

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
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 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>C.R. PHARMACY SERVICES, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2004</u>					
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>C. R. PHARMACY SERVICES, INC.</u> <u>1014 5TH AVE SE</u> <u>CEDAR RAPIDS, IA 52403</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>42-0985270</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>319-363-1284</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>446110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>42-0985270</u>	2c Plan Sponsor's telephone number <u>319-363-1284</u>	2d Business code (see instructions) <u>446110</u>	
2b Employer Identification Number (EIN) <u>42-0985270</u>					
2c Plan Sponsor's telephone number <u>319-363-1284</u>					
2d Business code (see instructions) <u>446110</u>					

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	09/28/2016	MICHELLE JENSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2016	MICHELLE JENSEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 248
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 203
a(2) Total number of active participants at the end of the plan year	6a(2) 175
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 48
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 223
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 223
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 217
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2I 2P 2Q 3I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan C.R. PHARMACY SERVICES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 C. R. PHARMACY SERVICES, INC.	D Employer Identification Number (EIN) 42-0985270	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan C.R. PHARMACY SERVICES, INC. EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 C. R. PHARMACY SERVICES, INC.		D Employer Identification Number (EIN) 42-0985270

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	3139	3107
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	63000	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1) 6606941	9447563
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 6673080	9450670
Liabilities			
g	Benefit claims payable	1g 0	
h	Operating payables	1h 0	
i	Acquisition indebtedness	1i 0	
j	Other liabilities	1j 3919264	3742563
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 3919264	3742563
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 2753816	5708107

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 499149	
	(B) Participants	2a(1)(B) 0	
	(C) Others (including rollovers)	2a(1)(C) 0	
(2)	Noncash contributions	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	499149
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A) 0	
(B)	U.S. Government securities	2b(1)(B) 0	
(C)	Corporate debt instruments	2b(1)(C) 0	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans	2b(1)(E)	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A) 0	
(B)	Common stock	2b(2)(B) 0	
(C)	Registered investment company shares (e.g. mutual funds)	2b(2)(C) 0	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
(B)	Aggregate carrying amount (see instructions)	2b(4)(B) 0	
(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
(B)	Other	2b(5)(B) 2840622	
(C)	Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	2840622

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		3339771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	189296	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		189296
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		196152
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	32	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32
j Total expenses. Add all expense amounts in column (b) and enter total	2j		385480

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2954291
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		0

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		0
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?	X			8786

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>C.R. PHARMACY SERVICES, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>C. R. PHARMACY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>42-0985270</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☒ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☒ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year		15a	
	b The corresponding number for the second preceding plan year		15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year		16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐			

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, 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 sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

C.R. Pharmacy Service, Inc. Employee Stock Ownership Plan

Financial Report
December 31, 2015

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Independent Auditor's Report

RSM US LLP

Board of Trustees
C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan
Cedar Rapids, Iowa

Report on the Financial Statements

We have audited the accompanying financial statements of C.R. Pharmacy Service, Inc. Employee Stock Ownership Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 6, the financial statements include investments representing a significant concentration of plan assets as of December 31, 2015 and 2014, whose fair values have been estimated by management in the absence of readily-ascertainable fair values. Because of the inherent uncertainty of valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material.

Other Matter – Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), as of December 31, 2015 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Cedar Rapids, Iowa
September 23, 2016

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

**Statements of Net Assets Available for Benefits
December 31, 2015 and 2014**

	2015		
	Allocated	Unallocated	Total
Assets			
Investment in common stock of C.R. Pharmacy Services, Inc., at fair value	\$ 4,748,191	\$ 4,699,372	\$ 9,447,563
Cash	3,107	-	3,107
Employer contribution receivable	-	-	-
Total assets	4,751,298	4,699,372	9,450,670
Liabilities , notes payable	-	3,742,563	3,742,563
Net assets (deficit) available for benefits	\$ 4,751,298	\$ 956,809	\$ 5,708,107

See notes to financial statements.

