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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans 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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                  | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>COMMUNITY DRUG BOARD &amp; COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN</u>                                                                                                                                                                                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1995</u></td> </tr> </table>                                    | <b>1b</b> Three-digit plan number (PN) ▶                            | 001                                                              | <b>1c</b> Effective date of plan<br><u>01/01/1995</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                        | 001                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1995</u>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION</u><br><br><u>702 EAST MARKET STREET</u><br><u>AKRON, OH 44305</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-1171699</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>330-315-3708</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>621420</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1171699</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>330-315-3708</u> | <b>2d</b> Business code (see instructions)<br><u>621420</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-1171699</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>330-315-3708</u>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621420</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2018 | BARB VAN DIKE                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 236                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 222                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 218                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 62                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 280                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 280                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 207                                                                                                                                                    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 0                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2J 2L 2S 2T 3D                                                                                                   |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                           |                                                             |
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| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                |                                                             |
| <b>A</b> Name of plan<br>COMMUNITY DRUG BOARD & COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN                | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION | <b>D</b> Employer Identification Number (EIN)<br>34-1171699 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                 |
|---------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>LINCOLN NATIONAL LIFE INSURANCE COMPANY |
|---------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 35-0472300 | 65676         | 891602+006                            | 56                                                                          | 01/01/2017              | 12/31/2017 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 233885**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND**b** Balance at the end of the previous year ..... **7b** 244187**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)** 0  
(3) Interest credited during the year ..... **7c(3)** 6182  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)** 3359

▶ LOAN REPAYMENTS, FORFEITURES, ADJUSTMENTS

(6) Total additions ..... **7c(6)** 9541**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 253728**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 710  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)** 19133

▶ LOAN ISSUES, FORFEITURES, FEES, ADJUSTMENTS

(5) Total deductions ..... **7e(5)** 19843**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). .... **7f** 233885

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                           |                                                             |     |
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| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                |                                                             |     |
| <b>A</b> Name of plan<br>COMMUNITY DRUG BOARD & COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN                | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION | <b>D</b> Employer Identification Number (EIN)<br>34-1171699 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                |
|--------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>AMERICAN UNITED LIFE INSURANCE COMPANY |
|--------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 35-0145825 | 60895         | G75619                                | 159                                                                         | 01/01/2017              | 12/31/2017 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                           |
|------------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>12552 | <b>(b)</b> Total amount of fees paid<br>0 |
|------------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>CETERA ADVISOR NETWORKS LLC<br>COMMISSION DEPT<br>200 N SEPULVEDA AVE STE 1200<br>EL SEGUNDO, CA 90245 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 12552                                         | 0                               | N/A         | 3                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 92245   |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 2630305 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

**b** Balance at the end of the previous year ..... **7b** 110781

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 12029 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0     |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 1073  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 5367  |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 184   |  |

▶ **LOAN REPAYMENT**

(6) Total additions ..... **7c(6)** 18653

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d** 129434

**e** Deductions:

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 27744 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 8556  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 259   |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 630   |  |

▶ **LOANS ISSUED**

(5) Total deductions ..... **7e(5)** 37189

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). ..... **7f** 92245

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2017</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

|                                                                                                                           |                                                             |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>COMMUNITY DRUG BOARD & COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN                | <b>B</b> Three-digit plan number (PN) ► <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION | <b>D</b> Employer Identification Number (EIN)<br>34-1171699 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>AMERICAN UNITED LIFE INSURANCE CO<br><br>35-0145825 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>LINCOLN NATIONAL CORPORATION<br><br>35-1140070 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| <b>(b)</b><br>Service Code(s)       | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50 52 60<br>66 37 64 59<br>63 67 | NONE                                                                                                     | 16372                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

**(a)** Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

35-1140070

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13                            | SERVICE PROVIDER                                                                                         | 183                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

|                                                                                 |                                      |                                                                                            |
|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                                                        |                     |              |
|--------------------|--------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | BOBER MARKEY FEDOROVICH & COMPANY                      | <b>b</b> EIN:       | 34-1523030   |
| <b>c</b> Position: | PLAN AUDITOR                                           |                     |              |
| <b>d</b> Address:  | 3421 RIDGEWOOD ROAD, SUITE 925<br>AKRON, OH 44333-3119 | <b>e</b> Telephone: | 330-762-9785 |
|                    |                                                        |                     |              |

Explanation: AFTER TERM OF AGREEMENT ENDED, ENGAGED FIRM DOING OTHER WORK FOR THE PLAN SPONSOR.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                      | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| A Name of plan<br>COMMUNITY DRUG BOARD & COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                      | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION                                                         |  |                                                                                                                                                                                                                                   |                                                                                                      | D Employer Identification Number (EIN)<br>34-1171699                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN 35-0145825-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2630305 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2017 v.170203

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>COMMUNITY DRUG BOARD &amp; COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN</u>                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION</u>                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>34-1171699</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    | 39554                 | 41740           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 2392505               | 2630305         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 151785                | 175654          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 354968                | 326130          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 2938812 3173829 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 2938812 3173829 |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 170860    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 59280     |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 230140    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 1071      |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 9515      |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 10586     |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 394659    |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 27964     |
| c Other income .....                                                                           | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 663349    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 417250 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 417250 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 8292   |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 2790   |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 11082  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 428332 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 235017 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MCMANUS, DOSEN & CO.**

