For calendar plan year 2 A This return/report is B This return/report is:	ice This form is required to Retirement Income Security the I rporation Complete all entries in Complete all entries in Comple	Act of 1974 (ERISA), and nternal Revenue Code (th accordance with the inst n 11/2012 a multiple-employe the final return/rep a short plan year re automatic extensio	and ending 12/ and ending 12/ er plan (not multiemployer) ort turn/report (less than 12 mon	SF. 31/2012 a one-parti	2012 n is Open to Public nspection
Employee Benefits Security Ad Pension Benefit Guaranty C Part I Annual I For calendar plan year 2 A This return/report is B This return/report is:	rninistration Retirement Income Security the I rporation ► Complete all entries in Report Identification Information 012 or fiscal plan year beginning 01/0 012 or fiscal plan year beginning 01/0 or: X a single-employer plan the first return/report an amended return/report der: Form 5558 special extension (enter dest	Act of 1974 (ERISA), and nternal Revenue Code (th accordance with the inst n 11/2012 a multiple-employe the final return/rep a short plan year re automatic extensio	sections 6057(b) and 6058(a e Code). tructions to the Form 5500- and ending 12/ or plan (not multiemployer) ort turn/report (less than 12 mon	SF. 31/2012 a one-parti	nspection
Part IAnnualFor calendar plan year 2AThis return/report isBThis return/report is:	Complete all entries in Report Identification Informatio 012 or fiscal plan year beginning 01/0 or: X a single-employer plan the first return/report an amended return/report der: Form 5558 special extension (enter dest	n 11/2012 a multiple-employe the final return/rep a short plan year re automatic extension	and ending 12/ er plan (not multiemployer) ort turn/report (less than 12 mon	SF. /31/2012 a one-parti	·
For calendar plan year 2 A This return/report is B This return/report is:	012 or fiscal plan year beginning 01/0 or: Image: a single-employer plan Image: blan the first return/report Image: an amended return/report Image: blan the first return/report Image: an amended return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report Image: blan the first return/report </th <th>a multiple-employe a multiple-employe the final return/rep a short plan year re automatic extension</th> <th>er plan (not multiemployer) ort turn/report (less than 12 mon</th> <th>a one-parti</th> <th>cipant plan</th>	a multiple-employe a multiple-employe the final return/rep a short plan year re automatic extension	er plan (not multiemployer) ort turn/report (less than 12 mon	a one-parti	cipant plan
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C Check box if filing ur	special extension (enter des				Iram
C Check box if filing ur					iani
Part II Basic PI		. ,			
1a Name of plan				1b Three-digit	
	, INC. 401(K) PROFIT SHARING PLAN			plan number	
			_	(PN)	002
				1c Effective date	of plan)1/2008
2a Plan sponsor's nam POULSBO DRUG STOR	e and address; include room or suite num E, INC.	ber (employer, if for a sing	gle-employer plan)	2b Employer Ider	
P.O. BOX 38			:	2c Sponsor's tele 360-7	ephone number 79-2737
POULSBO, WA 98370			:	2d Business code 446	e (see instructions) 110
3a Plan administrator's	name and address Same as Plan Spo	nsor Name Same as F	Plan Sponsor Address	3b Administrator	s EIN 0586952
	EIN of the plan sponsor has changed sinc	e the last return/report file	d for this plan, enter the	4b EIN	
name, EIN, and the a Sponsor's name	plan number from the last return/report.			4c PN	
	ticipants at the beginning of the plan year			5a	6
_ ·	ticipants at the end of the plan year		L'	5b	0
C Number of participa	nts with account balances as of the end	of the plan year (defined b	enefit plans do not	5c	0
· · · · · ·	i's assets during the plan year invested ir				X Yes No
	waiver of the annual examination and rep				
).104-46? (See instructions on waiver elig No" to either line 6a or line 6b, the plar				X Yes No
	the late or incomplete filing of this retu				
Under penalties of perju	y and other penalties set forth in the instr pleted and signed by an enrolled actuary	uctions, I declare that I ha	ve examined this return/repo	rt, including, if app	
ololi	thorized/valid electronic signature.	06/12/2013	SALLY KVAM		
HERE Signature	of plan administrator	Date	Enter name of individua	al signing as plan a	dministrator
SIGN					
	of employer/plan sponsor	Date	Enter name of individua		
	ng firm name, if applicable) and address; Act Notice and OMB Control Numbers, see			reparer's telephor	ne number (optional)

7 Pain Assets and Liabilities 7a (a) Beginning of Year (b) End of Year a Total plan liabilities 7b 0 0 0 Total plan liabilities 7b 0 0 0 Integrine liabilities 7c 3314228 0 0 0 Compose process, and Transfers for this Plan Vair (a) Amount (b) Total plan liabilities (c) Total 0 Dothers (including ratiovers) 8a(1) 16001 (c) Total (c) Total (d) Others (including ratiovers) 8a(2) 0 0 0 0 (d) Benefits paid (including dired colores and insume permitums on provide benefits) 6d 382340 0 0 (e) Other (including ratiovers) 6d 382340 0 0 0 0 (f) Administrative service providers (scialards, cles, commissions) 6f 130 0	Part III Financial Information						
b Total plan tabilities To 0 0 c Total plan assets (subtract line 7b from line 7s)	7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year	
c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a				0	
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8e(1) 18891 (a) Other (including releves) 8e(2) 40072 (b) Other (including releves) 8e(3) 0 b Other income (loss) 8b 7279 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 66042 d Benetis paid (including relevers and insurance premums 8d 362340 c Cratic income (add inves 6a(6, 68, 68, 68, 68, 68, 68, 68, 68, 68, 6	b Total plan liabilities	7b	(C		0	
a Contributions received or receivable from: Set(1) 18691 (2) Participants	C Net plan assets (subtract line 7b from line 7a)	7c	316428	3		0	
(1) Employers 8a(2) 40072 (2) Participants 8a(2) 40072 (3) Other income (loss) 8a(3) 0 (4) Other income (loss) 8b 7273 (5) Other income (loss) 8b 7273 (6) Other income (loss) 8b 7273 (7) Other income (loss) 8b 7273 (7) Other income (loss) 8c 0 (7) Mainistrative service providers (salitate, lose, commission) 8f 130 (7) Transfers to (from) the plan Cese instructions) 8g 0 (8) Transfers to (from) the plan Cese instructions) 9j 0 (9) During the plan participant the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (1) During the plan year: Yes Ne Amount (2) CR 2473 (27) (28e instructions and DOL's Volumely Fiduary Correction Program) 10c X (1) During the plan year: Yes Ne Amount (2) CR 2473 (27) (28e instructot ransections	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
(2) Participants	a Contributions received or receivable from:						
(a) Others (including rollovers) Ba(3) 0 (b) Other income (loss) Bb 7279 (c) Total income (loss) Bb 7279 (c) Total income (loss) Bb 382340 (c) E ordain long (loss) Bb 382340 (c) E Ordain deemed and/or corrective distributions (see instructions) Be 0 (c) Other expenses Bg 0 (c) Other expenses Bg 0 (c) Other sepenses Bg 0 (c) Other sepenses Bg 0 (c) Transfers to (from) the plan (see instructions) Bi 316428 (c) Transfers to (from) the plan (see instructions) Bj 0 (c) During the plan provides welfare heapticable pension feature codes from the List of Plan Characteristic Codes in the instructions: (c) Z J K 2 R 30 Yes No (c) During the plan provides welfare heapticable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (c) Aus there any nonexempt transactions with any part/ointerest? (Do not include transactions reported on intert 0a) (bi (c) During the plan part (bi plan have a losi, whether on not reimbursed by the plan's fieldity bond, that wes caused by fraud or whether plan? (bi bi X <td></td> <td>· · ·</td> <td></td> <td></td> <td></td> <td></td>		· · ·					
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8a(3)		-			
d Berefts paid (including direct rollovers and insurance premiums to provide benefits)		8b	7279)			
to provide benefits)	· · · · · · · · · · · · · · · · · · ·	8c				66042	
e Certain deemed and/or corrective distributions (see instructions)		8d	382340)			
f Administrative service providers (salaries, fees, commissions)							
g Other expenses Bg 0 B B 382470 I Nation constructions Bit 382470 I Nation constructions Bit 382470 I Transfers to (from) the plan (see instructions) Bit 381							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	- · · · · · · · · · · · · · · · · · · ·						
i Net income (loss) (subtract line 8h from line 8c)						382470	
j Transfers to (from) the plan (see instructions) Bj 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: ZE 62 2J 2X 2X 30 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 Yes No Amount 10 During the plan year: Yes No Amount a Vas there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,) 10b X 10c X c Was the plan covered by a fidelity bond? 10c X 10c X 10c X c Ware there any nonexempt transactions that provides some or all of the benefits under the plan? 10d X 2 c Ware there any flees or commissions paid to any brokers, agents, or other persons by an insurance carrier, instructions.) 10d X							
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Image: Interpret of the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Image: I				10b	x		
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a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Text	 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 a h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes	/ an insurance carrier, under the plan? (See)	10e 10f 10g 10h 10i	x x x x 11a	Yes No	
	 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 a h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding 	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes requirements	/ an insurance carrier, under the plan? (See)	10e 10f 10g 10h 10i	x x x x 11a	Yes No	
b Enter the minimum required contribution for this plan year	 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 a h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being the standard	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized i	/ an insurance carrier, under the plan? (See)	10e 10f 10g 10h 10i olete Sc or secti	X X X X X X X X X X X A A A A A A A A A	Image: Algorithm of the letter ruling	
	 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 a h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized i	/ an insurance carrier, under the plan? (See)	10e 10f 10g 10h 10i olete Sc or secti	X X X X X X X X X X X A A A A A A A A A	Image: Algorithm of the letter ruling	

С	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)	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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN