### 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 05/01/2010	)	and ending	04/30/2	2011				
Α .	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В .	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mo	onths)					
C	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter description	n)			_				
Pa	rt II Basic Plan Information—enter all requested informa	ation							
	Name of plan			1b	Three-digit				
VILL	AGE PHARMACY, INC. 401K PROFIT SHARING PLAN				plan number 001				
				10	(PN)				
				10	Effective date of plan 05/01/1991				
2a	Plan sponsor's name and address (employer, if for single-employer)	plan)		2b	Employer Identification Number				
VILL	AGE PHARMACY, INC.	. ,			(EIN) 99-0140050				
C/O I	PO BOX 418			2c	Plan sponsor's telephone number 808-946-0355				
	JIM, WA 98382-0418			2d	Business code (see instructions)				
					446110				
3a	Plan administrator's name and address (if same as Plan sponsor, er AGE PHARMACY, INC. C/O PO BOX		e")	3b	Administrator's EIN 99-0140050				
V 12.27	SEQUIM, WA		118	30	Administrator's telephone number				
					808-946-0355				
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
ı	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN				
5a	Total number of participants at the beginning of the plan year				2				
b	Total number of participants at the end of the plan year			5b	2				
С	Total number of participants with account balances as of the end of			0.5					
	complete this item)	······································		5c	2				
-	Were all of the plan's assets during the plan year invested in eligible		'		Yes   No				
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes   No				
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	25270	1	268813				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	25270	2701					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:  (1) Employers	8a(1)		0					
	(2) Participants		0						
	(3) Others (including rollovers)	8a(2) 8a(3)		0					
b	Other income (loss)	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c							
d	Benefits paid (including direct rollovers and insurance premiums			^					
	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			16112				
!	Net income (loss) (subtract line 8h from line 8c)	8i			10112				
- 1	Transfers to (from) the plan (see instructions)	Qί	İ						

IV Plan Characteristics		
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F	art	: IV		Plan	Cha	aracte	ristics		_
9	а	If the	e pla	n prov	/ides	pensior	benefits	, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction	าร
_	2	2E	2H	2J	2K	3D			
	L-	14 41-			ا مامان		L 6'4-	and the small coldens for the state of the state of Diag Characteristic Coldens in the instruction	

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Ar	nount	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					5000
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				
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		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
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 CFR 2520.101-3	10i						
art	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					[	Yes	□ N
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	——					
b	Enter the minimum required contribution for this plan year		1	12C				
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	Ī	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes		No	N/A
art							<u>-</u>	
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	N
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Γ	13a			•	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol			Yes	×N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)				
1	Sc(1) Name of plan(s):	13c(2) EIN(s) 13c(3				13c(3)	PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	ıse is	establ	ished.	•		
SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.							
'CIICI								
	Filed with authorized/valid electronic signature. 02/15/2012 BARBARA GAN	IR						

SIGN	Filed with authorized/valid electronic signature.	02/15/2012	BARBARA GANIR						
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						