(2) EIN: **34-1639529**

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** 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.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>COMMUNITY DRUG BOARD & COMMUNITY DRUG BOARD FOUNDATION TAX SHELTERED ANNUITY PLAN                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-1171699                                            |
| Part I                                                                                                                                                                                                                                                                                                                                               | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 35-0145825 35-1140070                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                              | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 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 ruling letter granting the waiver. Date: Month Day Year<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                             | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                              | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2017 v. 170203                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 0.0% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

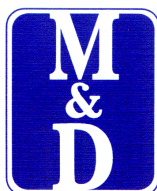
- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**COMMUNITY DRUG BOARD AND  
COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2017 AND 2016  
AND YEAR ENDED DECEMBER 31, 2017**



**McMANUS, DOSEN & CO.**  
*Certified Public Accountants*

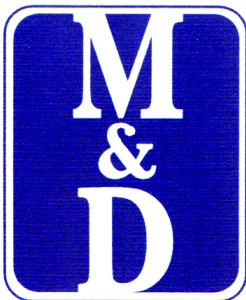
**COMMUNITY DRUG BOARD AND  
COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN**

**TABLE OF CONTENTS  
DECEMBER 31, 2017 AND 2016  
AND YEAR ENDED DECEMBER 31, 2017**

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# McMANUS, DOSEN & CO.

*Certified Public Accountants*

## **INDEPENDENT AUDITOR'S REPORT**

TO THE PARTICIPANTS AND PLAN ADMINISTRATOR  
COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Community Drug Board and Community Drug Board Foundation Tax Sheltered Annuity Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by American United Life Insurance Company and The Lincoln National Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2017 and for the year then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

***Other Matter – Supplemental Schedules***

The supplemental schedules as listed in the table of contents as of and for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

***Other Matter – 2016 Financial Statements***

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by American United Life Insurance Company and The Lincoln National Life Insurance Company, the custodians of the Plan. Their report, dated October 6, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodians, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



McMANUS, DOSEN & CO.  
Middleburg Heights, Ohio  
October 12, 2018

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION**  
**TAX SHELTERED ANNUITY PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2017**

---

| <b><u>ASSETS</u></b>                                                                 | <b><u>2017</u></b>         | <b><u>2016</u></b>         |
|--------------------------------------------------------------------------------------|----------------------------|----------------------------|
| INVESTMENTS, AT FAIR VALUE (Notes 1, 2, 3, 4 and 5). . . . .                         | <u>\$ 2,805,959</u>        | <u>\$ 2,544,290</u>        |
| FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS AT<br>CONTRACT VALUE (Note 6). . . . . | <u>326,130</u>             | <u>354,968</u>             |
| NOTES RECEIVABLE FROM PARTICIPANTS (Notes 1 and 2). . .                              | <u>41,740</u>              | <u>39,554</u>              |
| NET ASSETS AVAILABLE FOR BENEFITS . . . . .                                          | <u><u>\$ 3,173,829</u></u> | <u><u>\$ 2,938,812</u></u> |

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*The accompanying Notes to Financial Statements are an integral part of these statements.*

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION**  
**TAX SHELTERED ANNUITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2017**

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ADDITIONS:

Investment income (Note 3):

|                                                        |               |                |
|--------------------------------------------------------|---------------|----------------|
| Net appreciation in fair value of investments. . . . . | \$422,623     |                |
| Interest. . . . .                                      | <u>9,515</u>  |                |
| Net investment income . . . . .                        |               | \$ 432,138     |
| Interest income on notes receivable . . . . .          |               | 1,071          |
| Contributions (Note 1):                                |               |                |
| Participants. . . . .                                  | 170,860       |                |
| Participant rollovers. . . . .                         | <u>59,280</u> |                |
| Total contributions. . . . .                           |               | <u>230,140</u> |
| Total additions . . . . .                              |               | <u>663,349</u> |

DEDUCTIONS:

|                                        |               |                |
|----------------------------------------|---------------|----------------|
| Benefits paid to participants. . . . . | 417,250       |                |
| Administrative expenses . . . . .      | <u>11,082</u> |                |
| Total deductions . . . . .             |               | <u>428,332</u> |

NET INCREASE IN PLAN NET ASSETS. . . . . 235,017

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR. . . . 2,938,812

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR. . . . . \$3,173,829

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*The accompanying Notes to Financial Statements are an integral part of these statements.*

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION**  
**TAX SHELTERED ANNUITY PLAN**

**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2017 AND 2016 AND THE YEAR ENDED DECEMBER 31, 2017**

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1. DESCRIPTION OF PLAN

The following description of Community Drug Board and Community Drug Board Foundation Tax Sheltered Annuity Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of Community Drug Board, Community Drug Board Foundation, Community Health Center Foundation, and Ohio Multi-County Development Corporation (the "Organization"). Employees are eligible to participate in the Plan on their hire dates. In order to be eligible for employer contributions, participants must have reached the age of 21 and completed one year of service as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Participant Accounts – Each participant's account is credited with his or her elective deferrals, the Organization's discretionary matching contributions, and an allocation of the Organization's discretionary non-elective contributions, if any, and Plan earnings, and is charged with an allocation of administrative expenses. Upon enrollment in the Plan, participants may direct contributions among investment choices and may change their investment options on any normal business day. Allocations by the Plan are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions – Participants may make pre-tax contributions in any percentage of their compensation as defined by the Plan up to the maximum amount set by the law. Employees who become eligible to participate but do not enroll or opt out of the Plan are automatically enrolled to defer 3% of compensation as defined by the Plan on a pre-tax basis. The Plan allows for catch-up contributions for participants who attain the age of 50 before year end. The Organization may make discretionary matching and non-elective contributions. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code).

