Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/15/2004

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

SAV-MORE DRUG, INC

411 MAIN STREET
SULPHUR SPRINGS, TX 75482

2b Employer Identification Number (EIN) 75-2047264

2c Sponsor's telephone number 903-885-0821

2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2013	DOUG MOORE
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	484
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	315
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	382
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	382
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	290
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
01-0233346	65838	30941	330	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
29086	8181

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SWS FINANCIAL SERVICES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
24052			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TRAVIS WOLFF
15950 N. DALLAS PARKWAY
SUITE 600
DALLAS, TX 75248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	7837	TPA COMPENSATION AND FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY DW
821 ESE LOOP 323
SUITE 100
TYLER, TX 75701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5034	29	OTHER ALLOWANCES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	315	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	350857
5	Current value of plan's interest under this contract in separate accounts at year end	5	8012726

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST

b	Balance at the end of the previous year			7b	281259
c	Additions: (1) Contributions deposited during the year	7c(1)	67636		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6200		
	(4) Transferred from separate account	7c(4)	32250		
	(5) Other (specify below)	7c(5)	335		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	106421
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	387680
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	28069		
	(2) Administration charge made by carrier	7e(2)	1172		
	(3) Transferred to separate account	7e(3)	7256		
	(4) Other (specify below)	7e(4)	326		
	▶ PARTICIPANT LOANS - $246, TPA FEES - $80				
	(5) Total deductions			7e(5)	36823
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	350857

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan	**B** Three-digit plan number (PN) ▶
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SAV-MORE DRUG, INC	75-2047264

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK USA

01-0233346

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1317	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2050

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	2520

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	34353

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	33345

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	91792

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	157602

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	70365

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	293813

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18795

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 526179

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1818283

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1200849

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 396700

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264574

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18295

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43597

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22958

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68893

a Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60403

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4341

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45050

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8311

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68813

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17450

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21180

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6101

a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24373

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 506

a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11777

a Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 650

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106348

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2893

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93361

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5333

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42380

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50308

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17253

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5735

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6867

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12818

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 415

a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5779

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40415

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57880

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1862

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25551

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75980

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1586

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75994

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31750

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72571

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21849

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44010

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34106

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43183

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44531

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45171

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55732

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61011

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103687

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69612

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21710

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 737849

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 664947

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	7
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	165571	224815
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6326175	8012726
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	281259	350857
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6773005	8588405
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6773005	8588405

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	521463	
	(B) Participants	2a(1)(B)	954226	
	(C) Others (including rollovers)	2a(1)(C)	168771	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1644460
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	7910	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7910
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		899908
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		6200
d Total income. Add all **income** amounts in column (b) and enter total	2d		2558478
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	833738	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		833738
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		3153
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	3980	
(2) Contract administrator fees	2i(2)	30023	
(3) Investment advisory and management fees	2i(3)	314	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		34317
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		871208
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1687270
l Transfers of assets:			
(1) To this plan	2l(1)		128130
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KNAPP & COMPANY, P.C. **(2)** EIN: 75-2713030

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	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?	4g		X	
h	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?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	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.	4n			

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:**

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
SAV-MORE DRUG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAV-MORE DRUG, INC

D Employer Identification Number (EIN)
75-2047264

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SAV-MORE DRUG, INC.
401(k) PROFIT SHARING PLAN
EIN 75-2047264

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

AS OF
December 31, 2012 and 2011

KNAPP & Company, P.C.
(CERTIFIED PUBLIC ACCOUNTANTS)

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN

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KNAPP & COMPANY, P.C.
P.O. BOX 820669
DALLAS, TEXAS 75382
(214) 343-3777 // (214) 572-7320 FAX // RICK_KNAPP@SBCGLOBAL.NET

INDEPENDENT AUDITOR'S REPORT

October 1, 2013

To the Administrative Committee of
Sav-More Drug, Inc. 401(k) Profit Sharing Plan (EIN 75-2047264)
Sulphur Springs, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Sav-More Drug, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4 which was certified by John Hancock Life Insurance Company , the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and schedule of assets acquired and disposed of, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Knapp & Company, P.C.
Dallas, Texas

SAV-MORE DRUG, INC. 401(k)
PROFIT SHARING PLAN
EIN 75-2047264
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Cash	$ 7	$ -
Investments	8,363,583	6,607,434
Participant Loans	224,815	165,571
TOTAL ASSETS	8,588,405	6,773,005
LIABILITIES		
None	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,588,405	$ 6,773,005

The accompanying notes are an integral part of these financial statements.

