## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the inst	ructions to the Form 5500	)-SF.	ороошо
Part I	Annual Report	Identification Information			•	
For calend			/2012	and ending 04	4/30/2013	
	turn/report is for:	a single-employer plan		r plan (not multiemployer)	a or	ne-participant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extensio	า	DF\	/C program
		special extension (enter desc	ription)			
Part II	Basic Plan Info	prmation—enter all requested in	formation			
1a Name					1b Three-	-digit
		PROFIT SHARING PLAN			plan n	umber
					(PN)	001
					1c Effecti	ve date of plan
						05/01/1991
<b>2a</b> Plan s	ponsor's name and ac HARMACY, INC.	Idress; include room or suite numb	er (employer, if for a sing	lle-employer plan)	2b Employ (EIN)	yer Identification Number 99-0140050
					2c Spons	sor's telephone number
C/O PO BOX	X 418					808-946-0355
SEQUIM, W	/A 98382-0418				2d Busine	ess code (see instructions) 446110
		nd address Same as Plan Spon		lan Sponsor Address	<b>3b</b> Admini	istrator's EIN 99-0140050
ILLAGE PHA	ARMACY, INC.	C/O PO B SEQUIM.	OX 418 WA 98382-0418	-	<b>3c</b> Admin	istrator's telephone number
		,				808-946-0355
		e plan sponsor has changed since	the last return/report file	d for this plan, enter the	<b>4b</b> EIN	
		mber from the last return/report.			4	
	sor's name				4c PN	
<b>5a</b> Total i	number of participants	at the beginning of the plan year.			5a	2
<b>b</b> Total	number of participants	at the end of the plan year			5b	0
		account balances as of the end of	. , ,	•	5c	0
6a Were	all of the plan's asset	s during the plan year invested in	eligible assets? (See inst	ructions.)		X Yes No
		f the annual examination and repo				
		? (See instructions on waiver eligit				X Yes No
If you	ı answered "No" to e	ither line 6a or line 6b, the plan	cannot use Form 5500-	SF and must instead use I	Form 5500.	
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable caus	se is establi	shed.
		her penalties set forth in the instru				
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	as well as the electronic	version of this return/report,	and to the b	est of my knowledge and
DONOI, ICIO	rac, correct, and com	pioto.		•		
SIGN HERE	Filed with authorized	/valid electronic signature.	01/14/2014	BARBARA GANIR		
112112	Signature of plan a	ıdministrator	Date	Enter name of individu	ıal signing as	s plan administrator
SIGN						
	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ıal signing as	s employer or plan sponsor
HERE						
	name (including firm r	name, if applicable) and address; in	nclude room or suite num			elephone number (optional)
	name (including firm r		nclude room or suite num			
	name (including firm r		nclude room or suite num			
	name (including firm r		nclude room or suite num			
	name (including firm r		nclude room or suite num			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of	Year	
а	Total plan assets	7a	13900							0
b	Total plan liabilities	7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	13900	139002			0			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			ı			
а	Contributions received or receivable from:		,							
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	334	18						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							334	18
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14235	50						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1423	50
i	Net income (loss) (subtract line 8h from line 8c)	8i							-1390	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the inst	uction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions	s:	
_										
Par	•				1	T	1			
10	During the plan year:				Yes	No		An	nount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X				
е		ner person	s by an insurance carrier,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h		(See instru	uctions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
Part	exceptions to providing the notice applied under 29 CFR 2520.10:  VI Pension Funding Compliance	1-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirem								Ye	s $\Pi$ No
	5500) and line 11a below)					11a			16	S   INC
12	Is this a defined contribution plan subject to the minimum funding				ection :		ERISA?		Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date d	of the		uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy				
	Enter the minimum required contribution for this plan year	•				12b				
	· · ·			_						