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Notes receivable terms range from 1 – 5 years, or longer for the purchase of a primary residence. Notes receivable are secured by the balances in the participants' accounts and bear interest at rates ranging from 3.25%, to 4.50% at December 31, 2017. Principal and interest are paid ratably through bi-weekly payroll deductions. All expenses associated with the establishment and administration of the loan will be paid by or charged to the participants' accounts. Repayments of principal and interest are credited to the participants' separate accounts within the funds as elected by the participants. Until such repayments are received, the notes receivable are accounted for in the participant loan fund.

Payment of Benefits – Benefits will be paid from the Plan in a lump-sum or installments upon the occurrence of any of the following events:

Retirement -- A participant, upon retirement from employment with the Organization at either normal retirement date (age 65) or at any time thereafter, shall be entitled to receive the entire balance in his or her account.

Disability -- In the event a participant becomes totally disabled, the participant shall be entitled to receive the entire balance in his or her account.

Death -- Upon death of a participant, the beneficiary of the participant shall be entitled to receive the entire balance in his or her account remaining at death.

In-Service Withdrawals – Upon attaining the age of 59½, a participant may take in-service withdrawals.

Termination of Employment -- Upon termination of employment with the Organization for any reason other than death, retirement, or total disability, a participant shall be entitled to the vested balance in his or her account. If the value of vested benefits credited to a participant's account is \$5,000 or less at the time of termination, the entire amount will automatically be distributed to the participant without the participant's consent in the form of a direct rollover to an individual retirement account as designated by the plan administrator.

Hardship – A participant shall be entitled to a hardship withdrawal of the participant's share of salary deferrals and rollover contributions after maximum participant loans have been withdrawn. The participant will not be allowed to make salary deferral contributions for a period of six months after receiving a hardship distribution.

Vesting – Each participant has a 100% non-forfeitable vested interest in his or her elective deferral contributions. Vesting in the participants' shares of the Organization's matching and non-elective contributions is based upon years of continuous service according to a six-year graduated scale. Participants will be 20% vested after two years of service and will vest an additional 20% for each year thereafter. A participant is 100% vested after six years of credited service or in the event of death, disability, or retirement.

Forfeitures – The Organization has the option to use forfeited employer contributions to reduce future employer contributions, pay Plan expenses, or allocate to participants in the same manner as employer non-elective contributions. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$14,634 and \$16,872, respectively. During 2017, \$8,298 of forfeited non-vested accounts were used to pay Plan expenses.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan’s investments are stated at fair value (except for fully-benefit responsive investment contracts, which are valued at contract value) (see Note 4). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan’s valuation policies utilizing information provided by the custodians. The change in the difference between fair value and the cost of investments and gain or loss on the sale of investments is reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments. The cost of investments sold is based on the average cost of the investments. Interest income is recorded on the accrual basis.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded at December 31, 2017 or 2016. If a participant ceases to make repayments and the plan administrator deems the note receivable to be in default, the balance on the note receivable is reclassified to benefits paid to participants in accordance with Plan provisions.

Benefit Payments – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participants’ accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Accounting Estimates – Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of changes in net assets. Actual results could vary from the estimates that were used.

### 3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

American United Life Insurance Company and The Lincoln National Life Insurance Company, the custodians of the Plan, held the Plan’s investment assets and executed transactions therein as of December 31, 2017 and 2016 and for the year ended December 31, 2017. The following is a summary of the Plan’s financial information certified by the custodians as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Plan assets certified by the trustee at December 31, 2017 and 2016 includes the following:

|                                               | December 31, |              |
|-----------------------------------------------|--------------|--------------|
|                                               | 2017         | 2016         |
| Investments, at fair value:                   |              |              |
| Pooled separate accounts                      | \$ 2,630,305 | \$ 2,392,505 |
| Mutual funds                                  | 175,654      | 151,785      |
| Fully benefit-responsive investment contracts | 326,130      | 354,968      |
| Notes receivable from participants            | 41,740       | 39,554       |

Plan income certified by the trustee for the year ended December 31, 2017 includes the following:

|                                                       |            |
|-------------------------------------------------------|------------|
| Investment income                                     | \$ 432,138 |
| Interest income on notes receivable from participants | 1,071      |

#### 4. VALUATION OF INVESTMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term) the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

*Mutual funds* – Valued at the net asset value of shares held by the plan at year-end, as measured on the active markets in which the investments are traded.

*Pooled separate accounts* – Valued at the net asset value of shares held by the Plan at year end. The net asset value, as provided by the custodian, is used as a practical expedient to estimate fair value. Net asset value is based on the quoted market prices of the underlying investments, net of insurance company fees and expenses, less their liabilities. The practical expedient is not used when it is determined to be probable that the accounts will sell the investments for an amount different than the reported net asset value.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

|                                               | Level 1           | Total               |
|-----------------------------------------------|-------------------|---------------------|
| <u>December 31, 2017</u>                      |                   |                     |
| Mutual funds                                  | \$ 175,654        | \$ 175,654          |
| Total investments in the fair value hierarchy | <u>\$ 175,654</u> | 175,654             |
| Investments measured at net asset value       |                   | <u>2,630,305</u>    |
| Total investments at fair value               |                   | <u>\$ 2,805,959</u> |
|                                               | Level 1           | Total               |
| <u>December 31, 2016</u>                      |                   |                     |
| Mutual funds                                  | \$ 151,785        | \$ 151,785          |
| Total investments in the fair value hierarchy | <u>\$ 151,785</u> | 151,785             |
| Investments measured at net asset value       |                   | <u>2,392,505</u>    |
| Total investments at fair value               |                   | <u>\$ 2,544,290</u> |

## 5. INVESTMENTS IN POOLED SEPARATE ACCOUNTS

The Plan holds investments in American United Life Insurance Company pooled separate accounts. There are no restrictions on transfers or withdrawals from these accounts. The investment strategies of the pooled separate accounts of the Plan are as follows:

Thornburg Limited Term Income R3 seeks as high a level of current income as the advisor believes is consistent with safety of capital with reducing changes in its share prices compared to longer term portfolios as a secondary goal by investing at least 65% of its net assets in obligations of the U.S. government, its agencies, and instrumentalities and debt obligations rated at the time of purchase.