SAV-MORE DRUG, INC. 401(k)
PROFIT SHARING PLAN
EIN 75-2047264
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2012

ADDITIONS:	
INCOME (Loss)	
Interest on Participant Loans	$ 7,910
Investment income (losses)	899,908
Other income	6,200
CONTRIBUTIONS:	
Participant	954,226
Transfers from other carriers	168,771
Transfers from other sponsor plan	128,130
Employer	521,463
TOTAL ADDITIONS	2,686,608
DEDUCTIONS	
Benefits paid to Participants	833,738
Deemed distribution of loans	3,153
Administrative and other expenses	34,317
TOTAL DEDUCTIONS	871,208
NET INCREASE	1,815,400
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	6,773,005
END OF YEAR	$8,588,405

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE 1: *DESCRIPTION OF PLAN*

The following description of the Sav-More Drug, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions, which is available by request at the Company's offices located at 411 Main Street, Sulphur Springs, Texas 75482.

General. The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to the statutory limit of pretax annual compensation, as defined by the Internal Revenue Tax Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers seventy-three mutual fund investment options for participants. The Company matches employee contributions at a rate of 100% of the first 3% of compensation and 50% of the next 2% of compensation for a maximum contribution of 4% of compensation. Profit sharing amounts may be contributed at the option of the Company's board of directors and are distributed to participating employees on a prorated basis and invested in accordance with each employee's respective investment elections. Contributions are subject to certain limitations. The Plan sponsor directly pays most administration costs.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (if any) and, (b) Plan earnings. The Company has historically paid all administrative expenses of the plan, however, the plan earnings are charged with an allocation of administrative expenses if incurred by the plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after one year of credited service.

Participant Loans. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. Participant accounts are secured by accrued participant benefits and therefore present no significant risk to the plan as a whole. The carrying value of the uncollected loans are estimated to approximate Level III fair value assets.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may receive a lump-sum distribution.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts. If a contribution is forfeited, the amount will be reallocated to participants in the same manner as employer contributions.

Estimates The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurement - Starting in 2012, it is the Plan's policy to disclose the source of fair value information used in the preparation of the financial statements using the fair value hierarchy, Level I through III, as defined in the FASB ACS (Financial Accounting Standards Board Accounting Standards Codification). Level I valuation is given the highest priority to observable inputs which are based on quoted prices in active markets for identical assets or liabilities. Level II valuation is based upon quoted prices of similar assets and liabilities in active markets or derived from or corroborated by observable market data. Level III valuation is based in part or whole upon unobservable inputs for valuation of assets and liabilities. Unobservable inputs are developed based on the best information available in the circumstances. The estimates of fair value and assumptions that affect the reported amounts of assets and liabilities could and will differ from actual amounts realized in the future. Plan investments are valued and reported at fair value. Valuation sources of Common and collective investments are considered Level I. Participant loan values are considered Level III.

Investment Valuation and Income Recognition The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

IRS Determination Status The Plan is an IRS approved prototype plan which is amended from time to time to comply with changes in law relative to contribution limits, withdrawal provisions, and/or other administrative features.

Subsequent Events Review ï Management has reviewed and considered the effect of subsequent events through October 1, 2013. The financial statements were available for distribution October 2, 2013.

NOTE 3: INVESTMENTS

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. The following presents investments certified at December 31, 2012 and 2011:

NOTES TO FINANCIAL STATEMENTS

NOTE 3: INVESTMENTS - continued

As of December 31, 2012:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments 5% or > of plan assets:					
Lifestyle Growth	1,497,112	321,173	-	1,818,285	Level I
Lifestyle Balanced	977,574	223,275	-	1,200,849	Level I
PIMCO Total Return	688,297	49,552	-	737,849	Level I
John Hancock Stable Val	652,120	12,827	-	664,947	Level I
Lifestyle Aggressive	437,399	88,780	-	526,179	Level I
Investments < 5% of plan assets:					
Lifestyle Moderate	313,830	82,870	-	396,700	Level I
10 Yr Comp	350,857	-	-	350,857	Level II
Lifecycle 2020	203,884	89,929	-	293,813	Level I
Lifestyle Conservative	224,187	40,387	-	264,574	Level I
Lifecycle 2030	118,171	39,431	-	157,602	Level I
EuroPacific Growth Fund	95,527	10,821	-	106,348	Level I
PIMCO Global Bond	92,034	11,653	-	103,687	Level I
T. Rowe Price Health Sci	75,440	17,921	-	93,361	Level I
Lifecycle 2035	81,847	9,945	-	91,792	Level I
Davis New York Venture	66,798	9,195	-	75,993	Level I
The Growth Fund of America	63,193	12,787	-	75,980	Level I
500 Index Fund	70,285	2,286	-	72,571	Level I
Lifecycle 2025	60,477	9,888	-	70,365	Level I
T. Rowe Price Spectrum Inc	64,484	5,128	-	69,612	Level I
Oppenheimer Development Mkt	57,315	11,579	-	68,894	Level I
US Small Cap	53,829	14,984	-	68,813	Level I
VS High Yield	57,122	3,889	-	61,011	Level I
Energy	58,034	2,369	-	60,403	Level I
MFS Utilities	50,121	7,759	-	57,880	Level I
Mutual Discovery	48,822	6,910	-	55,732	Level I
VS Blu Chip	44,131	6,177	-	50,308	Level I
PIMCO All Asset	37,766	7,405	-	45,171	Level I
Mid Cap Stock Fund	38,157	6,893	-	45,050	Level I
BRGLEBALL	41,749	2,782	-	44,531	Level I
Washington Mutual Investors	36,371	7,639	-	44,010	Level I
Royce Opportunity	35,871	7,726	-	43,597	Level I
American Balanced Fund	36,770	6,413	-	43,183	Level I
VS Small Val	38,937	3,443	-	42,380	Level I
Lord Abbett Mid Cap Value (JPM Mc	32,229	8,186	-	40,415	Level I
Lifecycle 2045	31,288	3,065	-	34,353	Level I
Investment Company of America	29,911	4,195	-	34,106	Level I
Lifecycle 2040	28,571	4,774	-	33,345	Level I
TRP EQ Inc.	26,507	5,243	-	31,750	Level I
DI SCI PVAL	23,886	1,665	-	25,551	Level I
VS Financial	22,378	1,995	-	24,373	Level I
Intl Small Cap Fund	18,732	4,226	-	22,958	Level I
Mutual Beacon	18,920	2,929	-	21,849	Level I
VS Str Inc	20,663	1,047	-	21,710	Level I

