	TIM 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Employee OMB Nos. 12 Benefit Plan					
Inter De	anal Revenue Service	This form is required to be file Income Security Act of 1974		2018 This Form is Open to				
	enefit Guaranty Corporation	 Complete all entries in a 	 Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5 					
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2018 or fis	scal plan year beginning 10/01/2	018	and ending 0	9/30/2019			
A This ret	urn/report is for:	a single-employer plan	list of participating e	· · · ·	•	king this box must attach a with the form instructions.)		
B This retu	urn/report is	a one-participant plan the first return/report	a foreign plan					
		an amended return/report		rn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr						
Part II		rmation—enter all requested inf	ormation		16 76	o diait		
1a Name KIRK'S PHA		PROFIT SHARING PLAN			1b Three plan	e-algit number		
					(PN)			
0				tive date of plan 04/01/1995				
Mailing	ponsor's name (emplo g address (include roor town, state or province	2b Employer Identification Number (EIN) 91-1673559						
•	RMACY, INC				2c Spor	nsor's telephone number 360-832-3121		
					2d Business code (see instructions)			
EATONVILLI	LL AVENUE NORTH E, WA 98328				446110			
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN			
					3c Admi	nistrator's telephone number		
		e plan sponsor or the plan name ha			4b EIN			
a Spons	or's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN			
C Plan N	lame							
5a Total r	number of participants	at the beginning of the plan year			. 5a	27		
		at the end of the plan year			. 5b	29		
compl	ete this item)	account balances as of the end of		·	5c	29		
		rticipants at the beginning of the pla			5d(1)	23		
		rticipants at the end of the plan yea			5d(2)	20		
Number of participants who terminated employment during the plan year with accru than 100% vested					5e	3		
		or incomplete filing of this return her penalties set forth in the instruc						
SB or Sche		nd signed by an enrolled actuary, a						
SIGN	Filed with authorized/	valid electronic signature.	03/19/2020	KIRK HEINE				
HERE	Signature of plan a		Date	Enter name of individ	lual signing	as plan administrator		
SIGN HERE	Filed with authorized/	/valid electronic signature.	03/19/2020	KIRK HEINE				
Next Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018 12/102								

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6a b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
		е ньос р						
Pa	In Test is checked, enter the wy FAA commaton humber nom the	е годо р						
Pa 7		е гвос р		End of Year				
Pa 7 a	Financial Information Plan Assets and Liabilities	7a						
7	Financial Information Plan Assets and Liabilities Total plan assets		(a) Beginning of Year (b)	End of Year				
7 a b	Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align: center;"///////Image: style="text-align: center;"/////////////	7a 7b	(a) Beginning of Year (b)	End of Year				

C Ne	t plan assets (subtract line 7b from line 7a)	7c	2415899	2450723				
8 Inc	come, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
	ntributions received or receivable from: Employers	8a(1)	61091					
(2)	Participants	8a(2)	76560					
(3)	Others (including rollovers)	8a(3)	0					
	her income (loss)	8b	21146					
C Tot	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		158797				
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d	123318					
e Ce	rtain deemed and/or corrective distributions (see instructions)	8e						
f Ad	ministrative service providers (salaries, fees, commissions)	8f	655					
g Oth	her expenses	8g						
h Tot	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h		123973				
i Ne	t income (loss) (subtract line 8h from line 8c)	8i		34824				
j Tra	ansfers to (from) the plan (see instructions)	8j						
Part I	V Plan Characteristics		•					
b If t	the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	teristic Codes in the instructions:				
Part V	Compliance Questions							

10	During the plan year		Yes	No	Amount
10	During the plan year:		163	NO	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction				
	Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions				
	reported on line 10a.)	10b		X	
С	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 fidelity bond, that was caused				
	by fraud or dishonesty?	10d		X	
е	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			x	
	the plan? (See instructions.)	10e		^	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
		101		~	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		88513
h	If this is an individual economic along was there a black out a mind? (One instructions and OO OFD				
n	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	4.01	×		
	2520.101-3.)	10h	^		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the				
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х		

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Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-				
b	Ente	r the minimum required contribution for this plan year		12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
e	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?			Ye	s X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?					Yes	X N	0	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1	3c(1) Name of plan(s): 13c(2) EIN					IN(s) 13c(3) PN(s)		

-	Form 5500-SF	Short Form Annua	al Return/Report of S Benefit Plan	Small Emplo	vee	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to t	be filed under sections 104 and	4065 of the Employe		2018					
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	Security Administration the Internal Revenue Code (the Code).									
For	calendar plan year 2018 or fisca	al plan year beginning	10/01/2018	and ending	09/30/2	2019					
	Image: A This return/report is for: Image: A a single-employer plan Image: A a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) Image: A This return/report is for: Image: A a one-participant plan Image: A a a dreign plan Image: A This return/report is for: Image: A a one-participant plan Image: A a dreign plan Image: A This return/report is for: Image: A a one-participant plan Image: A dreign plan										
Б	This return/report is:	the first return/report an amended return/report	the final return/report	eport (less than 12 n	nonths)						
C	Check box if filing under:] Form 5558] special extension (enter desc	automatic extension			C program					
D	art II Basic Plan Infor	mation enter all requested									
	Name of plan	mation enter all requested	Information		1b Three-d	ligit					
	KIRK'S PHARMACY, INC		plan nu (PN) ►	mber 001							
					1C Effective 04/01	e date of plan /1995					
2a	Plan sponsor's name (employe Mailing Address (include room City or town, state or province	, apt., suite no. and street, or P	.O. Box) stal code (if foreign, see instruct	ions)	2b Employer Identification Number (EIN) 91-1673559						
	KIRK'S PHARMACY, INC	N - 10 - 11 - 11 - 11 - 11 - 11 - 11 - 1		101137	2c Sponsor's telephone number (360) 832-3121						
	104 Mashell Avenue N	lorth			2d Busines 44611	ss code (see instructions) 0					
32	US Eatonville WA 98328 Plan administrator's name and	address X Same as Plan S	nonsor		3b Adminis	strator's EIN					
Ju	Than administrator 5 hume and										
					3c Adminis	strator's telephone number					
4	If the name and/or EIN of the p this plan, enter the plan spons	plan sponsor or the plan name l	nas changed since the last retur and the plan number from the la	m/report filed for ast return/report.	4b EIN						
а	Sponsor's name			and the British of the Child Children (Children)	4d PN						
с	Plan Name										
5a	Total number of participants at	t the beginning of the plan year				27					
b					5b	29					
					Contraction and the second second	29					
10	1) Total number of active partic		5d(1)	23							
d(2) Total number of active partic		5d(2)	20							
е			e plan year with accrued benefit		5e	3					
	aution: A penalty for the late o										
SE	nder penalties of perjury and oth 8 or Schedule MB completed and ilief, it is true, correct, and compl	d signed by an enrolled actuary	ructions, I declare that I have ex , as well as the electronic version	amined this return/repo	eport, including, rt, and to the be	if applicable, a Schedule est of my knowledge and					

SIGN	TRAS THEIR-	3/19/20	KIRK HEINZ
	Signature of plan administrator	Date /	Enter name of individual signing as plan administrator
SIGN	Par Them	3/19/20	KIRK HEINZ
A CONTRACTOR	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions)						es No
	Are you claiming a waiver of the annual examination and report of an								
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an		전철 영화 가지 않았던 것 같은 것 같은 것 같은 것 같은 것 같이 많이 다.		1. The second			XY	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot								
с	If the plan is a defined benefit plan, is it covered under the PBGC ins								ot determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	nium filing for this year			0100		(See in:	structions.)
Pa	art III Financial Information	-				-			
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	2	_		(b) End of Yea	r
а	Total plan assets	7a	2,41	15,8	99			2,4	50,723
b	Total plan liabilities	7b				_			
с	Net plan assets (subtract line 7b from line 7a)	7c	2,41	15,8	99			2,4	50,723
8	Income, Expenses, and Transfers for this Plan Year	and the second	(a) Amount					(b) Total	
а	Contributions received or receivable from: 1) Employers 8a(1) 6			51,0	91	C.C.			
	(1) Employers	8a(2)		76,5					
		1000		, 0, 0	0				
h	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		21,1	-	1000		and all the same	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-		10	1	and the second	1	50 707
d	Benefits paid (including direct rollovers and insurance premiums	00				S.		1	58,797
<u> </u>	to provide benefits)	8d	12	23,3	18	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e						A Star Partie	
f	Administrative service providers (salaries, fees, commissions)	8f		6	55	152			
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	23,973
i	Net income (loss) (subtract line 8h from line 8c)	8i							34,824
i	Transfers to (from) the plan (see instructions)	8j							
P	art IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Ch	naract	eristic	Code	es in the	instructions:	
	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the i	instructions:	
P	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amou	int
â	Was there a failure to transmit to the plan any participant contribution								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
	Program)			10a		x			
ſ	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x			
- (Was the plan covered by a fidelity bond?			10c	х				200,000
(Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x			
(e 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.)					x			
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
9	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g	x				88,513
1	I If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CFR	10h	x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i	x				

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Part	VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S 5500 and line 11a below)		SB		res 🗴	No		
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
а									
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter t	ne minimum required contribution for this plan year.	12b						
с	Enter t	ne amount contributed by the employer to the plan for the plan year	12c						
d	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)								
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	Yes No N/A				4		
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			
	lf "Yes	" enter the amount of any plan assets that reverted to the employer this year	13a						
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	ne		/es [X No			
С									
1:	Bc(1) Na	ame of plan(s): 13c(2)	EIN(s)		13c	(3) PN(s)		