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 5057(b) and 8058(a) of the Internal Revenue Code (the Code). 2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

Pension Benefit Guaranty Corporation	▶ Complet <u>e all entries in acc</u>	ordance v	rith the instruct	ions to the Form 5500	0-SF.	Inspection
Pert Annual Report Id						
For calendar plan year 2012 or fisca	i plan year beginning	05/01/2	2012	and ending		04/30/2013
A This leteliardeport is too.	a single-employer plan	=		n (not multiemployer)	1	a one-participant plan
B This return/report is:	the first return/report		al return/report			
	an emended return/report	a short	pian year return.	report (less than 12 me	onths)	_
C Check box if filing under:	Form 5558	automa	atic extension			DFVC program
·	special extension (enter descri	iption)				
Part   Basic Plan Inform	nation—enter all requested info	omation				
1a Name of plan	· · · · · · · · · · · · · · · · · · ·	'		· -	1b	Three-digit
VILLAGE PHARMACY, INC	:. 401K PROFIT SHARI	NG PLAI	4			plan number 001
					10	(PN) OUT
						05/01/1991
2a Plan sponsor's name and addre	ee: include room or suite numbe	r (employe	r. If for a single-e	(nsig revolum		Employer Identification Number
VILLAGE PHARMACY, INC		(5,515.3.5.	.,	and the same of the same of		(EIN) 99-0140050
					2c	Sponsor's telephone number
C/O PO BOX 418						808-946-0355
					2d	Business code (see instructions)
SEQUIM	WA 98382-0418	8			ļ	445110
3a Plan administrator's name and	address ∐Same as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's EIN 99-0140050
VILLAGE PHARMACY, INC	!•				30	Administrator's telephone number
					1	808-946-0355
C/O PO BOX 418						
SEQUIM	WA 98382-0418					
4 If the name and/or EIN of the p	ian sponsor has changed since t	the last retu	rn/report filed for	r this plan, enter the	4b	EIN
name, EIN, and the plan numb	er from the last return/report.				4c	DN
Sponsor's name     Total number of participants at	the healester of the plan was				+	2
• •	· ·					0
b Total number of participants at					6b	<del>                                     </del>
C Number of participants with accomplete this item)	count balances as of the end of t	ne plan yes	rt (deliued beue	nt pians do not	6c	0
6a Were all of the plan's assets d						
<b>b</b> Are you claiming a waiver of th	e annual examination and report	t of an Inde	pendent qualifie	d public accountant (IQ	IPA)	
under 29 CFR 2520.104-457 (	See instructions on walver eligibi	ility and cor	::			X Yes   No
	er line 6a or line 6b, the plan c					
Caution: A penalty for the late or	incomplete filing of this return	/report wil	l be assessed L	inless reasonable cau	150 19	established.
Under penalties of perjury and other SB or Schedule MB completed and	r penalties set forth in the instruction and by an enrolled actuary, a	tions, i dec is well as th	igre that i have e e electronic vers	ixamined this return/rej ilon of this return/report	poπ, ir t. and t	to the best of my knowledge and
beilef, it is true, correct, and comple	te.				,	
3-6-6	T-12444 - 3		Malle	BARBARA GANIR		
SIGN / Mucleus	Brun -		1/15/14	-		
Sale of biggs and and an analysis of biggs and		Da		_		ning as plan administrator
sign mlev	Duni		1/13/14	BARBARA GANIR		
Signature of employe	r/plan sponsor	Da				ning as employer or plan sponsor
Preparer's name (including firm nar	ne, if applicable) and address; in	clude room	or suite number	· (optional)	Prep	arer's telephone number (optional)
					Managy 335 Managy 335	The state of the s
					erangungun erangungun erangungun	When the state of
					*** **********************************	E - COO BE (0040)

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NAME AND DESCRIPTIONS	**************************************									_
	Financial Information Plan Assets and Liabilities		(±) Beginning of Yea	<del>-</del>	$\top$		(b) End	of Year		_
<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3900	2		(b) End	OI_TOUL		0
	Total plan assets	. 7a		,,,,,	<del>-</del>					ō
	Total plan liabilities	7b		3900	<del>-</del>					ō
_	Net plan assets (subtract line 7b from line 7a)	. 7c	411	,,,,,,	-		4-3-			<del>_</del>
8	Income, Expenses, and Transfers for this Plan Year	(3) (3) (3)	(a) Amount		Grantalia Grantalia		(b) T	otal		
8	Contributions received or receivable from: (1) Employers	. Sa(1)			0			to the second	ng besaka di ana Malaka di Malaka di Ana	
	(2) Participants	Ba(2)			0	gagara	Auriliania T			
		8a(3)			0		Tarasembersali	ecestron.	2 400 C	Jr.