2014 (as revised)		
Allocated	Unallocated	Total
\$ 3,096,995	\$ 3,509,946	\$ 6,606,941
3,139	-	3,139
63,000	-	63,000
3,163,134	3,509,946	6,673,080
-	3,919,264	3,919,264
\$ 3,163,134	\$ (409,318)	\$ 2,753,816

C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	2015		
	Allocated	Unallocated	Total
Additions to net assets attributed to:			
Employer contribution	\$ 189,296	\$ 309,853	\$ 499,149
Investments:			
Net unrealized appreciation (depreciation) in estimated fair value of stock of C.R. Pharmacy Service, Inc.	1,331,540	1,509,082	2,840,622
Allocation of shares 2015 15,353; 2014 12,110 of common stock of C.R. Pharmacy Service, Inc., at estimated fair value	319,656	-	319,656
Total additions	1,840,492	1,818,935	3,659,427
Deductions from net assets attributed to:			
Interest expense	-	196,152	196,152
Distributions to participants	189,296	-	189,296
Investments, allocation of shares 2015 15,353; 2014 12,110 of common stock of C.R. Pharmacy Service, Inc., at estimated fair value	-	319,656	319,656
Administrative expenses	32	-	32
Total deductions	189,328	515,808	705,136
Net increase (decrease)	1,651,164	1,303,127	2,954,291
Transfer for debt service	(63,000)	63,000	-
Net assets (deficit) available for benefits:			
Beginning of year	3,163,134	(409,318)	2,753,816
End of year	\$ 4,751,298	\$ 956,809	\$ 5,708,107

See notes to financial statements.

2014 (as revised)		
Allocated	Unallocated	Total
\$ 223,640	\$ 309,852	\$ 533,492
(128,381)	(162,034)	(290,415)
176,321	-	176,321
271,580	147,818	419,398
-	204,770	204,770
160,640	-	160,640
-	176,321	176,321
-	-	-
160,640	381,091	541,731
110,940	(233,273)	(122,333)
-	-	-
3,052,194	(176,045)	2,876,149
\$ 3,163,134	\$ (409,318)	\$ 2,753,816

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 1. Plan Description

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: C.R. Pharmacy Service, Inc. and its subsidiaries, C.R. IV Service, Inc. and CarePro Integrative Health Clinic, Inc. (collectively the Company) established the Plan effective January 15, 2004. The Plan operates as an employee stock ownership plan (ESOP), and is designed to comply with Section 4975 (e)(7) and the regulations there under the Internal Revenue Code of 1986 (IRC), as amended and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by C.R. Pharmacy Service, Inc. with oversight from the Plan's trustees. The stock certificates are held by an independent third party.

The Plan purchased 453,773.417 shares of the Company's common shares using the proceeds of notes payable to the Company and its eight former stockholders. The notes are scheduled to be repaid over a period of 20 to 30 years by fully deductible Company contributions to the Trust and dividends paid on the Company's common shares. As the Plan makes each payment, an appropriate percentage of stock will be allocated to eligible employee's accounts in accordance with applicable regulations under the IRC.

The unallocated shares of Company stock collateralize the borrowings. The lenders have no rights against the shares once they are allocated under the ESOP. Accordingly, the accompanying financial statements presented separately the assets and liabilities and changes therein pertaining to a) the accounts of employees with rights in allocated stock (allocated) and b) stock not yet allocated to employees (unallocated). Shares are released from collateral and become allocated generally in the period in which debt service is actually paid in cash.

Eligibility: Employees of the Company who are age 21 and over are generally eligible to participate in the Plan after one year of service, providing they worked at least 1,000 hours during the Plan year. Only employees who are actively employed on the last day of the Plan year are eligible to share in the discretionary Company contribution, as well as those employees whose termination prior to year-end was due to retirement, death or disability.

Contributions: Company contributions are discretionary; however, each year the Company must contribute, at a minimum, an amount at least equal to the principal and interest payments on the notes payable.

Distributions: No distributions from the Plan will be made until a participant retires, dies or otherwise terminates employment with the Company (except for diversifications). Distributions will be in a lump sum or installments over a certain period. The period over which such installment payments is to be made shall not extend beyond the earlier of the participant's life expectancy or five years. Plan provisions provide to pay out all vested account balances under \$1,000 for terminated participants even when a distribution election form is not completed.

Distributions of a participant's benefit may be made in cash or Company stock, except as restricted in the Company charter, by-laws or by the administrator. The Company's charter/by-laws restrict the ownership of Company stock to participants or a qualified pension, profit-sharing or stock bonus trust. Because the Company is an S Corporation, the administrator may distribute a participant's account entirely in cash without granting the participant the right to demand distribution in shares of Company stock or may subject a distribution in shares of Company stock to an immediate, mandated put to the Company or ESOP.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 1. Plan Description (Continued)

Voting rights: The Trustee shall vote all Company stock held by it as part of the Plan assets. Provided, however, that if any agreement entered into by the Trust provides for voting of any shares of Company stock pledged as security for any obligation of the Plan, then such shares of Company stock shall be voted in accordance with such agreement. If the Trustee does not timely receive voting directions from a participant or beneficiary with respect to any Company stock allocated to that participant's or beneficiary's Company Stock Account, the Trustee shall vote such Company stock. Each participant is entitled to direct the Trustee as to the manner in which voting right on shares of Company stock, which are allocated to his or her account, are to be exercised with respect to any corporate matter which involves the voting of such shares.

