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

2015

This Form is Open to Public Inspection

Pension Be	enenii Guaranty Corporation	▶ Complete all entries in a	accordance with the insti	ructions to the Form 55	00-SF.		•			
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/201	5				
A This ret	urn/report is for:		- · · ·							
B This retu										
C Check b	box if filing under:					DFVC prog	ram			
Dort II	Pasia Blan Infa	<u> </u>	· /							
		ormation—enter all requested in	formation				T			
		PROFIT SHARING PLAN			pl	an number	001			
					1c E		•			
Mailing	address (include roo	m, apt., suite no. and street, or P.C								
		ce, country, and ZIP or foreign post	ai code (if foreign, see insti	ructions)	2c S					
					2d Bi	·	,			
20 Dlan a		- d - dd VC Plan Cran			2h ^		TINI			
Ja Plan a	oministrator's name a	nd address Same as Plan Spons	SOF.		SD A	aministrators	EIIN			
					3c Ad	dministrator's	telephone number			
			the last return/report filed f	or this plan, enter the	4b E	IN				
					4c P	N				
5a Total r	number of participants	at the beginning of the plan year			5a		7			
				j			8			
C Numb	er of participants with	account balances as of the end of	the plan year (defined bend	efit plans do not	Fo					
•	,			ì	5d/1	\	4			
` '	·		•	Ì						
e Numb	per of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5u(2))	4			
		or incomplete filing of this return			iso is os	tahlishad				
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instructed nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	ort, incl	uding, if applic				
SIGN	Filed with authorized	/valid electronic signature.	07/07/2016	LARRY WILEY						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signii	ng as plan adr	ministrator			
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signii	ng as employe	er or plan sponsor			
Preparer's		name, if applicable) and address (ir	nclude room or suite number	er)	Prepare	er's telephone	number			

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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 not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	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	N	Not dete	ermined
Par	t III Financial Information					1					
	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	Fotal plan assets	. 7a		647	645					618	3549
	Fotal plan liabilities	. 7b		647	' 645					619	3549
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		043			/١-	\ T=(5549
	Contributions received or receivable from:		(a) Amou	ınt				<u> (r</u>) Tot	iai	
	1) Employers	. 8a(1)		4	492						
	2) Participants	. 8a(2)									
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		-27	269						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								-22	2777
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		6	319						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									6319
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-29	9096
	Transfers to (from) the plan (see instructions)	8j									
Par						0			:		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	teature co	odes from the List of Pi	an Cha	racteris	stic Cc	ides in t	the ins	ructio	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 Cod	les in th	ne instr	uction	ns:	
Part	•				I			I			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		Yes	No	N/A			Amoun	t
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					>					
	reported on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X						100000
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					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
-				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			,			I				
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						11a				
12	Is this a defined contribution plan subject to the minimum funding		, ,				302 of E	RISA	?	Ye	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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a								
		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 Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian					telephone number			
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	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?							

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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	t Identification Information								
For calendar plan year 2015 or	fiscal plan year beginning 01/01/201	5	and ending 12/3	1/2015					
		r) (Filers checking this box must attach a							
A This return/report is for:	a one-participant plan	list of participating em	form instructions)						
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
This return report is	an amended return/report	a short plan year return/report (less than 12 months)							
_	an amended returnineport	a short plan year retuin	ilireport (less than 12 m	ontris)					
C Check box if filing under:	filing under: Form 5558 automatic extension DFVC program								
	special extension (enter descri	iption)							
Part II Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name of plan				1b Three-digit					
CLINIC PHARMACY, LLC 401K	PROFIT SHARING PLAN			plan numbe	er 001				
				(PN) • 1c Effective da	ato of plan				
				01/01/2004					
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)				dentification Number				
Mailing address (include roo	om, apt., suite no. and street, or P.O			(EIN) 61-13					
Clivi or town, state or provin	ce, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	2c Sponsor's	telephone number				
OLIMO I II MAMAOT, LEO					359) 234-2777				
				2d Business code (see instructions)					
1210 KY HWY 36E, STE G-6				446110					
CYNTHIANA, KY 41031									
3a Plan administrator's name a	and address X Same as Plan Spons	or.		3b Administrator's EIN					
				3c Administrator's telephone number					
	ne plan sponsor has changed since to the plan sponsor has changed since to the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Sponsor's name	imber nom me last return/report.			4c PN					
	s at the beginning of the plan year			5a	7				
, ,				5b	8				
	s at the end of the plan year								
				5c	8				
d(1) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	4				
	articipants at the end of the plan yea								
		ìr		5d(2)	4				
 e Number of participants that 	t terminated employment during the			5d(2)	4				
than 100% vested	t terminated employment during the	plan year with accrued be	nefits that were less	5e					
than 100% vested Caution: A penalty for the late	t terminated employment during the or incomplete filing of this return	plan year with accrued be	nefits that were less unless reasonable cau	5e ise is establishe	d.				
than 100% vested Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a	t terminated employment during the or incomplete filing of this return ther penalties set forth in the instruc	plan year with accrued be where the second	nefits that were less unless reasonable cau examined this return/re	5e use is established port, including, if a	d. pplicable, a Schedule				
than 100% vested	t terminated employment during the or incomplete filing of this return ther penalties set forth in the instruc	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver	unless reasonable cau examined this return/report	5e use is established port, including, if a	d. pplicable, a Schedule				
than 100% vested	t terminated employment during the or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, and	plan year with accrued be where the second	nefits that were less unless reasonable cau examined this return/re	5e use is established port, including, if a	d. pplicable, a Schedule				
than 100% vested	or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, an applete.	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver	unless reasonable cau examined this return/report	5e use is established out, including, if a st, and to the best of	d. pplicable, a Schedule of my knowledge and				
Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com SIGN HERE Signature of plan SIGN	or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, an applete.	plan year with accrued between the same and the same according to	unless reasonable cau examined this return/report sion of this return/report	5e use is established out, including, if a st, and to the best of	d. pplicable, a Schedule of my knowledge and				
than 100% vested	t terminated employment during the or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a splete. administrator oyer/plan sponsor	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver Date	unless reasonable cau examined this return/report larry Wiley Enter name of individu	5e use is established ort, including, if at, and to the best of th	d. pplicable, a Schedule of my knowledge and				
than 100% vested	or incomplete filing of this return ther penalties set forth in the instruction and signed by an enrolled actuary, an applete.	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver Date	unless reasonable cau examined this return/report larry Wiley Enter name of individu	5e use is established ort, including, if at, and to the best of th	pplicable, a Schedule of my knowledge and administrator				
than 100% vested	t terminated employment during the or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a splete. administrator oyer/plan sponsor	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver Date	unless reasonable cau examined this return/report larry Wiley Enter name of individu	5e use is established ort, including, if at a to the best of the b	pplicable, a Schedule of my knowledge and administrator				
than 100% vested	t terminated employment during the or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a splete. administrator oyer/plan sponsor	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver Date	unless reasonable cau examined this return/report larry Wiley Enter name of individu	5e use is established ort, including, if at a to the best of the b	pplicable, a Schedule of my knowledge and administrator				
than 100% vested	t terminated employment during the or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a splete. administrator oyer/plan sponsor	plan year with accrued between the plan year will be assessed tions, I declare that I have s well as the electronic ver Date	unless reasonable cau examined this return/report larry Wiley Enter name of individu	5e use is established ort, including, if at a to the best of the b	pplicable, a Schedule of my knowledge and administrator				

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 Were all of the plan's assets during the plan year invested in elig 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 can 	of an indeper y and conditi Inot use Fo	dent qualified public ons.)	account st instea	ant (IQ	PA) Form	5500.	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA s	ection 4	021)?	L	Yes 1	Not determined
Part III Financial Information 7 Plan Assets and Liabilities	T : 1						
a Total plan assets	+	(a) Beginnin	g of Ye 6476			(b	618549
b Total plan liabilities							616549
C Net plan assets (subtract line 7b from line 7a)		***************************************	64764		+		618549
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
a Contributions received or receivable from:					1		(4)
(1) Employers			449	92	-		
(2) Participants					_		
b Other income (loss)			-2726	30	-		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-2120		+	···	-22777
d Benefits paid (including direct rollovers and insurance premiums					+		
to provide benefits)							
e Certain deemed and/or corrective distributions (see instructions)	-						
f Administrative service providers (salaries, fees, commissions)			631	19	-		
g Other expenses	-9				-		0040
h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c)					╂		-29096
j Transfers to (from) the plan (see instructions)					-		-25050
Part IV Plan Characteristics	·· 8j				_L		
If the plan provides pension benefits, enter the applicable pensio ZE 2J 3D If the plan provides welfare benefits, enter the applicable welfare							
Part V Compliance Questions 10 During the plan year:						l sua l	_
During the plan year:Was there a failure to transmit to the plan any participant contrib	utions within	the time period	I	Yes	No	N/A	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		Х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not ir	nclude transactions	10b		Х		
C Was the plan covered by a fidelity bond?	•••••		10c	X			100000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bon	d, that was caused	10d		х		
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e		х		
f Has the plan failed to provide any benefit when due under the plan	an?	••••	10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i	-			
j Did the plan trust incur unrelated business taxable income?			10j			'	
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "Y	es," see instructions	and con	nplete	Sched	ule SB (Fo	rm Yes X No
11a Enter the unpaid minimum required contribution for all years from					- 1	11a	
12 Is this a defined contribution plan subject to the minimum funding	a requiremen	nts of section 412 of t	he Code	e or se	ction 3	302 of ERIS	SA? Yes X No

	Form 5500-SF 2015 Page 3 - 1								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
<u>b</u>	Enter the minimum required contribution for this plan year		12b						
c	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 I negative amount)	eft of a	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?			Ye	s 🛛 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 broug of the PBGC?				Yes X	No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)	y the plan(s) to							
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)			
				<u> </u>					
Part									
14a	Name of trust		14b	Trust's Ell	N				
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number					
Par	IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?		Ye	s	No				
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF	P/ACP			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Ye		No	200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio Ave ercentage ben est ben				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comthis plan with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A			
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicab	le code _	(See in	structions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial results.	number				or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter	nter the date of	the pla	n's last fa	vorable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	5	No				
19	Were in-service distributions made during the plan year?		Ye	s	☐ No				
	If "Yes," enter amount		19	<u> </u>					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?	1	Ye	s	No	∏ N/A			