PIMCO Real Return R seeks maximum real return, consistent with the preservation of capital and prudent investment management by investing at least 80% of its net assets in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or instrumentalities, and corporations.

Pioneer Bond A seeks current income and total return by investing at least 80% of its assets in debt securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities; investment grade debt securities of corporate or other issuers; and cash, cash equivalents, and other short-term holdings.

Franklin Strategic Income R seeks to earn a high level of current income with long-term capital appreciation as a secondary goal by investing at least 65% of its assets in U.S. and foreign debt securities, including those in emerging markets.

Templeton Global R seeks current income with capital appreciation and growth of income by investing at least 80% of its net assets in bonds.

Lord Abbett High Yield R3 seeks a high current income and the opportunity for capital appreciation to produce a high total return by investing at least 80% of its net assets in lower-rated debt securities, including corporate debt securities and securities that are convertible into common stock or have warrants to purchase common stock.

American Century Strat Allc: Agrsv A seeks the highest level of total return consistent with its asset mix. The fund's asset allocation strategy diversifies investments among equity securities, bonds, and money market instruments. It usually invests 79% of its assets in stocks, 20% of its assets in bonds, and 1% of its assets in cash equivalents.

American Century Strat Allc: Cnsrv A seeks the highest level of total return consistent with its asset mix. The fund's asset allocation strategy diversifies investments among equity securities, bonds, and money market instruments. It usually invests 45% of its assets in equities, 49% of its assets in bonds, and 6% of its assets in cash equivalents.

Janus Henderson Balanced R seeks long-term capital growth, consistent with the preservation of capital and balanced by current income by normally investing 35-65% of its assets in equity securities and the remaining assets in fixed-income securities and cash equivalents.

American Century Equity Income A seeks current income with capital appreciation as a secondary objective by investing in equity securities of companies with a favorable income-paying history that have prospects for income payments to continue or increase.

American Funds Washington Mutual R3 seeks to produce income and to provide an opportunity for growth of capital consistent with sound common stock investing by investing primarily in stocks of established companies that are listed on, or meet the financial listing requirements of, the New York Stock Exchange and have a strong record of earnings and dividends.

American Funds Fundamental Invs R3 seeks long-term growth of capital and income by investing primarily in common stocks of companies that appear to offer superior opportunities for capital growth and most of which have a history of paying dividends.

State Street Equity 500 Index R seeks to replicate as closely as possible, before expenses, the performance of the Standard & Poor's (S&P) 500 Index by investing in all stocks comprising the S&P 500 in approximate proportion to their weightings in the index.

Alger Capital Appreciation Instl R seeks long-term capital appreciation by investing at least 85% of its net assets in equity securities of companies of any market capitalization that the adviser believes demonstrate promising growth potential.

American Funds Growth Fund of Amer R3 seeks growth of capital by investing primarily in common stocks and seeks to invest in companies that appear to offer superior opportunities for growth of capital.

American Century Mid Cap Value A seeks long-term capital growth with income as a secondary consideration by investing at least 80% of the fund's net assets in medium sized companies.

Fidelity Advisor Leveraged Co Stk M seeks capital appreciation by investing at least 80% of assets in stocks.

T. Rowe Price Mid-Cap Growth R seeks long-term capital appreciation by investing at least 80% of its net assets in a diversified portfolio of common stocks of mid-cap companies whose earnings T. Rowe Price expects to grow at a faster rate than the average company.

American Century Small Cap Value A seeks long-term capital growth with income as a secondary consideration by investing at least 80% of the fund's net assets in small cap companies.

Fidelity Advisor Small Cap M seeks long-term growth of capital by investing at least 80% of its assets in securities of companies with small market capitalizations similar to companies in the Russell 2000 Index or the S&P Small Cap 600 Index.

Lord Abbett Developing Growth R3 seeks long-term growth of capital through a diversified and actively managed portfolio consisting of developing growth companies by investing in equity securities of companies the portfolio management team believes demonstrate above average long-term growth potential.

Oppenheimer Developing Markets A seeks capital appreciation by investing in common stocks of issuers in developing and emerging markets throughout the world and at times may invest up to 100% of its total assets in foreign securities.

Templeton Foreign R seeks long-term capital growth by investing at least 80% of its net assets in foreign securities.

American Funds EuroPacific Growth R3 seeks long-term growth of capital by investing primarily in common stocks of issuers in Europe and the Pacific Basin that the investment adviser believes have the potential for above average capital appreciation.

Oppenheimer International Growth A seeks capital appreciation by investing in the common stock of growth companies that are domiciled or have their primary operations outside of the United States.

American Funds Capital World Gr&Inc R3 seeks long-term growth of capital while providing current income by investing primarily in common stocks of well-established companies located around the world, many of which have the potential to pay dividends.

Goldman Sachs Technology Opps Svc seeks long-term growth of capital by investing at least 80% of its net assets in equity investments in technology companies.

Nuveen Real Estate Securities R3 seeks to provide above average current income and long-term capital appreciation by investing at least 80% of its net assets in income-producing common stocks of publicly traded companies engaged in the real estate industry.

