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C Plan Name 5a Total number of participants at the beginning of the plan year	this pla	an, enter the plan spor									
5a Total number of participants at the beginning of the plan year 5a 8 b Total number of participants at the end of the plan year 5b 7 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 7 d(1) Total number of active participants at the beginning of the plan year 5d(1) 8 d(2) Total number of active participants at the end of the plan year 5d(2) 7 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5de 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/01/2019 MARTIN F. KELLY HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	•					40 PN					
b Total number of participants at the end of the plan year 5b 7 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 7 d(1) Total number of active participants at the beginning of the plan year 5d(1) 8 d(2) Total number of active participants at the beginning of the plan year 5d(2) 7 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN Filed with authorized/valid electronic signature. 10/01/2019 MARTIN F. KELLY HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total n	umber of participants	at the beginning of the plan year			5a	8				
complete this item) 3C 7 d(1) Total number of active participants at the beginning of the plan year 5d(1) 8 d(2) Total number of active participants at the end of the plan year 5d(2) 7 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN Filed with authorized/valid electronic signature. 10/01/2019 MARTIN F. KELLY HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						5b	7				
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than 100% vested Jee 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN HERE Filed with authorized/valid electronic signature. 10/01/2019 MARTIN F. KELLY Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	••						7				
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SB or Schedule MB completed and signed by an enrolled actuary, 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. SIGN HERE Filed with authorized/valid electronic signature. 10/01/2019 MARTIN F. KELLY Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cau						
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				10/01/2019	MARTIN F. KELLY						
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				Date	Enter name of individu	ual signing	as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	·				2 0					
	HERE				Enter name of individu	ual signing	as employer or plan sponsor				

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

Form 5500-SF (2018) v.171027

			/ -				X Yes 🗌 No			
-	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
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									
	· · · · · · · · · · · · · · · · · · ·		5 1	,			(,			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
a	Total plan assets	7a	20	67454			262103			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	20	67454			262103			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		21471						
	(2) Participants	8a(2)		35893						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-	11587						
С	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c						45777			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	47652						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3476						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					51128			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-5351			
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics	9								
9a		feature co	des from the List of Pla	an Chai	racteris	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:			
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
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)			10a		Х				
r	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10h		х				

reported on line 10a.)..... C Was the plan covered by a fidelity bond?.....

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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.).....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.<u>)</u>_____

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

е

i

by fraud or dishonesty?.....

10b

10c

10d

10e

10f

10g

10h

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Page **3-** 1

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)				C	Ye	1 🗌 a	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA?			f 		Ye	s 🗌 I	No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.				e of the le		uling	_
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter	the minimum required contribution for this plan year		12b					
c	Enter	the amount contributed by the employer to the plan for this plan year		12c					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									0
e	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?			Y	es X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou rol of the PBGC?				Yes	×	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13	c(3)	PN(s)	

Form 5500-SF		Benefit Plan	of Small Employee	1210-
Internel Revenue Service	This form is required to be fill	led under sections 104 and 4	065 of the Employee Retirement	2018
Department of Labor Employee Benefits Security Administration		Revenue Code (the Code)	7(b) and 6058(a) of the Internal).	This Form is Open
Pension Banefit Guaranty Corporation	Complete all entries in	ac <u>cordance with</u> the instra	uctions to the Form 5500-SF.	Public Inspection
	t Identification Information	h		
For calendar plan year 2018 or t		01/01/2018		/31/2018
A This return/report is for:	X a single-employer plan	list of participating em	in (not multiemployer) (Filers che ployer information in accordance	
B This return/report is	a one-participant plan	a foreign plan		
D This retain/report is	the first return/report	the final return/report	,	
· .	an amended return/report	a short plan year return	/report (less than 12 months)	
C Check box if filing under:	X Form \$558	automatic extension		program
	special extension (enter des	cription)		
Basic Plan Inf	ormation-enter all requested i	nformation		
1a Name of plan			1b Th	
Kellys Pharmacy	Inc 401 (k) Profit S	haring Plan and T		n number N) ▶ 001_
				ective date of plan
		·		./01/2012
Mailing address (include ro	over, if for a single-employer plan om, apt., suite no. and street, or P	O, Box)	í (El	ployer identification Number N) 80 - 0749779
Kellys Pharmacy	ce, country, and ZIP or foreign po Inc	stal coge (il toreign, see instr	uctions) 2c Sp	onsor's telephone number
a a				8-966-4800
PO Box 422			ZC Bu	siness code (see instruction
Greenville	NY 120	283	42	4210
3a Plan administrator's name a	and address 🕅 Same as Plan Sp			ministrator's EIN
4 If the name and/or EIN of the	he plan sponsor or the plan name	has changed since the last re	sturn/report filed for 4b Eil	<u> </u>
	onsor's name, EIN, the plan name			
	ts at the beginning of the plan year			
	is at the end of the plan year h account balances as of the end of		Apptribution bland	·
	in account parameters as of the end (· · · · · · · · · · · · · · · · · · ·
d(1) Total number of active p	articipants at the beginning of the	plan year		
	participants at the end of the plan y			
9 Number of participants wh than 100% vested	to terminated employment during t	the plan year with accrued be	nefits that were less 5e	
Caution: A penalty for the late	e or incomplete filing of this retu	um/report will be assessed	unless reasonable cause is es	abilshed.
Under penalties of perjury and (other penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I have	examined this return/report, inclu	iding, if applicable, a Schei
SIGN //MM	M HIGIR	10/1/19	MARTIN F. KELLY	
Signature of plan	administrator	Date	Enter name of individual signin	g as plan administrator
sign AMMU	In Thilly	10/1/19	Mantan F	h/17
	loyer/plan/sponsor	Date	Enter name of individual signin	g as employer or plan spo
Signature of emp				Form 6500-SF (
For Paperwork Reduction Act Not	uce, see the instructions for Fornips			
Signature of entp	uce, see the instructions for Formos			¥.1
Signature of entp	uce, see the instructions for Forings			•, i

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
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	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				
а	Total plan assets	7a	267,454		262,103				
b	Total plan liabilities	7b							

b Total plan liabilities	. 7b		
c Net plan assets (subtract line 7b from line 7a)	. 7c	267,454	262,103
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:(1) Employers	. 8a(1)	21,471	
(2) Participants	. 8a(2)	35,893	
(3) Others (including rollovers)	. 8a(3)		
b Other income (loss)		-11,587	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		45,775
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	47,652	
e Certain deemed and/or corrective distributions (see instructions)	. 8e		
f Administrative service providers (salaries, fees, commissions)	. 8f	3,476	
g Other expenses	. 8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)			51,128
i Net income (loss) (subtract line 8h from line 8c)	. 8i		-5,351
Transfers to (from) the plan (see instructions)	. 8i		

2E 2F 2G 2H 2J 3D

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

Part	V Compliance Questions				
10	During the plan year:				Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		20,000
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		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х		454
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as 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		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3-

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			В	Yes [No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ERI	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the 0 SA?				X Yes	No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.	Month	l enter t _ Day		of the letter ruling _ Year	g
If	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Ente	the minimum required contribution for this plan year		12b			
С		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			0
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/	A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	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 brouter of the PBGC?				Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred.	tify the plan(s)	to			
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s	S)