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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.	ins	spection	
Part I	Annual Report					•		
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013		
	Take plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 This return/report is for:							
B This ret	turn/report is:		<u>.</u>					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths))		
C Check I	box if filing under:			DFVC progra	am			
special extension (enter description)								
Part II	Basic Plan Info	rmation—enter all requested inform	nation					
1a Name	of plan				1b	U		
AY PHARMA	ACY, INC. PROFIT SH	ARING PENSION PLAN					000	
					10	,		
					10			
		dress; include room or suite number (employer, if for a single-	employer plan)	2b			
AY PHARM	ACY, INC.					(=::1)		
2070 DATU	A\/ENITE				2C			
					2d			
					-			
3a Plan a	dministrator's name an	id address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN	
					3с	Administrator's	telephone number	
1 If the name and/or FIN of the plan sponsor has changed since the last return/report filed for this plan enter the								
				46 EIN				
a Spons	or's name				4c	PN		
5a Total	number of participants	at the beginning of the plan year			5a			
b Total i	b Total number of participants at the end of the plan year						4	
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year			•	5c		3		
6a Were	all of the plan's assets	s during the plan year invested in eligif	ble assets? (See instruc	tions.)			X Yes No	
		f the annual examination and report of						
		? (See instructions on waiver eligibility	,				X Yes No	
_		ither line 6a or line 6b, the plan can			_		1	
C If the p	plan is a defined benef	it plan, is it covered under the PBGC i	insurance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	A penalty for the late of	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.		
		her penalties set forth in the instruction						
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as w	vell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and	
bollot, it io	I			T				
SIGN HERE	Filed with authorized/	valid electronic signature.						
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ne of individual signing as plan administra			
SIGN								
HERE	Signature of emplo		Date	Enter name of individ				
Preparer's	name (including firm n	name, if applicable) and address; inclu-	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)	

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
<u>.</u>	Total plan assets	7a		0			77220	
	Total plan liabilities	7b		0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c		0			77220	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Tot			(b) Total	
	Contributions received or receivable from:		, ,	_				
	(1) Employers	8a(1)	7722	0				
	(2) Participants							
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b		0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					77220	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
i	Net income (loss) (subtract line 8h from line 8c)	8i					77220	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instructions:	
Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount	
а				10a		X	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	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		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
h	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?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No	
С	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.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4066 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code)

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Pension Benefit Gueranty Corporation	Inspection							
		ordance with the Instructions to the Form 550	n⊪sf.		what file.			
	dentification Information							
For calendar plan year 2013 or fisca		01/01/2013 and ending	12/	/31/2013				
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer)		a one-particip	oant plan			
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 m	oonths)					
C Check box If filing under:	Form 5558	automatic extension	П	DFVC progra	ut)			
	special extension (enter descripti	ion)	لسا	, , , ,				
Part II Basic Plan Inform	mation enter all requested inf	Arrastran						
1a Name of plan	11 1541 MIL Tondord State 11 11	XIII X 3.01	1b T	hréé-digit	and it is the same of the same			
AV Pharmany Inc. Dr	ofit Sharing Pension Pl	o.m	pt	lan number	0.45			
AI THAINGO, THE FE	care printfill semeral to	- 20.E1		PN) ► ffective date of	003			
				1/01/2013	pian			
2a Plan sponsor's пате and addr	ess; include room or suite number ((employer, if for a single-employer plan)			fication Number			
AY Pharmacy, Inc.				EIN) 11-34(
				ponsor's telept				
2070 Bath Avenue			-	718) 372-8				
00 M m N N N				usiness code (: 46110	see instructions)			
US Brooklyn 39 Plan administrator's name and	NY 11214	or Name 🗍 Same as Plan Sponsor Address		dministrator's E	ZINI			
Va Figit administrator s name and	address [V] agine so man abolis	W Martie 7 Carité de Ciail Obolteol Modices	WW AC	THINH REMOTOR & E	≅IIA			
			300 4		P. C. Star and Co.			
			DE AC	nimustrators u	eléphone number			
4 If the name and/or EIN of the pf	an sponsor has changed since the	last return/report filed for this plan, enter the	4b Eli	N				
name, EIN, and the plan number	er from the last return/report.			**************************************				
a Sponsor's name	The state of the s		4c PN	1	and the state of t			
	-		5a		4			
·	·	plan year (defined benefit plans do not	5b	***************************************	4			
		han kesi <i>(demen peleli</i> bisis no lidi	5c	_	<u> 3</u>			
3a Were all of the plan's assets du			A111748787777774	4244444444444	XYes No			
b Are you claiming a waiver of the	annual examination and report of	an independent qualified public accountant (IQP	A)					
•	ee instructions on waiver eligibility	***************************************			XYes No			
		of use Form 5500-SF and must instead use F						
c If the plan is a defined benefit p	lan, is it covered under the PBGC in	nsurance program (see ER(SA section 4021)?	+*****	Yes No	Not determined			
Caution: A penalty for the late or	incomplete filing of this returnire	port will be assessed unless reasonable cau	se is est	ablished.				
Under penalties of perjuly and other	r penalties set forth in the instructio	ns, I declare that I have examined this return/rep	ort, inclu	iding, if applica	ble, a Schedule			
		vell as the electronic version of this return/report	, and to fi	ne best of my f	knowledge and			
belief, it is true, correct, and comple	16.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************			
SIGN		Arik Yershov	rshov					
HERE Signature of plan admini	strator	Date Line Enter name of individua	l signing :	əş plan admin	istrator			
SIGN	W	Arik Yershov						
	Signature of employer/plan sponsor Date \(\frac{1}{2} \) Enter name			lividual signing as employer or plan sponsor				
Preparer's name (including #info name	ie, if applicable) and address; inclu	de room or suité number (optional)	Preparei	r's telephone n	iumber (optional)			
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				Markar Bright Wheels				
		1	高硬門類					

