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

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 55	500-SF.	•					
	rt Identification Information	1							
For calendar plan year 2015 or	fiscal plan year beginning 10/01/2	2015 and ending 09	9/30/2016						
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	`						
B This return/report is	the first return/report								
C Check box if filing under:	Form 5558 special extension (enter description)	automatic extension DFVC program escription)							
Part II Basic Plan Inf	formation—enter all requested in	formation							
1a Name of plan KIRK'S PHARMACY, INC 401(K	() PROFIT SHARING PLAN		1b Three-digi plan numb (PN) ▶	oer 001					
			1c Effective of	late of plan 04/01/1995					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				dentification Number 91-1673559					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KIRK'S PHARMACY, INC			2c Sponsor's telephone number 360-832-3121						
04 MASHELL AVENUE NORTH EATONVILLE, WA 98328		2d Business code (see instructions) 446110							
3a Plan administrator's name	and address Same as Plan Spons	sor.	3b Administrator's EIN						
	3c Administrator's telephone number								
name, EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
a Sponsor's name			4c PN						
5a Total number of participan	ts at the beginning of the plan year		5a	31					
b Total number of participan	ts at the end of the plan year		5b	32					
		the plan year (defined benefit plans do not	5c	32					
d(1) Total number of active p	participants at the beginning of the pl	lan year	5d(1)	18					
d(2) Total number of active p	participants at the end of the plan ye	ar	5d(2)	20					
Number of participants that than 100% vested	at terminated employment during the	e plan year with accrued benefits that were less	5e	0					
		n/report will be assessed unless reasonable cau	use is establishe	ed.					

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	Filed with authorized/valid electronic signature.	01/25/2017	KIRK HEINE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administra				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number			
op a. o. o	manne (meraamig mmi manne) in applicable) and address (meraas i		• /				
	(auto (auto) (auto) (auto)		,				

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)					es No
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not det	ermined
Par	t III Financial Information	1	•			_					
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	_		(b) Eı	nd o	f Year	
	Total plan assets	. 7a		1479	773					171	8127
	Total plan liabilities	. 7b		4.470	770					474	0407
	Net plan assets (subtract line 7b from line 7a)				1773	-					8127
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(b) To	tal	
	(1) Employers	. 8a(1)		46	623						
(2) Participants	. 8a(2)		64	590						
((3) Others (including rollovers)	. 8a(3)									
b (Other income (loss)	. 8b		156	278						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								26	7491
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		28	8682						
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f			455						
g	Other expenses	. 8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								2	9137
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	. 8i								23	8354
j	Transfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instri	uctio	ns:	
					20101101						
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amour	nt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest	•				· ·					
	reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X						200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under		X						5857
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e	^	V					3637
-				10f	.,	X					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X						8363
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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance							1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Y	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	, <u></u>	Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee

Snoπ Form Annual Keturn/Keport of Small Employee

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

2015

This Form is Open to Public Inspection

		t identification information	****									
OF	calendar plan year 2015 or :	fiscal plan year beginning	10/01/2015	and ending	09/30/201	6						
٠ .	This return/report is for:	x a single-employer plan		r plan (not multiemployer) (g employer information in a								
		a one-participant plan	a foreign plan		,							
•	This return/report is:	the first return/report	the final return/repo	nt								
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)							
; (Check box if filing under:	Form 5558	automatic extension	1	DFVC program							
-410	ANNE ANNUEL OF B	special extension (enter description										
		formation enter all requested info	mation									
а	Name of plan KIRK'S PHARMACY,	INC 401(K) PROFIT SHARING E	LAN		1b Three-digit plan number	er .						
	•				(PN) ►	001						
_					1c Effective da 04/01/1							
а	Plan sponsor's name (emp Mailing Address (include ro City or town, state or provi	structions)		dentification Number -1673559								
	KIRK'S PHARMACY,	INC			2C Sponsor's 1 (360) 8:	elaphone number 32–3121						
	104 Mashell Avenue	a North			2d Business c 446110	ode (see instructions)						
_	US Extenville WA 98328											
а	Plan administrator's name	and address X Same as Plan Sponso	r Name		3b Administrator's EIN							
					3c Administrat	or's telephone number						
,		he plan sponsor has changed since the lumber from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN							
а	Sponsor's name				4c PN							
a	Total number of participan	ts at the beginning of the plan year			. 5a 31							
b		ts at the end of the plan year			5b	32						
C	Number of participants with complete this item)	h account balances as of the end of the p	olan year (defined be	nefit plans do not	5c	32						
		articipants at the beginning of the plan ye	ear	******************************	5d(1)	18						
d(articipants at the end of the plan year	***************************************		5d(2)	20						
e	Number of participants tha less than 100% vested	t terminated employment during the plan	year with accrued be	enefits that were	5e	0						
Ca	ution: A penalty for the lat	te or incomplete filing of this return/re	port will be assess	ed unless reasonable car	use is established	ļ,						
Un SB	der penalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as w	ns, I declare that i ha	ve examined this return/re	port, including, if a	oplicable, a Schedule						
	GN 128716	w-	1/25/17	KIRK HEINZ								
	ERE Signature of plan as	ministrator	Date	Enter name of individua	al signing as plan s	dministrator						
		<u>}</u> ~	1/25/17	KIRK HEINZ								
	ERE Signature of employ	ver/plan sponsor	Date	Enter name of individua	el signing se emple	n/ar aralan enanear						
: 1-1-63-4	contract () and	n name, if applicable) and address; include		iber	Preparer's telepi							
		,										
					DOLL STATE OF THE PARTY OF THE	strate de la						

