## 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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Informatior	1			
For calend	ar plan year 2014 or	fiscal plan year beginning 07/01/2	2014	and ending 06	6/30/2015	
A This ref	turn/report is for:	a single-employer plan		lan (not multiemployer)		s box must attach a list instructions)
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested ir	formation			
1a Name		•			<b>1b</b> Three-digit	
TIM'S PHAR	RMACY & GIFT SHO	P, LTD. 401(K) PROFIT SHARING	PLAN		plan numbe	
					(PN) 1c Effective da	to of plan
						7/01/1990
2a Plan s	ponsor's name and a MACY & GIFT SHOR	ddress; include room or suite numb P, LTD.	per (employer, if for a single-	employer plan)		lentification Number 1-1112446
P.O. BOX 51	20					elephone number 0-458-8467
YELM, WA 9						ode (see instructions)
3a Plan a	dministrator's name	and address Same as Plan Spor	sor.		<b>3b</b> Administrate	
TIMS PHARM	MACY & GIFT SHOP		X 5120 VA 98597			1-1112446 or's telephone number
4 If the r	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name		umber from the last return/report.	·	•	4c PN	
5a Total number of participants at the beginning of the plan year				. 5a	34	
<b>b</b> Total number of participants at the end of the plan year				. 5b	32	
		n account balances as of the end of			5c	31
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	20
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)	17
		terminated employment during the			5e	2
Under pena SB or Sche	alties of perjury and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete.	ctions, I declare that I have	examined this return/re	port, including, if ap	oplicable, a Schedule
SIGN	Filed with authorize	d/valid electronic signature.	12/23/2015	TIMOTHY LARSEN		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN	<u> </u>					
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual eigning as emp	loyer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (i		r ) (optional)		one number (optional)
	, <b>C</b>			,		,, ,,

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot be a contracte	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	12421				1304561
	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	12421	72			1304561
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	437	703			
	2) Participants	8a(2)	316	612			
		8a(3)		0			
-	3) Others (including rollovers)	8b	343				
	• • •		0.0		+		109708
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					109700
	o provide benefits)	8d	471	19			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	2	200			
g	Other expenses	8g		0			
h .	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					47319
	Net income (loss) (subtract line 8h from line 8c)	8i					62389
	Fransfers to (from) the plan (see instructions)	8j					
Part	IV Plan Characteristics	O)					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X	
b	on line 10a.)					Χ	
C	Was the plan covered by a fidelity bond?			10c	X		130456
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Χ	
e	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 ber	efits under the plan? (See	10e	X		1347
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 as	s of year	end.)	10g		Х	
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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Ernployee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

For calendar plan year 2014 or fiscal plan year beginning						
A This return/report is for:    a one-participant plan   a foreign plan						
B This return/report is						
C Check box if filing under:						
C Check box if filing under: Special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan  TIMS PHARMACY & GIFT SHOP, LTD. 401 (K) PROFIT SHARING PLAN  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  TIMS PHARMACY & GIFT SHOP, LTD.  2b Employer Identification Number (EIN) 91-1112446  2c Sponsor's telephone number 360-458-8467  2d Business code (see instructions)  446110  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3b Administrator's telephone number 91-1112446  3c Administrator's telephone number 360-458-4438  YELM  WA 98597  4b EIN  4c PN  5a Total number of participants at the beginning of the plan year						
Special extension (enter description)   Part     Basic Plan Information—enter all requested information   TIMS PHARMACY & GIFT SHOP, LTD. 401 (K) PROFIT SHARING PLAN   1c Effective date of plan 07/01/1990   1c Effective date of plan 07/01/1990   2d Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Number (EIN) 91-1112446   2c Sponsor's telephone number 360-458-8467   2d Business code (see instructions) 446110   3d Administrator's name and address   Same as Plan Sponsor.   3b Administrator's EIN 91-1112446   3c Administrator's telephone number 2.0. BOX 5120   360-458-4438   3c Administrator's telephone number 360-458-4438   3d A						
Part II Basic Plan Information—enter all requested information  1a Name of plan TIMS PHARMACY & GIFT SHOP, LTD. 401 (K) PROFIT SHARING PLAN  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TIMS PHARMACY & GIFT SHOP, LTD.  2b Employer Identification Number (EIN) 91-1112446  2c Sponsor's telephone number 360-458-8467  2d Business code (see instructions) 446110  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3b Administrator's EIN 91-1112446  3c Administrator's telephone number 360-458-4438  YELM WA 98597  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  5a   Total number of participants at the beginning of the plan year						
1b Three-digit plan number (PN)   O01 (PN)						
1b Three-digit plan number (PN)   O01 (PN)						
TIMS PHARMACY & GIFT SHOP, LTD. 401(K) PROFIT SHARING PLAN  1c Effective date of plan on on on on on on on one of plan one of plan on one of plan one of plan on one of plan one of plan on one of plan one of plan on one of plan one of plan on one of plan on one of plan on one of plan one of pla						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TIMS PHARMACY & GIFT SHOP, LTD.  P.O. BOX 5120  YELM  WA 98597  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3b Administrator's EIN 91-1112446  3c Administrator's telephone number 360-458-4438  YELM  WA 98597  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  5a Total number of participants at the beginning of the plan year						
TIMS PHARMACY & GIFT SHOP, LTD.  P.O. BOX 5120  WA 98597  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3b Administrator's EIN 91-1112446  3c Administrator's telephone number 360-458-8467  2d Business code (see instructions) 446110  3b Administrator's EIN 91-1112446  3c Administrator's telephone number 360-458-4438  YELM WA 98597  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.  Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year						
P.O. BOX 5120  YELM WA 98597  360-458-8467  2d Business code (see instructions) 446110  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  BOX 5120  YELM WA 98597  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.  Sponsor's name  4c PN  Total number of participants at the beginning of the plan year						
YELM WA 98597  3a Plan administrator's name and address Same as Plan Sponsor.  TIMS PHARMACY & GIFT SHOP, LTD.  3b Administrator's EIN 91-1112446  3c Administrator's telephone number 360-458-4438  YELM WA 98597  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.  Sponsor's name  5a Total number of participants at the beginning of the plan year						
TIMS PHARMACY & GIFT SHOP, LTD.  2.0. BOX 5120  WA 98597  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.  Sponsor's name  Tims Pharmacy & GIFT SHOP, LTD.  360-458-4438  4b EIN  4c PN  5a Total number of participants at the beginning of the plan year						
TIMS PHARMACY & GIFT SHOP, LTD.  2.0. BOX 5120  WA 98597  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.  Sponsor's name  Tims Pharmacy & GIFT SHOP, LTD.  360-458-4438  4b EIN  4c PN  5a Total number of participants at the beginning of the plan year						
YELM WA 98597  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.  Sponsor's name  Total number of participants at the beginning of the plan year						
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  4c PN  5a Total number of participants at the beginning of the plan year						
name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year						
5a Total number of participants at the beginning of the plan year						
b Total number of participants at the end of the plan year						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						
d(1) Total number of active participants at the beginning of the plan year						
d(2) Total number of active participants at the end of the plan year						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.						
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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  Timothy Larsen						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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  Signature of plan administrator  Date! 2-17-15  Enter name of individual signing as plan administrator						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Signature of plan administrator Date I Timothy Larsen Enter name of individual signing as plan administrator  Date I Timothy Larsen Enter name of individual signing as employer or plan sponsor						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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  Signature of plan administrator  Date! 2-17-15  Enter name of individual signing as plan administrator						