American Century One Choice 2020, 2025, 2045, 2050, and 2055 A seek the highest total return consistent with their asset mixes by investing in American Century mutual funds that seek to achieve current income and capital appreciation with asset allocations associated with their approximate years of retirement.

American Century One Choice In Ret A seeks current income with capital appreciation as a secondary objective by investing in other American Century mutual funds with a combined asset mix of 45% equity securities, 45% fixed-income securities, and 10% cash equivalents.

T. Rowe Price Retirement 2015, 2025, 2030, 2035, 2040, 2045, 2050, 2055, and 2060 R seek the highest total return over time consistent with an emphasis on both capital growth and income by investing in T. Rowe Price mutual funds that seek to achieve current income and capital appreciation with asset allocations associated with their approximate years of retirement.

## 6. INVESTMENT CONTRACTS

The Plan has traditional fully benefit-responsive investment contracts with American United Life Insurance Company and The Lincoln National Life Insurance Company (the Custodians) totaling \$326,130 and \$354,968 at December 31, 2017 and 2016, respectively. The Custodians maintain the contributions in general accounts. The accounts are credited with interest and charged for participant withdrawals and administrative expenses. The Custodians are contractually obligated to repay the principal and interest credited to participants.

The contracts meet the fully benefit-responsive investment contract criteria and are therefore reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Custodians, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investments at contract value.

The Plan's ability to receive amounts due is dependent on the Custodians' abilities to meet their financial obligations. The Custodians' abilities to meet their financial obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the Custodians, such as partial or complete contract termination by the Plan. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

## 7. PLAN TERMINATION

Although they have not expressed an intent to do so, the Organization has the right, at any time, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

## 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## 9. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are managed by American United Life Insurance Company and The Lincoln National Life Insurance Company. American United Life Insurance Company and The Lincoln National Life Insurance Company are the custodians of the Plan and therefore these transactions qualify as party-in-interest transactions.

## 10. TAX MATTERS

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b).

Accounting principles generally accepted in the United State of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has determined that the Plan does not have any uncertain tax positions and the associated unrecognized benefits that materially impact the financial statements or related disclosures. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2014.

## 11. SUBSEQUENT EVENTS

Subsequent events are those events or transactions that occur following the statement of net assets available for benefits date, but before the financial statements are issued, or are available to be issued. FASB ASC Section 855, *Subsequent Events*, requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through October 15, 2018, which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL SCHEDULE**

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN  
EMPLOYER NO. 34-1171699, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF PERIOD)  
DECEMBER 31, 2017**

| (a) | (b) Identity of Issue,<br>Borrower, or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral, Par, or Maturity<br>Value | (d) Cost | (e) Current Value |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <u>Participant Loans</u>                             |                                                                                                                    |          |                   |
| *   | Participant Loans                                    | 3.25% - 4.50%                                                                                                      | \$ -     | \$ 41,740         |
|     | <u>Pooled Separate Accounts</u>                      |                                                                                                                    |          |                   |
| *   | American United Life                                 | American Century Strat Allc: Agrsv A                                                                               | **       | 410,487           |
| *   | American United Life                                 | Alger Capital Appreciation Instl R                                                                                 | **       | 200,686           |
| *   | American United Life                                 | American Funds Growth Fund of Amer R3                                                                              | **       | 187,322           |
| *   | American United Life                                 | American Century Mid Cap Value A                                                                                   | **       | 177,712           |
| *   | American United Life                                 | Oppenheimer Developing Markets A                                                                                   | **       | 140,234           |
| *   | American United Life                                 | Janus Henderson Balanced R                                                                                         | **       | 131,466           |
| *   | American United Life                                 | American Funds Fundamental Invs R3                                                                                 | **       | 126,185           |
| *   | American United Life                                 | American Funds Washington Mutual R3                                                                                | **       | 125,690           |
| *   | American United Life                                 | T. Rowe Price Mid-Cap Growth R                                                                                     | **       | 123,404           |
| *   | American United Life                                 | American Century Small Cap Value A                                                                                 | **       | 114,994           |
| *   | American United Life                                 | American Century Equity Income A                                                                                   | **       | 109,434           |
| *   | American United Life                                 | American Funds Capital World Gr&Inc R3                                                                             | **       | 99,189            |
| *   | American United Life                                 | State Street Equity 500 Index R                                                                                    | **       | 96,645            |
| *   | American United Life                                 | Franklin Strategic Income R                                                                                        | **       | 68,509            |
| *   | American United Life                                 | Templeton Foreign R                                                                                                | **       | 68,358            |
| *   | American United Life                                 | Pioneer Bond A                                                                                                     | **       | 60,207            |
| *   | American United Life                                 | American Funds EuroPacific Growth R3                                                                               | **       | 56,513            |
| *   | American United Life                                 | Thornburg Limited Term Income R3                                                                                   | **       | 47,173            |
| *   | American United Life                                 | Templeton Global Bond R                                                                                            | **       | 46,501            |
| *   | American United Life                                 | Fidelity Advisor Small Cap M                                                                                       | **       | 45,750            |
| *   | American United Life                                 | Oppenheimer International Growth A                                                                                 | **       | 39,429            |
| *   | American United Life                                 | Nuveen Real Estate Securities R3                                                                                   | **       | 30,439            |
| *   | American United Life                                 | Lord Abbett Developing Growth R3                                                                                   | **       | 29,046            |
| *   | American United Life                                 | American Century One Choice In Ret A                                                                               | **       | 19,788            |
| *   | American United Life                                 | T. Rowe Price Retirement 2030 R                                                                                    | **       | 16,820            |
| *   | American United Life                                 | Fidelity Advisor Leveraged Co Stk M                                                                                | **       | 11,033            |
| *   | American United Life                                 | American Century One Choice 2025 A                                                                                 | **       | 8,990             |
| *   | American United Life                                 | Goldman Sachs Technology Opps Svc                                                                                  | **       | 6,388             |
| *   | American United Life                                 | American Century Strat Allc: Cnsrv A                                                                               | **       | 5,032             |
| *   | American United Life                                 | American Century One Choice 2045 A                                                                                 | **       | 4,809             |
| *   | American United Life                                 | PIMCO Real Return R                                                                                                | **       | 4,476             |
| *   | American United Life                                 | T. Rowe Price Retirement 2040 R                                                                                    | **       | 4,231             |
| *   | American United Life                                 | T. Rowe Price Retirement 2025 R                                                                                    | **       | 3,674             |
| *   | American United Life                                 | T. Rowe Price Retirement 2015 R                                                                                    | **       | 2,658             |
| *   | American United Life                                 | Lord Abbett High Yield R3                                                                                          | **       | 1,677             |
| *   | American United Life                                 | T. Rowe Price Retirement 2060 R                                                                                    | **       | 1,298             |
| *   | American United Life                                 | T. Rowe Price Retirement 2055 R                                                                                    | **       | 1,124             |
| *   | American United Life                                 | T. Rowe Price Retirement 2045 R                                                                                    | **       | 1,019             |
| *   | American United Life                                 | American Century One Choice 2020 A                                                                                 | **       | 695               |
| *   | American United Life                                 | T. Rowe Price Retirement 2035 R                                                                                    | **       | 607               |