NOTES TO FINANCIAL STATEMENTS

NOTE 3: INVESTMENTS - continued

As of December 31, 2012 continued:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Intl Equity Index Fund	18,488	2,692	-	21,180	Level I
Lifecycle 2015	15,865	2,930	-	18,795	Level I
Real Est. Securities Fund	13,468	4,827	-	18,295	Level I
Small Cap Growth Index	15,769	1,681	-	17,450	Level I
Mid Cap Index Fund	13,517	3,736	-	17,253	Level I
VS Cap App	11,338	1,480	-	12,818	Level I
Explorer	10,532	1,245	-	11,777	Level I
Sci Tech	7,708	603	-	8,311	Level I
VS Mid Val	5,838	1,028	-	6,866	Level I
VS SC Tec	6,105	-	4	6,101	Level I
VS ALLCPVL	5,360	419	-	5,779	Level I
Oppenheimer Global	4,628	1,107	-	5,735	Level I
Small Cap Opportunities Fund	3,627	1,706	-	5,333	Level I
International Value Fund	3,979	362	-	4,341	Level I
SM-MD GRTH	2,754	139	-	2,893	Level I
RL at 2050	2,386	134	-	2,520	Level I
Total Stock Market Index Fund	1,438	423	-	1,861	Level I
Optimized Value Fund	1,172	414	-	1,586	Level I
Small Growth	559	91	-	650	Level I
Heritage	494	12	-	506	Level I
Templeton World	377	38	-	415	Level I
Domini Social Equity	364	4	-	368	Level I
FUN ALLCP	13	-	-	13	Level I
	$ 7,167,375	$ 1,196,212	$ 4	$ 8,363,583	

As of December 31, 2011:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
Investments 5% or > of plan assets:					
Lifestyle Growth	1,375,014	130,561	-	1,505,575	Level I
Lifestyle Balanced	1,052,782	134,121	-	1,186,903	Level I
Lifestyle Aggressive	426,405	34,614	-	461,019	Level I
John Hancock Stable Val	395,946	10,417	-	406,363	Level I
Lifestyle Moderate	290,824	53,753	-	344,577	Level I
Investments < 5% of plan assets:					
10 Yr Comp	281,259	-	-	281,259	Level II
PIMCO Total Return	234,429	15,867	-	250,296	Level I
Lifecycle 2020	172,707	56,836	-	229,543	Level I
Lifestyle Conservative	196,422	26,122	-	222,544	Level I
Lifecycle 2030	112,146	23,894	-	136,040	Level I
PIMCO Global Bond	75,071	10,714	-	85,785	Level I
Energy	76,299	2,786	-	79,085	Level I
EuroPacific Growth Fund	68,358	-	4,249	64,109	Level I
US Small Cap	52,296	9,372	-	61,668	Level I

