Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/report is for:							
_		first return/report an amended return/report	final retur	year return/report (less than 12 mo	nths)			
<u> </u>	C Check box if filing under: Form 5558 automatic extension					DFVC program		
C	neck box if filling under:		1	, extension		DF vC program		
_		special extension (enter description	,					
		nation—enter all requested inform	nation					
	Name of plan				1b	Three-digit		
VINC	ENT'S PHARMACY, INC. 401K	(PROFIT SHARING PLAN AND TR	UST			plan number (PN) 001		
					10	Effective date of plan		
					. •	01/01/1997		
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b	Employer Identification Number		
VINC	ENTS PHARMACY, INC.		. ,			(EIN) 14-1725239		
	OX 557				2c	Plan sponsor's telephone number 845-677-3223		
	BROOK, NY 12545				24			
					Zu	Business code (see instructions) 446110		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
VINC	ENTS PHARMACY, INC.	PO BOX 557 MILLBROOK		5		14-1725239		
		IMEESITOO!	ι, πι πεσπ		3с	Administrator's telephone number 845-677-3223		
1 1	the name and/or FIN of the pla	an sponsor has changed since the la	et roturn/ro	port filed for this plan, optor the				
		er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN			
	, , ,				4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	6		
b	Total number of participants at	the end of the plan year			5b	6		
С	Total number of participants w	ith account balances as of the end o	f the plan y	vear (defined benefit plans do not		_		
	complete this item)				5c	6		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)	X Vac D Na		
				ions.)		Yes No		
Pa	rt III Financial Informa		01111 5500-	SF and must instead use Form 55	υυ.			
7	Plan Assets and Liabilities			(a) Reginning of Year		(b) End of Year		
=	Total plan assets		70	(a) Beginning of Year		320254		
a b	. o.a. p.a acco.		. 7a		-	0		
		7h from line 7a)		25372		320254		
<u>C</u>		7b from line 7a)	. 7с					
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or received (1) Employers		. 8a(1)	5438	3			
			1	2063				
	` ,)		()			
b	Other income (loss)	1004			1			
C	,					72713		
d		otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)						
			. 8d	6180)			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	()			
f	Administrative service provider	rs (salaries, fees, commissions)	8f	()			
g	Other expenses		8g)			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				6180		
i		e 8h from line 8c)				66533		
		ee instructions)		()			

Form 5500-SF 2010	Page 2-

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Part IV	Dian	(`haract	Orietics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir tn	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	tic Co	des in	ine instr	ructions	:	
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance			l.				
11	ls th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	П No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	. 01 30	CHOIT	JUZ 01	LINIOA			□
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,				
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d				_
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	;	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		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 brought he PBGC?	under	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
ВВ о	r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retunded the completed and signed by an enrolled actuary, as well as the electronic version of this return/strue, correct, and complete.		,		·	,		
SIG	F	Filed with authorized/valid electronic signature. 05/23/2011 MICHAEL GIORI	DANO	,					

SIGN	Filed with authorized/valid electronic signature.	05/23/2011	MICHAEL GIORDANO
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