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN  
EMPLOYER NO. 34-1171699, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF PERIOD) (CONTINUED)  
DECEMBER 31, 2017**

| (a)                                         | (b) Identity of Issue,<br>Borrower, or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral, Par, or Maturity<br>Value | (d) Cost | (e) Current Value   |
|---------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|---------------------|
| <u>Pooled Separate Accounts (Continued)</u> |                                                      |                                                                                                                    |          |                     |
| *                                           | American United Life                                 | American Century One Choice 2050 A                                                                                 | **       | 242                 |
| *                                           | American United Life                                 | American Century One Choice 2055 A                                                                                 | **       | 191                 |
| *                                           | American United Life                                 | T. Rowe Price Retirement 2050 R                                                                                    | **       | 180                 |
|                                             |                                                      |                                                                                                                    |          | <u>2,630,305</u>    |
| <u>Mutual Funds</u>                         |                                                      |                                                                                                                    |          |                     |
|                                             | Lincoln National Life                                | Fidelity Asset Manager                                                                                             | **       | 1,443               |
|                                             | Lincoln National Life                                | Fidelity Contrafund Portfolio                                                                                      | **       | 1,494               |
|                                             | Lincoln National Life                                | Fidelity Growth Portfolio                                                                                          | **       | 15,098              |
|                                             | Lincoln National Life                                | Janus Henderson Global Research                                                                                    | **       | 14                  |
| *                                           | Lincoln National Life                                | Lincoln VIP Bond Fund                                                                                              | **       | 2,339               |
| *                                           | Lincoln National Life                                | LVIP Dimensional US Core Equity 1                                                                                  | **       | 1,521               |
| *                                           | Lincoln National Life                                | Lincoln VIP Social Awareness                                                                                       | **       | 23,003              |
| *                                           | Lincoln National Life                                | LVIP Baron Grth Opportunities                                                                                      | **       | 32                  |
| *                                           | Lincoln National Life                                | LVIP Global Growth Allocation Mr                                                                                   | **       | 5,255               |
| *                                           | Lincoln National Life                                | LVIP Global Moderate Allocation Mr                                                                                 | **       | 2,092               |
| *                                           | Lincoln National Life                                | LVIP SSGA S&P 500 Index                                                                                            | **       | 40,539              |
| *                                           | Lincoln National Life                                | LVIP SSGA Small-Cap Index                                                                                          | **       | 16,329              |
| *                                           | Lincoln National Life                                | LVIP T. Rowe Price Structured                                                                                      | **       | 15,572              |
|                                             | Lincoln National Life                                | NB Amt Large Cap Value                                                                                             | **       | 7                   |
|                                             | Lincoln National Life                                | T. Rowe Price International Stock                                                                                  | **       | 6,106               |
|                                             | Lincoln National Life                                | AB VPS Global Thematic                                                                                             | **       | 24                  |
|                                             | Lincoln National Life                                | Alliance Bernstein VPS Growth                                                                                      | **       | 14                  |
|                                             | Lincoln National Life                                | American Century VP Balanced                                                                                       | **       | 31,949              |
|                                             | Lincoln National Life                                | American Funds Growth Fund                                                                                         | **       | 6,634               |
|                                             | Lincoln National Life                                | American Funds Growth-Income                                                                                       | **       | 99                  |
|                                             | Lincoln National Life                                | American Funds International                                                                                       | **       | 1,148               |
|                                             | Lincoln National Life                                | Delaware VIP DVRS Income                                                                                           | **       | 2,484               |
|                                             | Lincoln National Life                                | Delaware VIP High Yield Series                                                                                     | **       | 87                  |
|                                             | Lincoln National Life                                | Delaware VIP REIT Series                                                                                           | **       | 70                  |
|                                             | Lincoln National Life                                | Delaware VIP Small Cap Value                                                                                       | **       | 689                 |
|                                             | Lincoln National Life                                | Delaware WIP SMID Cap Growth                                                                                       | **       | 1,612               |
|                                             |                                                      |                                                                                                                    |          | <u>175,654</u>      |
| <u>Investment Contracts</u>                 |                                                      |                                                                                                                    |          |                     |
| *                                           | American United Life                                 | AUL Fixed Account                                                                                                  | **       | 92,245              |
| *                                           | Lincoln National Life                                | Lincoln Fixed Account                                                                                              | **       | 233,885             |
|                                             |                                                      |                                                                                                                    |          | <u>326,130</u>      |
|                                             |                                                      |                                                                                                                    |          | <u>\$ 3,173,829</u> |
| *                                           | - Represents party in interest transactions          |                                                                                                                    |          |                     |
| **                                          | - Costs omitted for participant-directed investments |                                                                                                                    |          |                     |