NOTES TO FINANCIAL STATEMENTS

NOTE 3: INVESTMENTS - continued

As of December 31, 2011 continued:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
American Balanced Fund	56,602	3,814	-	60,416	Level I
The Growth Fund of America	57,362	2,785	-	60,147	Level I
MFS Utilities	53,265	6,692	-	59,957	Level I
Lifecycle 2025	54,543	3,702	-	58,245	Level I
Royce Opportunity	55,564	2,391	-	57,955	Level I
Davis New York Venture	53,760	3,851	-	57,611	Level I
Mid Cap Stock Fund	53,221	-	422	52,799	Level I
Washington Mutual Investors	44,964	6,781	-	51,745	Level I
Lifecycle 2035	49,493	563	-	50,056	Level I
Investment Company of America	41,022	2,201	-	43,223	Level I
T. Rowe Price Spectrum Inc	38,845	3,130	-	41,975	Level I
TRP EQ Inc.	37,997	3,014	-	41,011	Level I
Lifecycle 2040	38,576	1,896	-	40,472	Level I
Oppenheimer Development Mkt	38,072	1,824	-	39,896	Level I
Mid Cap Index Fund	29,348	6,563	-	35,911	Level I
BRGLEBALL	33,739	-	838	32,901	Level I
Mutual Discovery	29,117	2,444	-	31,561	Level I
Small Cap Growth Index	32,073	-	1,223	30,850	Level I
Lord Abbett Mid Cap Value (JPM Mc	28,270	2,306	-	30,576	Level I
Intl Equity Index Fund	29,738	-	522	29,216	Level I
T. Rowe Price Health Sci	24,217	3,596	-	27,813	Level I
Small Cap Index Fund	25,222	2,551	-	27,773	Level I
Lifecycle 2015	25,153	2,157	-	27,310	Level I
Lifecycle 2045	24,328	-	63	24,265	Level I
VS Blu Chip	20,403	2,331	-	22,734	Level I
PIMCO All Asset	19,267	2,278	-	21,545	Level I
Explorer	20,011	913	-	20,924	Level I
Columbia Value & Restructuring	19,050	245	-	19,295	Level I
VS High Yield	19,285	-	721	18,564	Level I
Mutual Beacon	15,600	359	-	15,959	Level I
Optimized Value Fund	13,832	1,894	-	15,726	Level I
Real Est. Securities Fund	11,716	3,870	-	15,586	Level I
VS Str Inc	12,815	-	244	12,571	Level I
Heritage	14,029	-	1,561	12,468	Level I
500 Index Fund	11,372	1,015	-	12,387	Level I
VS Financial	12,694	-	639	12,055	Level I
Intl Small Cap Fund	9,903	1,205	-	11,108	Level I
VS Small Val	9,737	1,264	-	11,001	Level I
Total Stock Market Index Fund	8,348	2,342	-	10,690	Level I
Templeton World	10,723	-	847	9,876	Level I
Sci Tech	8,683	706	-	9,389	Level I
VS Cap App	7,200	217	-	7,417	Level I
Oppenheimer Global	4,282	202	-	4,484	Level I
Small Cap Opportunities Fund	3,085	995	-	4,080	Level I

NOTES TO FINANCIAL STATEMENTS

NOTE 3: INVESTMENTS - continued

As of December 31, 2011 continued:	Amortized Cost	Unrealized Gain	Unrealized Loss	Market Value	Fair value Source
VS SC Tec	4,227	-	421	3,806	Level I
International Value Fund	2,716	-	279	2,437	Level I
VS ALLCPVL	2,229	20	-	2,249	Level I
SM-MD GRTH	880	7	-	887	Level I
RL at 2050	828	5	-	833	Level I
Small Growth	537	28	-	565	Level I
Domini Social Equity	354	-	6	348	Level I
	$ 6,028,255	$ 591,214	$ 12,035	$ 6,607,434	

NOTE 4: RECONGNIZED GAINS AND LOSSES ON INVESTMENTS

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value as follows:

Common/ Collective Funds	Recognized Gains (Losses)
Lifestyle Growth	231,169
Lifestyle Balanced	161,678
Lifestyle Aggressive	67,163
Lifestyle Moderate	41,325
PIMCO Total Return	37,638
Lifecycle 2020	32,416
Lifestyle Conservative	21,907
Lifecycle 2030	20,746
EuroPacific Growth Fund	16,180
T. Rowe Price Health Sci	14,928
The Growth Fund of America	12,947
Mid Cap Stock Fund	11,133
Royce Opportunity	10,958
US Small Cap	10,844
Oppenheimer Development Mkt	10,236
Lifecycle 2035	9,158
Lifecycle 2025	8,845
American Balanced Fund	8,750
Davis New York Venture	7,189
Investment Company of America	7,038
Washington Mutual Investors	6,677
VS Blu Chip	6,444
Lord Abbett Mid Cap Value (JPM Mcvalu)	6,216
MFS Utilities	5,862
Lifecycle 2040	5,551