EIN 14-1725239 / PN 001--Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I	Annual Report								
For	calenda	ar plan year 2010 or fis	scal plan year beginning	01/01/20	10 and ending		12/31/2010			
A	This retu	turn/report is for:	X single-employer plan	multiple-em	ployer plan (not multiemployer)	n (not multiemployer)				
В -	This ret	turn/report is for:	first return/report	final return/i	l return/report					
		·	an amended return/report	short plan y	ear return/report (less than 12 mo	nths)				
C (^hack h	box if filing under:	Form 5558	automatic e	xtension	·	DFVC program			
•	OHECK L	box ii iiiing dinder.	special extension (enter desc	L_J			☐ or to bitain			
Do	rt II	Pacia Plan Info	<u> </u>	<u> </u>						
	Name o		rmation—enter all requested in	formation		1h	Three-digit			
			Y, INC. 401K PROFIT S	SHARING		וו	plan number			
		AND TRUST	,				(PN) ▶	001		
FILAN AND TROST						1c	Effective date of pla	n		
						L	01/01/1997			
2a	Plan sp VINCE	ponsor's name and ad ENTS PHARMACY	dress (employer, if for single-empl $, \; \; { t INC.}$	oyer plan)		2b	Employer identificati (EIN) 14 - 172523			
			•			2c	Plan sponsor's telep			
	PO BO	OX 557				L	(845)677-322	3		
						2d	Business code (see	instructions)		
		BROOK	daddaaa (if aasaa aa Dhan aasaa		NY 12545	26	Administrator's EIN			
sa ,	BAME ac	aministrator's name ar	nd address (if same as Plan spons	or, enter Same)		30	Administrator's EIN			
						3с	Administrator's telep	hone number		
			olan sponsor has changed since th	· ·	rt filed for this plan, enter the	4b	EIN			
1	iame, c	zin, and the plan numi	ber from the last return/report. Spo	onsoi's name		4c	PN			
5a	Total n	number of participants	at the beginning of the plan year			5a		6		
b	Total n	number of participants	at the end of the plan year			5b		6		
С	Total n	number of participants	with account balances as of the er	nd of the plan yea	ur (defined honefit plans de not					
			With account balances as of the ci	id of the plant yes	ii (delined benefit plans do not	l				
			with account balances as of the ci	, ,	•	5с		6		
	comple Were	ete this item)all of the plan's assets	s during the plan year invested in e	ligible assets? (S	ee instructions.)		<u> </u>			
	Were Are yo	ete this item)all of the plan's assets ou claiming a waiver o	s during the plan year invested in e f the annual examination and repo	ligible assets? (S	ee instructions.) ent qualified public accountant (IQ	(PA)	_	Yes No		
	Were Are younder	ete this item)all of the plan's assets ou claiming a waiver o' 29 CFR 2520.104-46	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib	ligible assets? (S rt of an independ ility and condition	ee instructions.) ent qualified public accountant (IQ s.))PA)	_	Yes No		
b	Were Are younder	ete this item)all of the plan's assets ou claiming a waiver o' 29 CFR 2520.104-46	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us	ligible assets? (S rt of an independ ility and condition	ee instructions.) ent qualified public accountant (IQ s.))PA)	_	Yes No		
b	Were Are younder If you	ete this item). all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us	ligible assets? (S rt of an independ ility and condition	ee instructions.) ent qualified public accountant (IQ s.))PA)	_	Yes No		
b Pa 7	Were Are younder If you rt III Plan A	ete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei Financial Inforr	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us	ligible assets? (S rt of an independ ility and condition se Form 5500-SF	ee instructions.) ent qualified public accountant (ICls.) and must instead use Form 55	00.	Σ	Yes No		
Pa 7 a	Were Are younder If you rt III Plan A	all of the plan's assets ou claiming a waiver or 29 CFR 2520.104-467 answered "No" to ei Financial Informassets and Liabilities olan assets	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us nation	digible assets? (S rt of an independ ility and condition se Form 5500-SF	ee instructions.) ent qualified public accountant (ICIs.) and must instead use Form 55	00.	Σ	Yes No Yes No		
Pa 7 a b	Were Are younder If you rt III Plan A Total p	ete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei Financial Inforr assets and Liabilities olan assets	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us mation	ligible assets? (S rt of an independ ility and condition se Form 5500-SF	ee instructions.) ent qualified public accountant (ICIs.) and must instead use Form 55	00.	Σ	Yes No Yes No Yes 320,254		
Pa 7 a b	Were Are you under If you rt III Plan A Total p Total p Net pla	ete this item). all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei Financial Informassets and Liabilities olan assets. clan liabilities.	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us mation	ligible assets? (S rt of an independ ility and condition se Form 5500-SF	ee instructions.) ent qualified public accountant (IQ is.) and must instead use Form 55 (a) Beginning of Year 253,72	00.	Σ	Yes No Yes No Yes No Year 320,254 0 320,254		
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Pa 7 a b c b c d	were Are younder If you rt III Plan A Total p Total p Net pla Income (2) Pa (3) Other i Total ir Benefit to prov	all of the plan's assets ou claiming a waiver or 29 CFR 2520.104-467 answered "No" to ei Financial Informassets and Liabilities plan assets (subtract line e, Expenses, and Trarbutions received or recomployers articipants there (including rollove income (loss)	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib ther 6a or 6b, the plan cannot us mation e 7b from line 7a) nsfers for this Plan Year ceivable from:), 8a(2), 8a(3), and 8b) ct rollovers and insurance premium	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8s 8d	ee instructions.) ent qualified public accountant (IQ is.) and must instead use Form 55 (a) Beginning of Year 253,72 253,72 (a) Amount 5,43	2PA) 00. 2.1 0 2.1 0 2.1 0 4	(b) End of Y	Yes No Yes No Year 320,254		
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Pa 7 a b c 8 a b c d e	comple Were Are younder If you rt III Plan A Total p Total p Net pla Income Contrib (1) En (3) Ott Other i Total ir Benefit to prov Certair Admini	all of the plan's assets ou claiming a waiver or 29 CFR 2520.104-467 answered "No" to ei Financial Informassets and Liabilities olan assets olan liabilities. an assets (subtract line e. Expenses, and Tranbutions received or recomployers articipants thers (including rollove income (loss)	s during the plan year invested in e If the annual examination and repo If the annual examination and repo If the annual examination and repo If the fa or 6b, the plan cannot us If ther fa or 6b, the plan cannot us I	### State	ee instructions.) ent qualified public accountant (IQ is.) (a) Beginning of Year 253,72 (a) Amount 5,43 20,63	2PA) 00. 2.1 0 2.1 0 2.1 0 4	(b) End of Y	Yes No Yes No Yes No Year 320,254 0 320,254		
Pa 7 a b c 8 a b c d e f	were Are younder If you rt III Plan A Total p Total p Net pla Income (2) Pa (3) Other i Total ir Benefit to prove Certair Admini Other i	all of the plan's assets ou claiming a waiver or 29 CFR 2520.104-467 answered "No" to ei Financial Informassets and Liabilities plan assets colan liabilities. an assets (subtract line e. Expenses, and Tranbutions received or recomployers articipants thers (including rollove income (loss)	s during the plan year invested in e If the annual examination and repo If (See instructions on waiver eligib If ther 6a or 6b, the plan cannot us If ther 6a or 6b, the plan cannot	### Ref	ee instructions.) ent qualified public accountant (IQ is.) (a) Beginning of Year 253,72 (a) Amount 5,43 20,63	2PA) 00. 2.1 0 2.1 0 2.1 0 4	(b) End of Y	Yes No Yes No Yes No Year 320,254 0 320,254		
Pa 7 a b c 8 a b c d e f g	were Are you under If you rt III Plan A Total p Total p Net plat Income Contrib (1) En (3) Otter i Total ir Benefit to provide Certair Admini Other is Total e	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46% answered "No" to ei Financial Informassets and Liabilities plan assets plan liabilities an assets (subtract line e. Expenses, and Transbutions received or recomployers articipants thers (including rollove income (loss)	s during the plan year invested in e If the annual examination and repo If (See instructions on waiver eligib If ther 6a or 6b, the plan cannot us If ther 6a or 6b, the plan cannot	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8d	ee instructions.) ent qualified public accountant (IQ is.) (a) Beginning of Year 253,72 (a) Amount 5,43 20,63	2PA) 00. 2.1 0 2.1 0 2.1 0 4	(b) End of Y	Yes No Yes No Yes No Year 320,254 0 320,254		