	(3) Others (Including rollovers)			334	8	(1,010) (c) 44.7	willia e		- A	19207
	Other Income (loss)				e de la composition della comp		orani anti orani anti di	100:00-00-00-00-00-00-00-00-00-00-00-00-0	33.	48
	Total Income (add lines 8a(1), 8a(2), 8e(3), and 8b)	. 8c			ep.	topperation.	mond studioning contracts	nergy (spiece)	A4	0.59923000
đ	to provide benefits)	. 8d	14	4235	o S		grad.	16	en elitable	/1) Y
-	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		110000		97800 5 to 10 1794	
Ť	Administrative service providers (salaries, fees, commissions)	. er			o	, whales	((0.00	Agranii (d. 1	10 to	4
<del>-</del>	Other expenses	80			٥	All Arm	and of the factor of the facto	1990 10 Gran and an	- Again	70
	Total expenses (add lines 80, 86, 81, and 8g)								1423	60
一	Net Income (loss) (subtract line 8h from line 8c)	_	And the second of the second o		(WK)				-1390	02
	Transfers to (from) the plan (see instructions)				6.2	A SAME AND	CANAL TANK OF THE STREET	on The Control of the	100 page	73.64 73.44
		1 9			27.00.000	(pillopii mangayay mi	-11-5(1-5) - 11-11-11-11-11-11-11-11-11-11-11-11-1		VI ( WANTED TO STORY	9907.7X
9a	FIVE Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chars	ecterio	tic Co	des in	the Instru	tions:		_
	2E 2H 2J 2K 3D									_
þ	if the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	cterist	lc Cod	es in t	he instruct	lons:		
##200 (III)	L Complete C						"			_
Per					Yes	No		Amount		_
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	dlone with!	the time period described in	$\overline{}$					<u> </u>	_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corr	ection Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10ь		X	_			
				10c	х				500	00
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x				
	Were any feet or commissions held to any brokers, agents, or of	her person	s by an insurence carrier,							
7	insurance service or other organization that provides some or all	of the bene	efits under the plan? (See	100		Х				
	instructions.)			_	_	х				_
f				107			<u>L.</u>		_	_
9		as of year e	and.) <u></u>	10g		х	Diploment to the College		GIIIII bir rayayid	(00) ess
- 1	If this is an individual account plan, was there a bisokout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х				
	If 10h was answered "Yes," check the box if you either provided a exceptions to providing the notice applied under 29 CFR 2520.10	the regulre	d natice or one of the	101			e engyithamid e engyithamid engyithamid			
					_					
	200									
Par 11	Panaion Funding Compliance	nents? (If "	Yes," see instructions and com	nplete	Sched	lule S	3 (Form	Y	a 🔲 a	Vo
11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11s below)	nents? (if "	***************************************	********		lule Si	∃ (Form			
11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer a500) and line 11a below)  Enter the amount from Schedule SB line 39	ments? (if "				11a			s	
11 11:	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11s below)  Enter the amount from Schedule SB line 39	ments? (If " g requirem v. es applic	ents of section 412 of the Code	e or se	ection	11a 302 of	ERISA?	Y	es 🔀 t	
11 11: 12	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below?  Enter the amount from Schedule SB line 39	ments? (if " g requirem v, as applic ing amortiz	ents of section 412 of the Code able.) ed in this plan year, see thatru	e or se	ection	11a 302 of	ERISA?	Y	es 🔀 t	
11 11: 12	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below?  Enter the amount from Schedule SB line 39	ments? (if " g requirem v, as applic ing amortiz	ents of section 412 of the Code able.) ed in this plan year, see thatru	e or se	ection	11a 302 of enter t Day	ERISA?	Y the letter	es 🔀 t	
11 11: 12	Pension Funding Compliance   Is this a defined benefit plan subject to minimum funding requirer	ments? (if " g requirem y, as applic ing amortiz	ents of section 412 of the Code able.) ed in this plan year, see thatru- Mor m 5500), and skip to line 13.	e or se	ection	11a 302 of	ERISA?	Y the letter	es 🔀 t	

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	Enter the amount contributed by the employer to the plan	for this plan year		12¢			
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	zb. Enter the result (enter a minus sign to the left o	ofa	12d			
	Will the minimum funding amount reported on line 12d be				Yes	No No	□ N/A
Calculate and Make	Plan Terminations and Transfers of A						
the annual states and a	Has a resolution to terminate the plan been adopted in any pi			X.	Yes _	Nο	
	If "Yes," enter the amount of any plan assets that revertee	to the employer this year		13a			Q
þ	Were all the plan assets distributed to participants or ben of the PBGC?	eficiaries, transferred to another plan, or brought t	inder the c	ontrol		X Y	∕es No
C	If during this plan year, any assets or liabilities were trans- which assets or liabilities were transferred. (See Instruction	sferred from this plan to another plan(s), identify th					
	3c(1) Name of plan(s):		13	Ic(2) E	IN(s)	13	c(3) PN <u>(e)</u>
		<u> </u>				<u> </u>	
	<u> </u>	·					
	<u></u>	- · · · · · · · · · · · · · · · · · · ·	-				
Part	VIII Trust information (optional)						
14a	Name of trust			14b 1	Trust's E	IN	