NOTES TO FINANCIAL STATEMENTS

NOTE 4: RECONGNIZED GAINS AND LOSSES ON INVESTMENTS – continued

(continued) Common/ Collective Funds	Recognized Gains (Losses)
Mutual Discovery	5,123
PIMCO All Asset	5,003
10 Yr Comp	4,949
PIMCO Global Bond	4,907
TRP EQ Inc.	4,846
VS High Yield	4,771
BRGLEBALL	4,727
John Hancock Stable Val	4,663
Mid Cap Index Fund	4,515
Small Cap Growth Index	4,114
T. Rowe Price Spectrum Inc	4,093
Lifecycle 2015	3,892
Intl Equity Index Fund	3,863
Lifecycle 2045	3,593
VS Small Val	3,416
Intl Small Cap Fund	2,986
VS Financial	2,900
Mutual Beacon	2,657
Real Est. Securities Fund	2,597
Small Cap Index Fund	2,502
Explorer	2,431
VS Str Inc	2,082
500 Index Fund	2,054
Heritage	2,022
Optimized Value Fund	1,918
Columbia Value & Restructuring	1,658
DI SCI PVAL	1,568
VS Cap App	1,355
Total Stock Market Index Fund	1,054
Oppenheimer Global	945
VS Mid Val	860
Small Cap Opportunities Fund	699
International Value Fund	628
VS SC Tec	492
VS ALLCPVL	411
Sci Tech	175
RL at 2050	135
SM-MD GRTH	125
Small Growth	111
Domini Social Equity	39
Templeton World	(38)
Energy	(2,048)
Net recognized valuation gains and fees	871,791
Transaction fees	28,117
Net recognized valuation gains	$ 899,908

NOTE 5: FAIR VALUE MEASUREMENT

In accordance with DOL rule 29 CFR 2520.103-5 (c) the plan administrator certified the accuracy and completeness of information relative to plan investments which was not subjected to audit. During the year ended December 31, 2012 there were no transfers between fair value classifications. Following is a tabular format table of changes in fair value classifications:

	Value based on Active Market Quotes (Level I)	Significant Observable inputs (Level II)	Significant Unobservable inputs (Level III)	Total
As of December 31, 2011				
Investments in Common Collective funds	$ 6,326,176	$ 281,258	$ -	$ 6,607,434
Participant loans	-	-	165,571	165,571
Total as of December 31, 2011	6,326,176	281,258	165,571	6,773,005
Purchases	1,619,843	92,719	198,539	1,911,101
Sales/ redemptions	(800,135)	(28,069)	(136,142)	(964,346)
Settlement of loans by distribution			(3,153)	(3,153)
Recognized gains (losses)	866,842	4,949	-	871,791
As of December 31, 2012				
Investments in Common Collective funds	8,012,726	350,857	-	8,363,583
Participant loans	-	-	224,815	224,815
Total as of December 31, 2012	$ 8,012,726	$ 350,857	$ 224,815	$ 8,588,398

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts with respect to Company contributions. It is management's intention to continue the Plan.

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

There were no reconciling differences.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participantsô account balances and the amounts reported in the statement of net assets available for benefits.

See Note 3 for concentrations of plan investment securities.

NOTE 9: TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated October 29, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2012

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Lifestyle Growth	Common/Collective fund	1,497,112	1,818,285
	Lifestyle Balanced	Common/Collective fund	977,574	1,200,849
	PIMCO Total Return	Common/Collective fund	688,297	737,849
	John Hancock Stable Val	Common/Collective fund	652,120	664,947
	Lifestyle Aggressive	Common/Collective fund	437,399	526,179
	Lifestyle Moderate	Common/Collective fund	313,830	396,700
	10 Yr Comp	Common/Collective fund	350,857	350,857
	Lifecycle 2020	Common/Collective fund	203,884	293,813
	Lifestyle Conservative	Common/Collective fund	224,187	264,574
	Lifecycle 2030	Common/Collective fund	118,171	157,602
	EuroPacific Growth Fund	Common/Collective fund	95,527	106,348
	PIMCO Global Bond	Common/Collective fund	92,034	103,687
	T. Rowe Price Health Sci	Common/Collective fund	75,440	93,361
	Lifecycle 2035	Common/Collective fund	81,847	91,792
	Davis New York Venture	Common/Collective fund	66,798	75,993
	The Growth Fund of America	Common/Collective fund	63,193	75,980
	500 Index Fund	Common/Collective fund	70,285	72,571
	Lifecycle 2025	Common/Collective fund	60,477	70,365
	T. Rowe Price Spectrum Inc	Common/Collective fund	64,484	69,612
	Oppenheimer Development Mkt	Common/Collective fund	57,315	68,894
	US Small Cap	Common/Collective fund	53,829	68,813
	VS High Yield	Common/Collective fund	57,122	61,011
	Energy	Common/Collective fund	58,034	60,403
	MFS Utilities	Common/Collective fund	50,121	57,880
	Mutual Discovery	Common/Collective fund	48,822	55,732
	VS Blu Chip	Common/Collective fund	44,131	50,308
	PIMCO All Asset	Common/Collective fund	37,766	45,171
	Mid Cap Stock Fund	Common/Collective fund	38,157	45,050
	BRGLEBALL	Common/Collective fund	41,749	44,531
	Washington Mutual Investors	Common/Collective fund	36,371	44,010
	Royce Opportunity	Common/Collective fund	35,871	43,597
	American Balanced Fund	Common/Collective fund	36,770	43,183
	VS Small Val	Common/Collective fund	38,937	42,380
	Lord Abbett Mid Cap Value (JPM Mcvalu)	Common/Collective fund	32,229	40,415
	Lifecycle 2045	Common/Collective fund	31,288	34,353
	Investment Company of America	Common/Collective fund	29,911	34,106
	Lifecycle 2040	Common/Collective fund	28,571	33,345
	TRP EQ Inc.	Common/Collective fund	26,507	31,750
	DI SCI PVAL	Common/Collective fund	23,886	25,551
	VS Financial	Common/Collective fund	22,378	24,373
	Intl Small Cap Fund	Common/Collective fund	18,732	22,958
	Mutual Beacon	Common/Collective fund	18,920	21,849
	VS Str Inc	Common/Collective fund	20,663	21,710
	Intl Equity Index Fund	Common/Collective fund	18,488	21,180
	Lifecycle 2015	Common/Collective fund	15,865	18,795
	Real Est. Securities Fund	Common/Collective fund	13,468	18,295