Signature of plan administrator

Signature of employer/plan sponsor

HERE

SIGN HERE

	_	ı	
_			

Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics.	cteris	tic Co	des in	the instruc	tions:	
b	2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterists.	etorie	ic Cor	lee in t	he instruct	tione:	
IJ	in the plant provides werrare betteritis, enter the applicable werrare relative codes from the clist of Francisco	ACT 13	.10 000	103 111 1	ine mande	10113.	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in						
h	` ' '	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х			Ē	50,00
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			
f		10f		Х			
g h		10g		Х			
	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					
Dt		101					
<u>Part</u> 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	اعلما	Sched	ula SR	(Form		
''	5500))					Yes	No
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct	tions,	and e	nter th	e date of t	Yes	ling
lf :	granting the waiver	h		Day		Year	
b	Enter the minimum required contribution for this plan year		Г	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 o negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No [N/A
Part							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				-	Yes	X No
	If "Yes." enter the amount of any plan assets that reverted to the employer this year.			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e pla	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c(3) PN(s)_
						+	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ref, it is true, correct, and complete.	rn/re	ort, in	cluding	g, if applica	able, a Sch knowledge	edule and
DOILG	in this true, correct, and complete.	יח קר					
SIG	N / Challe State and S//// MICHAEL GIC) I L D F	7110				

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor