_	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
Inte	Department of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the	058(a) of the Internal This Form is C					
	Benefit Guaranty Corporation	 Complete all entries in a 	Ϋ́Υ,	,	500-SF.	Public Inspection				
Part I		Identification Information								
For calence	dar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018	land the base and a track of				
A This re	eturn/report is for:	 X a single-employer plan ☐ a one-participant plan 	list of participating employer information in accordance with the form instructions.)							
B This ret	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	1 ,							
Part II		rmation—enter all requested info	ormation		1b Thus	- 11-11				
1a Name	e of plan JE PHARMACY 401(K)	PLAN			1b Three plan	e-digit number				
			(PN)							
			1c Effec	tive date of plan 01/01/2017						
Mailin	ig address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	2b Employer Identification Number (EIN) 20-2904092					
,	JE PHARMACY		ai code (il loreign, see ins		2c Spor	nsor's telephone number 509-624-3017				
					2d Business code (see instructions)					
6 EAST 1ST SPOKANE,						446110				
3a Plan a	administrator's name an	nd address 🛛 Same as Plan Spon	isor.		3b Administrator's EIN					
					3c Admi	nistrator's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
•	sor's name			the last return report.	4d PN					
5a Total	number of participants	at the beginning of the plan year			5a	30				
		at the end of the plan year			5b	33				
C Numb	ber of participants with a	account balances as of the end of t	he plan year (only define	d contribution plans	5c	31				
d(1) Tot	tal number of active par	rticipants at the beginning of the pla	an year		5d(1)	27				
• •		rticipants at the end of the plan yea			5d(2)	25				
 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca 					5e	3				
		or incomplete filing of this return ner penalties set forth in the instruc								
SB or Sch		nd signed by an enrolled actuary, a								
SIGN HERE	Filed with authorized/	valid electronic signature.	04/30/2019	SHELLY LELAND						
	Signature of plan a	dministrator	Date	Enter name of individ	lual signing a	as plan administrator				
SIGN HERE										
	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2018)				
i or i aperw	Terr Reduction Act NOLC	o, see the manufulution for Form 3300				v.171027				

6a b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	C 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.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	373456	589148						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	373456	589148						
0	Income Evenence, and Transfore for this Dian Veer		(a) Amount	(h) Tatal						

8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:	0-(4)	1	22077			
	(1) Employers	8a(1)		92877 29196	-		
	(2) Participants	8a(2)	14		-		
-	(3) Others (including rollovers)	8a(3)		2708			
	Other income (loss)	8b	-,	37759			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					287022
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(64311	_		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		7019			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h						71330
i	Net income (loss) (subtract line 8h from line 8c)	8i					215692
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics		-				
9a							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	tic Cod	les in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х	
b	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X	
С	Was the plan covered by a fidelity bond?			10c	Х		75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)						961
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х	

h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			
	exceptions to providing the notice applied under 29 CER 2520 101-3	10i		1