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Form	EEOO	CL	2014

<ul> <li>6a Were all of the plan's assets during the plan year invested in eli</li> <li>b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGG</li> </ul>	of an independe lity and condition annot use Form	nt qualified public accountants.)	t (IQF use I	PA) Form	5500.		X Yes No X Yes No
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year
a Total plan assets	7a		217:	2		(5) 2114 0	1304561
b Total plan liabilities				0			(
C Net plan assets (subtract line 7b from line 7a)	7c	124	217	2			1304563
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
Contributions received or receivable from:     (1) Employers	8a(1)		43703				
(2) Participants	8a(2)	3	161	2			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	<del> </del>			3			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							10970
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	5	4	711	9			
e Certain deemed and/or corrective distributions (see instructions				0			
f Administrative service providers (salaries, fees, commissions)	8f		20	0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4731
i Net income (loss) (subtract line 8h from line 8c)	8i						6238
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics  Ja If the plan provides pension benefits, enter the applicable pens  3D 2A 2E 2F 2G 2J 2K 2T	sion feature code	s from the List of Plan Chara	cteris	tic Co	des in th	ne instruct	ions:
b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions	re feature codes	from the List of Plan Charac	teristi	c Cod	es in the	e instructio	ons:
10 During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOL's Voluntary			10a		х		
<b>b</b> Were there any nonexempt transactions with any party-in-inte on line 10a.)	·		10b		х		
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?			X			13045
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				х		
insurance service, or other organization that provides some o	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)						134
f Has the plan failed to provide any benefit when due under the	e plan?		10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				х		
Q Did the plan have any participant loans? (If "Yes," enter amount	unt as of year en-	d.)	10a		44		
h If this is an individual account plan, was there a blackout period	od? (See instruc	tions and 29 CFR	10g		Х		
	od? (See instruc	tions and 29 CFR	10g 10h 10i				
h If this is an individual account plan, was there a blackout period 2520.101-3.)  If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520	od? (See instruc	tions and 29 CFR	10h				
h If this is an individual account plan, was there a blackout perior 2520.101-3.)	od? (See instruction) led the required in 0.101-3	notice or one of the	10h 10i		X dule SB		Yes No
h If this is an individual account plan, was there a blackout period 2520.101-3.)	od? (See instruc	notice or one of the	10h 10i		X dule SB		Yes No
h If this is an individual account plan, was there a blackout period 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520  Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)  1a Enter the unpaid minimum required contribution for current years.	ed the required of 0.101-3	notice or one of the es," see instructions and com	10h 10i		X dule SB		Yes No
h If this is an individual account plan, was there a blackout period 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520  Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	led the required of 0.101-3	notice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code	10h 10i aplete	ection	X dule SB	RISA?	Yes K No

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and s	skip to line 13.			
b	Enter the minimum required contribution for this plan year			12b		
137						
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 negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			🔲 .	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another pl	plan(s), identify the plan(s	) to		
5	13c(1) Name of plan(s):			13c(2) E	IN(s)	13c(3) PN(s)
r						
-	t VIII Trust Information (optional)			441-		
14a	Name of trust			146 1	rust's EIN	