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2012

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Small Cap Growth Index	Common/Collective fund	15,769	17,450
	Mid Cap Index Fund	Common/Collective fund	13,517	17,253
	VS Cap App	Common/Collective fund	11,338	12,818
	Explorer	Common/Collective fund	10,532	11,777
	Sci Tech	Common/Collective fund	7,708	8,311
	VS Mid Val	Common/Collective fund	5,838	6,866
	VS SC Tec	Common/Collective fund	6,105	6,101
	VS ALLCPVL	Common/Collective fund	5,360	5,779
	Oppenheimer Global	Common/Collective fund	4,628	5,735
	Small Cap Opportunities Fund	Common/Collective fund	3,627	5,333
	International Value Fund	Common/Collective fund	3,979	4,341
	SM-MD GRTH	Common/Collective fund	2,754	2,893
	RL at 2050	Common/Collective fund	2,386	2,520
	Total Stock Market Index Fund	Common/Collective fund	1,438	1,861
	Optimized Value Fund	Common/Collective fund	1,172	1,586
	Small Growth	Common/Collective fund	559	650
	Heritage	Common/Collective fund	494	506
	Templeton World	Common/Collective fund	377	415
	Domini Social Equity	Common/Collective fund	364	368
	FUN ALLCP	Common/Collective fund	13	13
	Save-More Drug Inc. 401(k) plan loans secured by participant accrued benefits	Participant loans, 4.25 --6.25, bi monthly payments from payroll dedection	224,815	224,815
	Total		$ 7,392,190	$ 8,588,398

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2012

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
RL at 2050	2,491	804
10 Yr Comp	97,668	28,069
500 Index Fund	60,184	-
American Balanced Fund	23,895	41,129
BRGLEBALL	32,367	20,737
Columbia Value & Restructuring	2,948	22,243
Davis New York Venture	21,477	3,095
DI SCI PVAL	25,551	-
Domini Social Equity	39	18
Energy	19,198	37,879
EuroPacific Growth Fund	56,483	14,244
Explorer	7,468	16,614
FUN ALLCP	13	-
Heritage	2,912	14,874
International Value Fund	1,904	-
Intl Equity Index Fund	7,608	15,644
Intl Small Cap Fund	11,850	-
Investment Company of America	25,656	34,773
John Hancock Stable Val	391,517	132,932
Lifecycle 2010	261	261
Lifecycle 2015	12,151	20,666
Lifecycle 2020	64,270	-
Lifecycle 2025	32,107	19,986
Lifecycle 2030	42,820	21,258
Lifecycle 2035	42,337	600
Lifecycle 2040	13,817	20,944
Lifecycle 2045	16,619	6,531
Lifestyle Aggressive	184,796	119,636
Lifestyle Balanced	426,782	412,837
Lifestyle Conservative	93,424	51,394
Lifestyle Growth	606,473	293,773
Lifestyle Moderate	102,436	50,313
Lord Abbett Mid Cap Value (JPM Mcvalu)	12,299	2,459
MFS Utilities	16,543	18,620
Mid Cap Index Fund	9,521	28,179
Mid Cap Stock Fund	19,852	27,601
Mutual Beacon	7,890	2,000
Mutual Discovery	24,170	-
Oppenheimer Development Mkt	31,088	2,091
Oppenheimer Global	1,668	417
Optimized Value Fund	2,245	16,385
PIMCO All Asset	23,626	-
PIMCO Global Bond	35,948	18,045
PIMCO Total Return	514,017	26,464
Real Est. Securities Fund	5,403	2,695