Part III Financial Information			_		M 		
7 Plan Assets and Liabilities	o II. Mercikilin Ministrati	(a) Beginning of Year	·			(b) End o	f Year
a Total plan assets	. <u>7a</u>		0				77,220
b Total plan liabilities	., 7b		0	1	************		0
C Net plan assets (subtract line 7b from line 7a)	. 7c		0		<u></u>		77,220
8 Income, Expenses, and Transfers for this Plan Year	awintaway Aye a jirin	(a) Amount	(a) Amount		(b) Total		
Contributions received or receivable from: (1) Employers	1	77,2:	20	96.000	100 Mars 1	elar, 1905 in Design	
(2) Participants			0	1995	and the con-	and the state of	
(3) Others (including rollovers)			0	1	<u> </u>	a vieto (1906). 1919. – 400, – 1	
b Other income (loss)			0		<u> </u>	10 146 - 11,000 11 1011 - 1100 - 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,000 11,00	
C Total income (add lines 8e(1), 8e(2), 8e(3), and 8b)				1			77 000
d Benefits paid (Including direct rollovers and insurance premiums		<u> Par name (British Separa balan paga paka, ar seria</u>		73973	Control of the		1000
to provide benefits)	. 8d		٥	## <u>####</u>	16,100	alla Politica (September)	
Certain deemed and/or corrective distributions (see instructions)	. 8e	-	0	En 2015		38661355	
f Administrative service providers (salaries, fees, commissions)	. 8f		0	1916		vening of parties of	
g Other expenses	. 8g	TO CONTRACTOR CONTRACTOR OF THE PROPERTY OF TH	0	102 Min. 152			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				***************************************		<u> </u>
Net income (loss) (subtract line 8h from line 8c)					- (2.71)	r a where specific day	77,220
Transfers to (from) the plan (see instructions)	. 8[0	li iĝi o	get if	B. B. C. de Pical	s segundo de la mario. Salesmojos salestos segundo
Part IV Plan Characteristics			************	*************	····		
9a If the plan provides pension benefits, enter the applicable pension f	eature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	75:
2A 2E						·	
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Character	istic C	Codes	in the	instruction	5:
Part V Compliance Questions	~			······································			
						Mount	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fldu			10a		ж		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	iclude transactions reported	10b		Х		
C Was the plan covered by a fidelity bond?			10c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Х		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		×		
Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)	er persons of the bene	by an insurance carrier, fits under the plan? (See	10e		x	, <u>, , , , , , , , , , , , , , , , , , </u>	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		x		
g Dld the plan have any participant loans? (If "Yes," enter amount a	s of Vearer	nd.)	10g	(**)	x		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	otions and 29 CFR	10h		x		
if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i				
Part VI Pension Funding Compliance			I			1 45 T. TO 10.33	CONTROL OF THE CONTRO
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐Yes 🄀 No
11a Enter the unpaid minimum required contribution for current year fi	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		******		11a		
12 Is this a defined contribution plan subject to the minimum funding		r	rsect	on 30	2 of E	RISA?	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ible.)					
a If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ng amortize	ed in this plan year, see instructi	ons, á ith	and er	nter th		e letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule					····	***************************************	
b Enter the minimum required contribution for this plan year			******	,,,,,,,	12b		

_Form 5500-SF 2	013 Page 3-					
		_				
C Enter the amount cor	tributed by the employer to the plan for this plan year	1	2c			
d Subtract the amount	n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a		2d		97009700000000000000000000000000000000	
	ding amount reported on line 12d be met by the funding deadline?	<u></u>		Yes [No N	WA.
art VII Plan Term	inations and Transfers of Assets				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
······································	minate the plan been adopted in any plan year?	<u></u> [Ye	s X N	10	
	ount of any plan assets that reverted to the employer this year		3a			
of the PBGC?	ets distributed to participants or beneficiaries, transferred to another plan, or brought under	*********	al 		Yes X	No
C If during this plan yes which assets or liabili	r, any assets or liabilities were transferred from this plan to another plan(s), identify the pla fies were transferred. (See instructions.)		***************************************			
13c(1) Name of plan(s)		13¢(2)	EIN(s)	13c(3) PN(<u>(5)</u>
					j	
art VIII Trust Info	rmation (optional)					
a Name of trust	The board of the b	11	4h T	rust's EIN		
ra Ivanic of troot		"	· · · · · ·			
)						