_	Form 5500-SF 2015		Page 2			_				
ia	Were all of the plan's assets during the plan year invested in eligible	essets? (See instructions.)	******			*******		XYes	□No
þ	Are you claiming a waiver of the annual examination and report of a	ın independ	dent qualified public accou	intan	t (IQP.	A)				٠٠٠ لسنا
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot	nd conditio	ons.)	******		**********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	XYes	∏No
c	If the plan is a defined benefit plan, is it covered under the PBGC in	SUMMER AN	m 5500-SF and must insi noram/see ERISA section	tead - 402	use F	orm S	5500.	- Line	Think a	
_	Financial Information		ogiam (see Erech seed)	1702	, ,				Not a	etermined
7	Plan Assets and Liabilities		(a) Basinslan of	.V.				4351		
a	Total plan assets					+-		(b) End o		
<u></u>	Total pian liabilities								1,718,	127
	Net plan assets (subtract line 7b from line 7a)	. 7c	1,47	79.7	73	1,718,127				
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u>,,,</u>	(b) Total				14.1
<u>a</u>	Contributions received or receivable from:					OLIGITA Valent			湖泊建筑	
	(1) Employers	. 8a(1)		4,5						
_	(2) Participants	8a(2) 8a(3)		,,,	90	45645	Sir syyddidd Sir Siriai ai aill	: Archelië (+ a) Le leather : 17)	AUDSAU: Austra	nelendered Meneral
b	Other income (loss)	. 8b	16	6,2	78	2 Interior				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		nia.		Halles III	s: 450 ([]	Parite edita t	3611W 12671P	<u> </u>
đ	Benefits paid (including direct rollovers and insurance premiums		The second secon	P Congress	Kara Shara Shaik and ye		(Control		267,	2011年2月 2011年2月
	to provide benefits)	. 8d	2	28,6	82				Hills/Field	
ē	Certain deemed and/or corrective distributions (see instructions)	. 8e								
<u></u>	Administrative service providers (salaries, fees, commissions)	. 8f		4	55	#10.1 0.600				
<u>a</u>	Other expenses	. <u>Bg</u>		e.					7,7-1-0-1-1-1-1-1	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. Bh		AMANA Metalia		161 174				137
<u>-</u>	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	. 8i . 8j							238,	
	in IV. Plan Characteristics	-) 0)	<u></u>			CARRES	Zemnega.	i Aliana da Aliana d		刑者對比於
_	If the plan provides pension benefits, enter the applicable pension fi	estura code	se from the List of Plan Ch	ome!	erietic	Code	ae in th	s instructio		
	2E 2F 2G 2J 2K 2T 3D	JEINIC COU	SO HOLLI GIO ELSEGIT IGH ON	10120	ioi ioii c	. 000	20 III II		115.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	atura codes	from the List of Pine Cha	mete	rietie (Code	lo the	innteretten		
	The plant provides would be trained and approach well at the	ALWIN COURS	THORE WE EST OF FIRM CHA	Hable	11666	-coue:	3 III U 16	HISTOCHON	s.	
P	TV Compliance Questions									
0	During the plan year:				Yes	No	N/A		Amount	
8	Was there a failure to transmit to the plan any participant contribu	tions within	the time period					-		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•							
	Program)		***************************************	10a		X	PURE CITE			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do net ii	nclude transactions	10b		x				
				10c	ж				2	00,000
C		•	•							
_	by freud or dishonesty?			10d		Х				
-	 Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som 	ner persons ne or all of t	te benefits under							
	the plan? (See Instructions.)		***************************************	10e	x					5,857
f	Has the plan falled to provide any benefit when due under the pla	n?		10f		х				
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	ж					8,363
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		х				
ı	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j			######################################	r see gendere in he had 4,5	a arras 8-gagminis III.	<u>cas</u> pen Baljica
Pa	rt VI Pension Funding Compilance									
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (if "Y	es," see instructions and	comp	iete S	ched	ule SB	(Form	☐ Yes	s X No
11	a Enter the unpaid minimum required contribution for current year fr	om Schedi	ule SB (Form 5500) line 40)			11a			
12	is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Co	ode c	r sect	ion 30)2 of E	RISA7	Yes	X No

	Form 5500-SF 2015 Page 3-							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1				
<u> </u>	a if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr Granting the waiver.		enter ay _		the letter r	uling		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	**************	12b					
¢	Enter the amount contributed by the employer to the plan for this plan year		120					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***********	[] Yes	No [□ N/A		
ari	VII Plan Terminations and Transfers of Assets							
За	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 this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the co				X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plan(s) to	********	··· I	162	<u> </u>		
	13c(1) Name of plan(s):	13c	(2) EI	N(s)	13c(3)	PN(s)		
 								
e i	VIII Trust Information							
4a	Name of trust		14b	Trust's EIN				
14c	Name of trustee or custodian		14d Trustee or custodian's telephone number					
Par	t IX IRS Compliance Questions							
15a	i is the plan a 401(k) plan:	***************************************	□ \	es es	∏ No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- pased safe parbor nethod	ADP/ACP test			
15c	of ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?	п)-	□ \	es .	□ No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	` 1	LJ F	Ratio Percentage est	Avera Bene	age fit Test		
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combin this plan with any other plans under the permissive aggregation rules?	ing	□ \	'es	☐ No			
	Has the Plan been timely amended for all required law changes?	**************	□ Y	'es	☐ No	□ N/A		
	Date of the last plan amendment/restatement for the required tax law changes was adopted/_/_instructions for tax law changes and codes).			cable code	-	e		
	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / , and the letter's serial numbe	>r						
	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please e determination letter / / /	nter the date	of pla	ın's last favı	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	been inds)?	Y	'es	☐ No			
19	Were in-service distributions made during the plan year?		Y	es	☐ No			
	If Yes, enter amount		19			*		
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?	ner or	☐ Y	es	☐ No	□ N/A		