## Multiple Employer Plan Participating Employer Information

**Community Drug Board & Community Drug Board Foundation Tax Sheltered Annuity Plan**

EIN: 34-1171699

PN: 001

| Participating Employer                                   | EIN        | % of Total Contributions |
|----------------------------------------------------------|------------|--------------------------|
| Community Drug Board and Community Drug Board Foundation | 34-1171699 | 2.95%                    |
| Community Health Center Foundation                       | 34-1500445 | 97.05%                   |
| Ohio Multi-County Development Corporation                | 03-0461881 | 0.00%                    |

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN  
EMPLOYER NO. 34-1171699, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF PERIOD)  
DECEMBER 31, 2017**

| (a) | (b) Identity of Issue,<br>Borrower, or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral, Par, or Maturity<br>Value | (d) Cost | (e) Current Value |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <u>Participant Loans</u>                             |                                                                                                                    |          |                   |
| *   | Participant Loans                                    | 3.25% - 4.50%                                                                                                      | \$ -     | \$ 41,740         |
|     | <u>Pooled Separate Accounts</u>                      |                                                                                                                    |          |                   |
| *   | American United Life                                 | American Century Strat Allc: Agrsv A                                                                               | **       | 410,487           |
| *   | American United Life                                 | Alger Capital Appreciation Instl R                                                                                 | **       | 200,686           |
| *   | American United Life                                 | American Funds Growth Fund of Amer R3                                                                              | **       | 187,322           |
| *   | American United Life                                 | American Century Mid Cap Value A                                                                                   | **       | 177,712           |
| *   | American United Life                                 | Oppenheimer Developing Markets A                                                                                   | **       | 140,234           |
| *   | American United Life                                 | Janus Henderson Balanced R                                                                                         | **       | 131,466           |
| *   | American United Life                                 | American Funds Fundamental Invs R3                                                                                 | **       | 126,185           |
| *   | American United Life                                 | American Funds Washington Mutual R3                                                                                | **       | 125,690           |
| *   | American United Life                                 | T. Rowe Price Mid-Cap Growth R                                                                                     | **       | 123,404           |
| *   | American United Life                                 | American Century Small Cap Value A                                                                                 | **       | 114,994           |
| *   | American United Life                                 | American Century Equity Income A                                                                                   | **       | 109,434           |
| *   | American United Life                                 | American Funds Capital World Gr&Inc R3                                                                             | **       | 99,189            |
| *   | American United Life                                 | State Street Equity 500 Index R                                                                                    | **       | 96,645            |
| *   | American United Life                                 | Franklin Strategic Income R                                                                                        | **       | 68,509            |
| *   | American United Life                                 | Templeton Foreign R                                                                                                | **       | 68,358            |
| *   | American United Life                                 | Pioneer Bond A                                                                                                     | **       | 60,207            |
| *   | American United Life                                 | American Funds EuroPacific Growth R3                                                                               | **       | 56,513            |
| *   | American United Life                                 | Thornburg Limited Term Income R3                                                                                   | **       | 47,173            |
| *   | American United Life                                 | Templeton Global Bond R                                                                                            | **       | 46,501            |
| *   | American United Life                                 | Fidelity Advisor Small Cap M                                                                                       | **       | 45,750            |
| *   | American United Life                                 | Oppenheimer International Growth A                                                                                 | **       | 39,429            |
| *   | American United Life                                 | Nuveen Real Estate Securities R3                                                                                   | **       | 30,439            |
| *   | American United Life                                 | Lord Abbett Developing Growth R3                                                                                   | **       | 29,046            |
| *   | American United Life                                 | American Century One Choice In Ret A                                                                               | **       | 19,788            |
| *   | American United Life                                 | T. Rowe Price Retirement 2030 R                                                                                    | **       | 16,820            |
| *   | American United Life                                 | Fidelity Advisor Leveraged Co Stk M                                                                                | **       | 11,033            |
| *   | American United Life                                 | American Century One Choice 2025 A                                                                                 | **       | 8,990             |
| *   | American United Life                                 | Goldman Sachs Technology Opps Svc                                                                                  | **       | 6,388             |
| *   | American United Life                                 | American Century Strat Allc: Cnsrv A                                                                               | **       | 5,032             |
| *   | American United Life                                 | American Century One Choice 2045 A                                                                                 | **       | 4,809             |
| *   | American United Life                                 | PIMCO Real Return R                                                                                                | **       | 4,476             |
| *   | American United Life                                 | T. Rowe Price Retirement 2040 R                                                                                    | **       | 4,231             |
| *   | American United Life                                 | T. Rowe Price Retirement 2025 R                                                                                    | **       | 3,674             |
| *   | American United Life                                 | T. Rowe Price Retirement 2015 R                                                                                    | **       | 2,658             |
| *   | American United Life                                 | Lord Abbett High Yield R3                                                                                          | **       | 1,677             |
| *   | American United Life                                 | T. Rowe Price Retirement 2060 R                                                                                    | **       | 1,298             |
| *   | American United Life                                 | T. Rowe Price Retirement 2055 R                                                                                    | **       | 1,124             |
| *   | American United Life                                 | T. Rowe Price Retirement 2045 R                                                                                    | **       | 1,019             |
| *   | American United Life                                 | American Century One Choice 2020 A                                                                                 | **       | 695               |
| *   | American United Life                                 | T. Rowe Price Retirement 2035 R                                                                                    | **       | 607               |