Page **3-** 1

Part	VI	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Ann	ual Return/Repo	rt of Small Employe	OMB Nos. 1210-0110
Department of the Treasury Internal Revenue Service		Benefit Plar	1	1210-0089
Department of Labor	This form is required to be fil Income Security Act of 197	ed under sections 104 an 4 (ERISA), and sections f	d 4065 of the Employee Retiren 3057(b) and 6058(a) of the Intern	nent 2018
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Co	ode).	This Form is Open to
	Complete all entries in	accordance with the in	structions to the Form 5500-S	F. Public Inspection
For calendar plan year 2018 or fis	denuncation information	n		
		01/01/2018	and ending	12/31/2018
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating a foreign plan	plan (not multiemployer) (Filers employer information in accorda	checking this box must attach a ince with the form instructions.)
B This return/report is				
	the first return/report	the final return/repor	t	
	an amended return/report	a short plan year ret	urn/report (less than 12 months))
C Check box if filing under:	Form 5558	automatic extension		
	special extension (enter desc			VC program
Part II Basic Plan Infor	mation—enter all requested in			
1a Name of plan		ionnation	44	
1st Avenue Pharmac	y 401(k) Plan		10	Three-digit plan number
				(PN) ▶ 001
			1c	Effective date of plan
2a Plan sponsor's name (employe	er, if for a single-employer plan)			01/01/2017
Mailing address (include room.	apt, suite no and street or P (D. Box)	20	Employer Identification Number (EIN) 20-2904092
1st Avenue Pharmac	country, and ZIP or foreign post	al code (if foreign, see ins	structions)	Sponsor's telephone number
	1			509-624-3017
6 East 1st Avenue			2d	Business code (see instructions)
Spokane				
	WA 9920	N670		446110
3a Plan administrator's name and	address X Same as Plan Spor	nsor.	3b /	Administrator's EIN
			0	
			30	Administrator's telephone number
4 If the name and/or EIN of the p	lan sponsor or the plan name ha	is changed since the last	roturn/ronact filed for	
and plant enter the plan spons	or's name, EIN, the plan name a	nd the plan number from	the last return/report. 4b is	EIN
a Sponsor's name C Plan Name			4d 1	PN
5a Total number of participants at	the beginning of the plan			
 5a Total number of participants at b Total number of participants at 	the end of the plan year		<u>5a</u>	50
• Number of participants with acc	the end of the plan year	he plan weer (and def		33
complete this item)			50	31
d(1) Total number of active partic	ipants at the beginning of the pla	in year	5d(1	
a(2) Total number of active partic	ipants at the end of the plan yea	r	50/2	
C Number of participarits who ter	minated employment during the	nion yoor with second t	C 1 11 1	
				3
Under penalties of perjury and other SB or Schedule MB completed and s	penalties set forth in the instruct	ions, I declare that I have	examined this return/report, inc	stablished.
SB or Schedule MB completed and spelief, it is true, correct, and completed	a A A A A A A A A A A A A A A A A A A A	s well as the electronic ve	rsion of this return/report, and to	the best of my knowledge and
5.00 -	Dring	4/30/19	Shelly Leland	
			-	
	histrator	Date	Enter name of individual start	
HERE Signature of plan administration	20	Date 4120119	Enter name of individual signi	ng as plan administrator
SIGN HERE SIGN HERE SIGN HERE Signature of employer For Paperwork Reduction Act Notice, s	eland /plan sponsor	4130/19	Shelly Leland	ing as plan administrator ng as employer or plan sponsor

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٧.	1	7	1	0	27

Form 5500-SF (2018)

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Page	
auc	~

6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and condition	dent qualified public	accoun	tant (I	QPA)		X Ye	
c	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance pro	ogram (see ERISA s	ection 4	4021)?	۰ [Yes DNo	Not dei . (See instr	
Pa	art III Financial Information					_			
7	Plan Assets and Liabilities	5.005	(a) Beginning	of Yea	r		(b) End	of Year	
a	Total plan assets	. 7a		373,					89,148
b	Total plan liabilities	. 7b			0				(
C	Net plan assets (subtract line 7b from line 7a)	. 7c		373,	456			5	89,148
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) 1		
a	Contributions received or receivable from: (1) Employers	. 8a(1)		192,	877			otai	
	(2) Participants			129,	196	1993			1. 4 1 × 1
_	(3) Others (including rollovers)	8a(3)		2,	708	Charles .		0000-	
b	Other income (loss)	8b		-37,	759			S.F. State	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the second s	-	233			2	87,022
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		64,	311		The second		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			100 A 100	Vale 2
f	Administrative service providers (salaries, fees, commissions)	8f		7,	019			1999	2.2.2.2.
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1000					71,330
i	Net income (loss) (subtract line 8h from line 8c)	8i		NU LOUR CASE			215,69		
j	Transfers to (from) the plan (see instructions)	8j		0				75-13-	
Par	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2F 2G 3D 2T								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	tic Coo	des in the instru	ctions:	
Par	t V Compliance Questions	1.1							
10	During the plan year:				Yes	No		mount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction			x		anount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10a		х			
С					v				
d		fidelity bond	that was caused	10c	Х	х			75,000
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance	10d	x				961
f	Has the plan failed to provide any benefit when due under the plan	n?		106		х		-	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-end	l.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ons and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you ofther provided the				-	_			

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

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10i