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2012

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Royce Opportunity	24,257	38,615
Sci Tech	8,571	9,649
Small Cap Growth Index	12,408	25,808
Small Cap Index Fund	4,839	32,612
Small Cap Opportunities Fund	1,253	-
Small Growth	413	328
SM-MD GRTH	2,006	-
T. Rowe Price Health Sci	65,548	-
T. Rowe Price Spectrum Inc	52,059	24,422
Templeton World	694	10,155
The Growth Fund of America	28,681	12,848
Total Stock Market Index Fund	1,782	10,611
TRP EQ Inc.	16,507	25,767
US Small Cap	23,608	16,462
VS ALLCPVL	3,733	202
VS Blu Chip	35,275	7,701
VS Cap App	6,081	680
VS Financial	12,318	-
VS High Yield	46,899	4,452
VS Mid Val	7,317	450
VS SC Tec	2,714	418
VS Small Val	31,380	-
VS Str Inc	9,139	-
Washington Mutual Investors	23,857	31,592
Participant loans	198,539	139,295
	$ 3,753,670	$ 1,938,277

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2012

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Lifestyle Growth	Common/Collective fund	1,497,112	1,818,285
	Lifestyle Balanced	Common/Collective fund	977,574	1,200,849
	PIMCO Total Return	Common/Collective fund	688,297	737,849
	John Hancock Stable Val	Common/Collective fund	652,120	664,947
	Lifestyle Aggressive	Common/Collective fund	437,399	526,179
	Lifestyle Moderate	Common/Collective fund	313,830	396,700
	10 Yr Comp	Common/Collective fund	350,857	350,857
	Lifecycle 2020	Common/Collective fund	203,884	293,813
	Lifestyle Conservative	Common/Collective fund	224,187	264,574
	Lifecycle 2030	Common/Collective fund	118,171	157,602
	EuroPacific Growth Fund	Common/Collective fund	95,527	106,348
	PIMCO Global Bond	Common/Collective fund	92,034	103,687
	T. Rowe Price Health Sci	Common/Collective fund	75,440	93,361
	Lifecycle 2035	Common/Collective fund	81,847	91,792
	Davis New York Venture	Common/Collective fund	66,798	75,993
	The Growth Fund of America	Common/Collective fund	63,193	75,980
	500 Index Fund	Common/Collective fund	70,285	72,571
	Lifecycle 2025	Common/Collective fund	60,477	70,365
	T. Rowe Price Spectrum Inc	Common/Collective fund	64,484	69,612
	Oppenheimer Development Mkt	Common/Collective fund	57,315	68,894
	US Small Cap	Common/Collective fund	53,829	68,813
	VS High Yield	Common/Collective fund	57,122	61,011
	Energy	Common/Collective fund	58,034	60,403
	MFS Utilities	Common/Collective fund	50,121	57,880
	Mutual Discovery	Common/Collective fund	48,822	55,732
	VS Blu Chip	Common/Collective fund	44,131	50,308
	PIMCO All Asset	Common/Collective fund	37,766	45,171
	Mid Cap Stock Fund	Common/Collective fund	38,157	45,050
	BRGLEBALL	Common/Collective fund	41,749	44,531
	Washington Mutual Investors	Common/Collective fund	36,371	44,010
	Royce Opportunity	Common/Collective fund	35,871	43,597
	American Balanced Fund	Common/Collective fund	36,770	43,183
	VS Small Val	Common/Collective fund	38,937	42,380
	Lord Abbett Mid Cap Value (JPM Mcvalu)	Common/Collective fund	32,229	40,415
	Lifecycle 2045	Common/Collective fund	31,288	34,353
	Investment Company of America	Common/Collective fund	29,911	34,106
	Lifecycle 2040	Common/Collective fund	28,571	33,345
	TRP EQ Inc.	Common/Collective fund	26,507	31,750
	DI SCI PVAL	Common/Collective fund	23,886	25,551
	VS Financial	Common/Collective fund	22,378	24,373
	Intl Small Cap Fund	Common/Collective fund	18,732	22,958
	Mutual Beacon	Common/Collective fund	18,920	21,849
	VS Str Inc	Common/Collective fund	20,663	21,710
	Intl Equity Index Fund	Common/Collective fund	18,488	21,180
	Lifecycle 2015	Common/Collective fund	15,865	18,795
	Real Est. Securities Fund	Common/Collective fund	13,468	18,295