**COMMUNITY DRUG BOARD AND COMMUNITY DRUG BOARD FOUNDATION  
TAX SHELTERED ANNUITY PLAN  
EMPLOYER NO. 34-1171699, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF PERIOD) (CONTINUED)  
DECEMBER 31, 2017**

| (a)                                         | (b) Identity of Issue,<br>Borrower, or Similar Party | (c) Description of Investment, including Maturity<br>Date, Rate of Interest, Collateral, Par, or Maturity<br>Value | (d) Cost | (e) Current Value   |
|---------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|---------------------|
| <u>Pooled Separate Accounts (Continued)</u> |                                                      |                                                                                                                    |          |                     |
| *                                           | American United Life                                 | American Century One Choice 2050 A                                                                                 | **       | 242                 |
| *                                           | American United Life                                 | American Century One Choice 2055 A                                                                                 | **       | 191                 |
| *                                           | American United Life                                 | T. Rowe Price Retirement 2050 R                                                                                    | **       | 180                 |
|                                             |                                                      |                                                                                                                    |          | <u>2,630,305</u>    |
| <u>Mutual Funds</u>                         |                                                      |                                                                                                                    |          |                     |
|                                             | Lincoln National Life                                | Fidelity Asset Manager                                                                                             | **       | 1,443               |
|                                             | Lincoln National Life                                | Fidelity Contrafund Portfolio                                                                                      | **       | 1,494               |
|                                             | Lincoln National Life                                | Fidelity Growth Portfolio                                                                                          | **       | 15,098              |
|                                             | Lincoln National Life                                | Janus Henderson Global Research                                                                                    | **       | 14                  |
| *                                           | Lincoln National Life                                | Lincoln VIP Bond Fund                                                                                              | **       | 2,339               |
| *                                           | Lincoln National Life                                | LVIP Dimensional US Core Equity 1                                                                                  | **       | 1,521               |
| *                                           | Lincoln National Life                                | Lincoln VIP Social Awareness                                                                                       | **       | 23,003              |
| *                                           | Lincoln National Life                                | LVIP Baron Grth Opportunities                                                                                      | **       | 32                  |
| *                                           | Lincoln National Life                                | LVIP Global Growth Allocation Mr                                                                                   | **       | 5,255               |
| *                                           | Lincoln National Life                                | LVIP Global Moderate Allocation Mr                                                                                 | **       | 2,092               |
| *                                           | Lincoln National Life                                | LVIP SSGA S&P 500 Index                                                                                            | **       | 40,539              |
| *                                           | Lincoln National Life                                | LVIP SSGA Small-Cap Index                                                                                          | **       | 16,329              |
| *                                           | Lincoln National Life                                | LVIP T. Rowe Price Structured                                                                                      | **       | 15,572              |
|                                             | Lincoln National Life                                | NB Amt Large Cap Value                                                                                             | **       | 7                   |
|                                             | Lincoln National Life                                | T. Rowe Price International Stock                                                                                  | **       | 6,106               |
|                                             | Lincoln National Life                                | AB VPS Global Thematic                                                                                             | **       | 24                  |
|                                             | Lincoln National Life                                | Alliance Bernstein VPS Growth                                                                                      | **       | 14                  |
|                                             | Lincoln National Life                                | American Century VP Balanced                                                                                       | **       | 31,949              |
|                                             | Lincoln National Life                                | American Funds Growth Fund                                                                                         | **       | 6,634               |
|                                             | Lincoln National Life                                | American Funds Growth-Income                                                                                       | **       | 99                  |
|                                             | Lincoln National Life                                | American Funds International                                                                                       | **       | 1,148               |
|                                             | Lincoln National Life                                | Delaware VIP DVRS Income                                                                                           | **       | 2,484               |
|                                             | Lincoln National Life                                | Delaware VIP High Yield Series                                                                                     | **       | 87                  |
|                                             | Lincoln National Life                                | Delaware VIP REIT Series                                                                                           | **       | 70                  |
|                                             | Lincoln National Life                                | Delaware VIP Small Cap Value                                                                                       | **       | 689                 |
|                                             | Lincoln National Life                                | Delaware WIP SMID Cap Growth                                                                                       | **       | 1,612               |
|                                             |                                                      |                                                                                                                    |          | <u>175,654</u>      |
| <u>Investment Contracts</u>                 |                                                      |                                                                                                                    |          |                     |
| *                                           | American United Life                                 | AUL Fixed Account                                                                                                  | **       | 92,245              |
| *                                           | Lincoln National Life                                | Lincoln Fixed Account                                                                                              | **       | 233,885             |
|                                             |                                                      |                                                                                                                    |          | <u>326,130</u>      |
|                                             |                                                      |                                                                                                                    |          | <u>\$ 3,173,829</u> |
| *                                           | - Represents party in interest transactions          |                                                                                                                    |          |                     |
| **                                          | - Costs omitted for participant-directed investments |                                                                                                                    |          |                     |