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

Pension Banefit 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(e) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Par	Annual Report Identification Information	5/01/20	010	and ending	0	4/30/2011				
	V single employer plan			ot multiemployer)		one-participar	nt plan			
A Th				v mandembroker)	_	) 21:20 (2-1:1-1/4-m)	1			
<b>B</b> Th	ils return/report is for:	'inal return/	•	41	_\					
	<u> </u>	an amended return/report 📗 short plan year return/report (less than 12 mont								
<b>C</b> 0	neck box if filing under: X Form 5558	automatic e	extension		L	DFVC progra	П			
	special extension (enter description	1)								
Par	Basic Plan Information—enter all requested information—	tion								
1a N	lame of plan			1		Three-digit plan number				
7	TLLAGE PHARMACY, INC. 401K PROFIT SHARIN	ING PLAN				PN)	001			
		<del> </del>		Effective date of	f plan					
				05/01/199						
20.5	Plan sponsor's name and address (employer, if for single-employer p	olan)					fication Number			
24 7	ILLAGE PHARMACY, INC.	,		<u> </u>		EIN) 99-014				
	- / <b>      -</b>			7		Plan sponsor's t 808−946−0	telephone number			
(	C/O PO BOX 418			<u> </u>			(see instructions)			
	SEQUIM WA 98382-0418					446110				
		nter "Same"	")			<b>b</b> Administrator's EIN				
3a (	Plan administrator's name and address (if same as Plan sponsor, en VILLAGE PHARMACY, INC.			_		99-014005				
	C/O PO BOX 418			1	3c Administrator's telephone number 808-946-0355					
	SEQUIM WA 98382-0410		ant filed for this	s plan enter the	4b					
4 If	the name and/or EtN of the plan sponsor has changed since the last ame, EtN, and the plan number from the last return/report. Sponsor	a retummep r's name	Off Dea on rate	s pigni, enter the						
n	ame, EIN, and the plan humber nom the last retainings in open			<u>,</u>	4C	PN				
5a	Total number of participants at the beginning of the plan year			,,	<u>5a</u>	ia				
	Total number of participants at the end of the plan year				5b		2			
ř	Total number of participants with account balances as of the end of	nefit plans do not	<b>-</b> -		2					
	complete this item)			**************************************	<u>5¢</u>					
бa	Were all of the plan's assets during the plan year invested in eligible	le assets? (	(See Instruction	ns.)			X Yes No			
b	an usual state a major of the penual examination and report of a	an independ	dent qualified (	Jublic accountant (1997)	٦)		X Yes No			
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use Fo	and Conduct arm 5500-5	SF and must l	nstead use Form 550	).					
Da	Till Financial Information									
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	d of Year			
′_	Total plan assets	7a		252701			268813			
a	Total plan liabilities	-	·-							
D	Net plan assets (subtract line 7b from line 7a)	7c		252701			268813			
			(2	a) Amount	T	(b)	Total			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:				<b>N</b>		THE CONTRACTOR OF THE CONTRACT			
а	(1) Employers	Ba(1)	118		Ц., ()					
	(2) Participants	8a(2)		(	1					
	(3) Others (including rollovers)	. 8a(3)		<u></u> (	)   1660					
b	Other income (loss)			16112	2 1/2	i i i				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	an and the second	16112			
d	Senefits paid (including direct rollovers and insurance premiums			,						
•	to provide benefits)	<u>8d</u>	8d							
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)				; ; ;					
g	Other expenses			200 July 200 July 1000	- 265°	MARKET PRODUCT	O			
h			300	100% July 1	+		16112			
i	Net Income (loss) (subtract line 8h from line 8c)	<u>Bi</u>	The state of the s		21 20349	San				
:	Transfers to (from) the plan (see instructions)	8j	<u> </u>		224	Spaling Spaling	Form 5500-8F (2010)			
J										

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Pa	T.W. Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from th	e List of Plan Cha	acteri:	stic Co	des in	the instru	ctions:	
b	20 21 20 2K 3D								
U	If the plan provides welfare benefits, enter the applicable welfare fee	ature codes from the	List of Plan Cher	acteris	tic Co	des in :	the instruc	tions:	
Par	<b>₩</b> Compliance Questions								
10	During the plan year:				Yes	No	<u> </u>	Amoun	
a	Was there a failure to transmit to the plan any participant contributio	ns within the time p	eriod described in		, 40		<u>.                                    </u>	Алюци	Ţ.
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (	ary Correction Prod	ram)	10a		Х			
•	on line 10a.)	LIO NOT INCIUDE TRAN	sactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				5000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		х		"	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	persons by an insu	rance carrier, ne plan? (See	10e		x			
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 o	f year end.)		10g		ж			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10h		х			
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	101				Configuration	
	VI Pension Funding Compliance								
11	ts this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see ins	structions and com	piete S	Schedu	ıle SB	(Form	∏ Ye	s No
12	Is this a defined contribution plan subject to the minimum funding rec	guirements of section	in 412 of the Code	or sec	tion 3	02 of F	RISA2	Ye	_
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)						<u> </u>	Ь
а	If a waiver of the minimum funding standard for a prior year is being a	amortized in this pla	n year, see instruc	tions,	and er	nter the	a date of the	e letter i	ruling
lf y	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), an	d skip to line 13.			Day _		rear	
	Enter the minimum required contribution for this plan year	•	•		., Г	12b			
Ç	Enter the amount contributed by the employer to the plan for this plan	year				12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				. ∟	12d			
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			,,,,,,,	,,,,	Yes	No	N/A
art.	1,100								
13a	Has a resolution to terminate the plan been adopted during the plan y							X Ye	s No
<u> </u>	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			0
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					itrol		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan	(s) to				
1	3c(1) Name of plan(s):				13¢	(2) EIN	l(s)	13c(	3) PN(s)
	11-10147/Addition							-	
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonabl	e çaus	e is e	stablis	shed.	1	
Unde: \$B or	penalties of perjury and other penalties set forth in the instructions, i Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	examined this retu	rn/rep	ort, inc	ludina	. if applica	ble, a Sc inowledg	hedule e and
sign		2/14/12	BARBARA GAN	IIR					
HERI	Signature of plan administrator	Date	Enter name of In		al sinni	inn se	olen edmir	nietrator	
SIGN			BARBARA GAN		<u> 319111</u>	40	premiaem	non atti	
HER		Date	Enter name of in	<u>divid</u> ua	at signi	ing as	employer	or plan s	ропвог