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS HELD FOR INVESTMETNS
AS OF DECEMBER 31, 2012

a)	b) Identity of issue, borrower, lessor, or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Small Cap Growth Index	Common/Collective fund	15,769	17,450
	Mid Cap Index Fund	Common/Collective fund	13,517	17,253
	VS Cap App	Common/Collective fund	11,338	12,818
	Explorer	Common/Collective fund	10,532	11,777
	Sci Tech	Common/Collective fund	7,708	8,311
	VS Mid Val	Common/Collective fund	5,838	6,866
	VS SC Tec	Common/Collective fund	6,105	6,101
	VS ALLCPVL	Common/Collective fund	5,360	5,779
	Oppenheimer Global	Common/Collective fund	4,628	5,735
	Small Cap Opportunities Fund	Common/Collective fund	3,627	5,333
	International Value Fund	Common/Collective fund	3,979	4,341
	SM-MD GRTH	Common/Collective fund	2,754	2,893
	RL at 2050	Common/Collective fund	2,386	2,520
	Total Stock Market Index Fund	Common/Collective fund	1,438	1,861
	Optimized Value Fund	Common/Collective fund	1,172	1,586
	Small Growth	Common/Collective fund	559	650
	Heritage	Common/Collective fund	494	506
	Templeton World	Common/Collective fund	377	415
	Domini Social Equity	Common/Collective fund	364	368
	FUN ALLCP	Common/Collective fund	13	13
	Save-More Drug Inc. 401(k) plan loans secured by participant accrued benefits	Participant loans, 4.25 --6.25, bi monthly payments from payroll dedection	224,815	224,815
	Total		$ 7,392,190	$ 8,588,398

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2012

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
RL at 2050	2,491	804
10 Yr Comp	97,668	28,069
500 Index Fund	60,184	-
American Balanced Fund	23,895	41,129
BRGLEBALL	32,367	20,737
Columbia Value & Restructuring	2,948	22,243
Davis New York Venture	21,477	3,095
DI SCI PVAL	25,551	-
Domini Social Equity	39	18
Energy	19,198	37,879
EuroPacific Growth Fund	56,483	14,244
Explorer	7,468	16,614
FUN ALLCP	13	-
Heritage	2,912	14,874
International Value Fund	1,904	-
Intl Equity Index Fund	7,608	15,644
Intl Small Cap Fund	11,850	-
Investment Company of America	25,656	34,773
John Hancock Stable Val	391,517	132,932
Lifecycle 2010	261	261
Lifecycle 2015	12,151	20,666
Lifecycle 2020	64,270	-
Lifecycle 2025	32,107	19,986
Lifecycle 2030	42,820	21,258
Lifecycle 2035	42,337	600
Lifecycle 2040	13,817	20,944
Lifecycle 2045	16,619	6,531
Lifestyle Aggressive	184,796	119,636
Lifestyle Balanced	426,782	412,837
Lifestyle Conservative	93,424	51,394
Lifestyle Growth	606,473	293,773
Lifestyle Moderate	102,436	50,313
Lord Abbett Mid Cap Value (JPM Mcvalu)	12,299	2,459
MFS Utilities	16,543	18,620
Mid Cap Index Fund	9,521	28,179
Mid Cap Stock Fund	19,852	27,601
Mutual Beacon	7,890	2,000
Mutual Discovery	24,170	-
Oppenheimer Development Mkt	31,088	2,091
Oppenheimer Global	1,668	417
Optimized Value Fund	2,245	16,385
PIMCO All Asset	23,626	-
PIMCO Global Bond	35,948	18,045
PIMCO Total Return	514,017	26,464
Real Est. Securities Fund	5,403	2,695

SAV-MORE DRUG, INC. 401(k) PROFIT SHARING PLAN
EIN 75-2047264

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF
FOR THE YEAR ENDED DECEMBER 31, 2012

a) Identity of issue, borrower, lessor, or similar party	d) Cost of Acquisition	e) Proceeds of Dispositions
Royce Opportunity	24,257	38,615
Sci Tech	8,571	9,649
Small Cap Growth Index	12,408	25,808
Small Cap Index Fund	4,839	32,612
Small Cap Opportunities Fund	1,253	-
Small Growth	413	328
SM-MD GRTH	2,006	-
T. Rowe Price Health Sci	65,548	-
T. Rowe Price Spectrum Inc	52,059	24,422
Templeton World	694	10,155
The Growth Fund of America	28,681	12,848
Total Stock Market Index Fund	1,782	10,611
TRP EQ Inc.	16,507	25,767
US Small Cap	23,608	16,462
VS ALLCPVL	3,733	202
VS Blu Chip	35,275	7,701
VS Cap App	6,081	680
VS Financial	12,318	-
VS High Yield	46,899	4,452
VS Mid Val	7,317	450
VS SC Tec	2,714	418
VS Small Val	31,380	-
VS Str Inc	9,139	-
Washington Mutual Investors	23,857	31,592
Participant loans	198,539	139,295
	$ 3,753,670	$ 1,938,277