

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
---	---	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> the final 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 type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> special extension (enter description)
<input type="checkbox"/> the DFVC program;	

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information								
<b>1a</b> Name of plan RUSSELL & LAWRIE PHARMACY PROFIT SHARING PLAN AND TRUST	<table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td>01/01/1997</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	001	<b>1c</b> Effective date of plan	01/01/1997				
<b>1b</b> Three-digit plan number (PN) ►	001								
<b>1c</b> Effective date of plan	01/01/1997								
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) D&N DRUGS INC RUSSELL & LAWRIE PHARMACY  7 WOODSFORDS BND BRIARCLIFF, NY 10510	<table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td>13-3078980</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td>914-923-3611</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td>446110</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN)	13-3078980	<b>2c</b> Sponsor's telephone number	914-923-3611	<b>2d</b> Business code (see instructions)	446110		
<b>2b</b> Employer Identification Number (EIN)	13-3078980								
<b>2c</b> Sponsor's telephone number	914-923-3611								
<b>2d</b> Business code (see instructions)	446110								

**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.	05/12/2010	NEIL NORWOOD
	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

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") D&N DRUGS INC  7 WOODSFORDS BND BRIARCLIFF, NY 10510	<b>3b</b> Administrator's EIN 13-3078980  <b>3c</b> Administrator's telephone number 914-923-3611
--	---

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
---	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	13
---	----------	----

<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	0
<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>	13
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	13
<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>	13
<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>	13
<b>h</b> Number of participants that 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>	
--	----------	--

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
<b>(1)</b> <input type="checkbox"/> Insurance	<b>(1)</b> <input type="checkbox"/> Insurance
<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts
<b>(3)</b> <input checked="" type="checkbox"/> Trust	<b>(3)</b> <input checked="" type="checkbox"/> Trust
<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<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)** ☐ **A** (Insurance Information)  
**(4)** ☐ **C** (Service Provider Information)  
**(5)** ☐ **D** (DFE/Participating Plan Information)  
**(6)** ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
	<div>A Name of plan</div> <div>RUSSELL &amp; LAWRIE PHARMACY PROFIT SHARING PLAN AND TRUST</div>	<div>B Three-digit plan number (PN)</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>D&amp;N DRUGS INC</div>	<div>D Employer Identification Number (EIN)</div> <div>13-3078980</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets .....	1a	20756	20571
b Total plan liabilities .....	1b	0	0
c Net plan assets (subtract line 1b from line 1a).....	1c	20756	20571
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers .....	2a(1)	0	
(2) Participants.....	2a(2)	0	
(3) Others (including rollovers) .....	2a(3)	0	
b Noncash contributions.....	2b	0	
c Other income.....	2c	37103	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		37103
e Benefits paid (including direct rollovers) .....	2e	575932	
f Corrective distributions (see instructions) .....	2f	0	
g Certain deemed distributions of participant loans (see instructions) .....	2g	0	
h Administrative service providers (salaries, fees, and commissions).....	2h	0	
i Other expenses.....	2i	875	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	2j		576807
k Net income (loss) (subtract line 2j from line 2d).....	2k		-539704
l Transfers to (from) the plan (see instructions) .....	2l		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests.....	3a	X	0
b Employer real property.....	3b	X	0
c Real estate (other than employer real property) .....	3c	X	0
d Employer securities.....	3d	X	0
e Participant loans.....	3e	X	0

	Yes	No	Amount
<b>3f</b> Loans (other than to participants) .....		<input checked="" type="checkbox"/>	0
<b>g</b> Tangible personal property .....		<input checked="" type="checkbox"/>	0

<b>Part II</b>	<b>Compliance Questions</b>
----------------	-----------------------------

<b>4</b>	During the plan year:	Yes	No	Amount
<b>a</b>	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.) .....		<input checked="" type="checkbox"/>	0
<b>b</b>	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....		<input checked="" type="checkbox"/>	0
<b>c</b>	Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		<input checked="" type="checkbox"/>	0
<b>d</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....		<input checked="" type="checkbox"/>	0
<b>e</b>	Was the plan covered by a fidelity bond? .....		<input checked="" type="checkbox"/>	0
<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? .....		<input checked="" type="checkbox"/>	0
<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? .....		<input checked="" type="checkbox"/>	0
<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? .....		<input checked="" type="checkbox"/>	0
<b>i</b>	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		<input checked="" type="checkbox"/>	0
<b>j</b>	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		<input checked="" type="checkbox"/>	0
<b>k</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? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	<input checked="" type="checkbox"/>		0
<b>l</b>	Has the plan failed to provide any benefit when due under the plan? .....		<input checked="" type="checkbox"/>	0
<b>m</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		<input checked="" type="checkbox"/>	0
<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 .....		<input checked="" type="checkbox"/>	0

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

**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)

April 10, 2010  
Neil Norwood  
Deborah Norwood  
Re: Russell & Lawrie Pharmacy Profit Sharing Plan and Trust  
D & N Drugs Inc  
Russell & Lawrie Pharmacy  
7 Woodsfords Bend  
Briarcliff Manor, NY 10510

To: Dept. of the Treasury, IRS  
Notice# CP213N

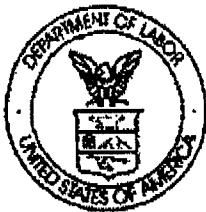
We were unable to locate copies of our signed 500 forms, however we have located and enclosed copies of the forms. These were filed on or about June 1, 2008. It was later realized that one of the accounts was not distributed, therefore amended 5500 forms were filed on July 30, 2009 to disclose this-(the postal receipt is attached to the enclosed copy of the forms). We are currently in the process of distributing those assets to all participants.

We have made every good faith effort to comply with the filing deadlines. We respectfully request that no penalties be levied.

Thank you,

Neil Norwood

APR 29 2010



April 22, 2010

D&N DRUGS INC  
RUSSELL & LAWRIE PHARMACY PROFIT SHARING PLAN AND TRUST  
7 WOODSFORDS BND  
BRIARCLIFF, NY 10510

Employer Identification Number: 133078980  
Plan Number: 001

Dear Plan Administrator:

We are in receipt of the document submitted as your Form 5500 Annual Return/Report. At this time, the document is being returned to you because it was not filed in a government-approved format.  
**The content of your filing has not been reviewed.**

Section 109 of the Employee Retirement Income Security Act of 1974 (ERISA) provides that the Secretary of the Department of Labor may require that information submitted in an annual report under Title I of ERISA must be submitted as the Secretary may prescribe. Section 6058(a) of the Internal Revenue Code (IRC) and the regulations thereunder prescribe the manner in which information must be submitted by plans that have a filing requirement under the IRC. Effective on January 1, 2010, all 5500 Plan Year 2009 and later Annual Return/Reports, as well as late and amended Annual Return/Reports, must be submitted electronically. (See the DOL web site at [www.efast.dol.gov](http://www.efast.dol.gov) for information on filing the Form 5500 Series Annual Return/Report electronically.)

**ACTION TO BE TAKEN BY YOU**

To avoid possible civil penalties, you must submit a Form 5500 Annual Return/Report in an electronic format **within 45 days from the date of this letter.**  
(See the website [www.efast.dol.gov](http://www.efast.dol.gov) for information on filing electronically.)

**IF YOU TAKE NO ACTION**

Failure to submit your filing in an approved format may subject you to civil penalties of up to \$1,100 per day pursuant to ERISA section 502(c)(2) and \$25 a day (up to \$15,000) pursuant to IRC section 6652(d) (1) for failing to file a complete and accurate Annual Return/Report.

If you have any questions regarding this letter or need assistance in preparing your filing, please contact EBSA toll-free at (866) 463-3278, Monday through Friday.

Sincerely,

Chief, EFAST Processing  
Employee Benefits Security Administration  
EFAST Program

APR 07 2010



Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201-0073

TE

133078980

Notice Number: CP 213N

Date of this notice: APR. 5, 2010

Taxpayer Identifying Number:

13-3078980

Form: 5500

Plan Number: 001

Plan Period Ending: DEC. 31, 2007

001152.708118.0004.001 1 MB 0.392 375



D&N DRUGS INC  
RUSSELL & LAWRIE PHARMACY  
7 WOODSFORDS BND  
BRIARCLIFF NY 10510-1734071

001152

**PROPOSED PENALTY NOTICE - THIS IS NOT A BILL  
WRITTEN RESPONSE IS REQUIRED**

**Why Are You Getting This Notice?**

Our records show that your Form 5500 was received after the due date. If you requested an extension of time to file, please attach a copy of your approved extension notification to a copy of this notice and send it to the address located in the header of this notice or fax it to us at 1-801-620-5670 (not a toll-free number).

We must receive your response in writing within 30 days from the date of this notice. If we do not hear from you, we will assess your account a penalty of \$9,075.00 as provided by law.

**What You Need To Do**

The law allows penalties and any interest that may have accrued to be charged for late filed returns. If you believe you have reasonable cause for the late filing, please provide us with an explanation. You should attach your explanation to a copy of this notice for consideration and either mail or fax it to us as indicated above.

The IRS will not assess penalties on delinquent filers who satisfy the requirements of the Department of Labor's (DOL) Delinquent Filer Voluntary Compliance (DFVC) program. Information concerning the DFVC program is available from DOL on its website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). The DFVC program is not available to Form 5500-EZ filers.

If you are eligible for and have satisfied the requirements for participation in the (DFVC) program, check the box below, and enter the DFVC number that was given to you by DOL when you were approved and accepted.

☐ DFVC Program

DFVC number \_\_\_\_\_

**How To Get Help**

For more information about this notice visit the Tax Information for the Retirement Plans Community web page at [www.irs.gov/ep](http://www.irs.gov/ep) and click on "EP FAQs" in the left navigational box. If you need additional information, please call 1-877-829-5500 (toll-free).

**Response Due Date**

Please send the information to us by MAY 05, 2010