.	09/27/2018	SHELLY LELAND	ND .					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	n administrator				
SIGN										
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor				

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year	
<u>a</u>	Total plan assets	. 7a		0				373456	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		0				373456	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	1!	196123					
	(2) Participants	8a(2)	1	116912					
	(3) Others (including rollovers)	8a(3)	;	39944					
b	Other income (loss)	8b		22766					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						375745	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		2289					
q	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2289			
ī	Net income (loss) (subtract line 8h from line 8c)	8i					373456		
-	Transfers to (from) the plan (see instructions)			0					
_	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Char	acteris	tic Cod	les in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		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 Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
С	Was the plan covered by a fidelity bond?			10c		X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X			
е				X			1668		
f	Has the plan failed to provide any benefit when due under the plan?				X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				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			10i					

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Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
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 or section ERISA?	n 302 of		Ye	s X No				
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 y	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									
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							
е	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, or brought under the control of the PBGC?					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.)									
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

A This return/report is a single-employer plan a one-participant plan b This return/report is x the first return/report Comparison of the final return/report	12/31/						
a one-participant plan B This return/report is	- VEII 1	/2017					
B This return/report is	A This return/report is for:						
	. assordance with	the form instructions.)					
an amended return/report a short plan year return/report (less than 1:	2 months)						
C Check box if filing under:	DFVC progr	ram					
special extension (enter description)							
Part II Basic Plan Information—enter all requested information							
1a Name of plan	1b Three-dig	git					
1st Avenue Pharmacy 401(k) Plan	plan num						
	(PN))						
20.01	1c Effective 01/01/2						
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)		r Identification Number					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	(EIN) 20	-2904092					
1st Avenue Pharmacy	2c Sponsor'	2c Sponsor's telephone number					
	509-624						
6 East 1st Avenue		2d Business code (see instructions)					
Spokane WA 99202	446110						
33202							
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.	3b Administr	ator's EIN					
	3c Administr						
		ator's telephone number					
		ator's telephone number					
		ator's telephone number					
		ator's telephone number					
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for		ator's telephone number					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report	4b EIN	ator's telephone number					
 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 		ator's telephone number					
a Sponsor's name	4b EIN	ator's telephone number					
a Sponsor's name C Plan Name Total number of participants at the beginning of the plan year	4b EIN 4d PN 5a						
a Sponsor's name C Plan Name Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year	4b EIN 4d PN 5a	27					
a Sponsor's name C Plan Name Total number of participants at the beginning of the plan year D Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans).	4b EIN 4d PN 5a 5b	27					
a Sponsor's name C Plan Name Total number of participants at the beginning of the plan year D Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	4b EIN 4d PN 5a 5b 5c	27 33 33					
Total number of participants at the end of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1)	27 33 33 27					
Total number of participants at the end of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	27 33 33 27					
Total number of participants at the end of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	27 33 33 27 27					
Total number of participants at the beginning of the plan year Discrepiblity of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable of under penalties of periury and other penalties set forth in the instructions. I dealers that the late of the penalties are the penalties and the penalties are the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established	27 33 27 27 27 3					
a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established	27 33 27 27 27 ed.					
Sponsor's name C Plan Name Total number of participants at the beginning of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is establisher report, including, if ort, and to the best	27 33 27 27 27 ed.					
Total number of participants at the beginning of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is establishereport, including, if ort, and to the best	27 33 27 27 3 ed. applicable, a Schedule of my knowledge and					
Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the beginning of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable of the plan year with accrued benefits that were less unless of perjury and other penalties set forth in the instructions, I declare that I have examined this return/SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repolation. Sign HERE Signature of plan administrator Date Enter name of indiv	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is establisher report, including, if ort, and to the best didual signing as placed	27 33 27 27 3 ed. applicable, a Schedule of my knowledge and					
Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	4b EIN 4d PN 5a 5b 5c 5d(1) 5e ause is establisher report, including, if ort, and to the best report, and the best report report, and the best report re	27 33 27 27 3 ed. applicable, a Schedule of my knowledge and					

b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition not use For nsurance pr	dent qualified public ons.) m 5500-SF and mus ogram (see ERISA s	st inste	tant (10	QPA) e Form 5	500.	X Yes No X Yes No
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pr	emium filing for this p	olan ye	ar		(S	ee instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of	Year
a	Total plan assets	. 7a			0		(D) Lind Of	373,456
b	Total plan liabilities	7b			0			0.07130
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			0			373,456
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Tota	
a	Contributions received or receivable from: (1) Employers	8a(1)		196,	123	S 100 FE	(5) 1018	
	(2) Participants	8a(2)		116,				
	(3) Others (including rollovers)			39,		Tayle in		
b	Other income (loss)				766			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A STATE OF THE PARTY OF THE PAR	1000	100			375,745
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			373,743
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			4.0
f	Administrative service providers (salaries, fees, commissions)	8f		2.	289	0.7		
g	Other expenses	8g		2,289				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	CALL STATE					2,289
i	Net income (loss) (subtract line 8h from line 8c)	8i		100000000000000000000000000000000000000				373,456
j	Transfers to (from) the plan (see instructions)	8j		0				3/3,436
Pai	t IV Plan Characteristics	0)			Ů			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T	feature code	es from the List of Pl	an Cha	racteri	stic Code:	s in the instruct	ons:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan	n Chara	cterist	ic Codes	in the instruction	ns:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amo	unt
а	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)	oluntary Fid	uciary Correction	10a		х	Amo	unt
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		х		
С				-		х		
d				10c		х		
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.)			10d	х			1,668
f	Has the plan failed to provide any benefit when due under the plan?					х		2,000
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	i.)(.t	10f 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 exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or one of the	10i				