Participant accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Company contributions are allocated to each participant's account based upon the relation of the participant's compensation to total eligible compensation for the Plan year.

As of each valuation date, before allocation of Company contributions for the entire Plan year and after allocation of forfeitures, if any, earnings or losses (net appreciation or depreciation) of the Trust fund are allocated to each participant's account in the same proportion that the participant's nonsegregated accounts (other than each participant's Company Stock Account) bears to the total of all participants' nonsegregated accounts (other than each participant's Company Stock Account) as of such date.

Company stock acquired by the Plan with the proceeds of an exempt loan shall only be allocated to each participant's Company Stock Account upon release from the unallocated Company Stock Suspense Account. Dividends or "S Corporation distributions" received with respect to shares in the unallocated Company Stock Suspense Account shall be allocated to each participant based upon the proportion that each participant's compensation for the Plan year bears to the total of all participants' compensation for the Plan year. Such dividend or other income may, at the discretion of the Company, be used to repay an exempt loan.

Vesting: Benefits are fully vested if a participant terminates under normal retirement, death or disability. If a participant's employment with the Company ends for any other reason, the account will vest 20 percent after the second year of qualifying service, and vesting will increase at the rate of 20 percent per year thereafter until fully vested after six years of qualifying service.

Put option: Under federal income tax regulation, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification: Diversification is offered to participants close to retirement so they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account if it exceeds \$500. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify will receive a cash distribution or have the ability to rollover funds into a qualified defined contribution plan maintained by the Company.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 1. Plan Description (Continued)

Forfeitures: Forfeitures may be made available to reinstate previously forfeited account balances of former participants, if any, or may be used to satisfy any required contribution due or may be used to pay Plan administrative expenses. Any remaining forfeitures shall be allocated each year among the participants in the same proportion that each participant's eligible compensation for the year bears to the total eligible compensation of all participants for the year. Forfeitures allocated to participants totaled \$51,693 and \$16,501 during the years ended December 31, 2015 and 2014, respectively.

Note 2. Significant Accounting Policies

Basis of accounting: The financial records of the Plan are maintained on the accrual basis of accounting.

Accounting estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The fair value of the Company stock is subject to significant estimates and the change in value may be material.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is accrued on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold (if any) as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Concentration: All of the Plan's investments are in the stock of the Company. The primary liquidity to the Plan comes from the Company's repurchase of stock or additional cash contributions.

Risks and uncertainties: The Plan investments consist primarily of the Company's common stock, which is exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Administrative expenses: Most administrative expenses are paid by the Company. The Plan incurred and paid expenses of \$32 and none for the years ended December 31, 2015 and 2014, respectively.

Reclassifications: Certain amounts on the statement of net assets available for benefits as of December 31, 2014 and the statement of changes in net assets available for benefits for the year ended December 31, 2014 have been reclassified between allocated and unallocated amounts with no impact on total net assets or change in total net assets in order to be consistent with the current year presentation and consistent with the Plan's policy of releasing shares from collateral in the period in which debt service is actually paid in cash.

Subsequent events: The Plan Administrator has evaluated subsequent events through September 23, 2016, the date the financial statements were available to be issued.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 3. Plan Termination

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the Trustee would pay all liabilities and expenses of the ESOP and sell shares of financed common stock held as collateral to the extent it determines such sale to be necessary in order to repay the loans. Subsequently, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the IRC.

Note 4. Related Party and Party in Interest Transactions

The Plan invests in Company common stock and has indebtedness guaranteed by the Company. These are related party and party in interest transactions. As described in Note 2, the Company pays most plan expenses. The Plan has a number of service providers. Such providers are parties in interest under ERISA.

Note 5. Tax Status

The Plan is a noncontributory defined contribution employee benefit plan. The Plan has received a favorable opinion letter from the Internal Revenue Service for its qualified status dated September 18, 2013. The Plan has been amended since receiving this letter. The Plan Administrator and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the Plan has taken a significant uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Investments

The Plan's investment in the Company's common stock as of December 31, 2015 and 2014 is summarized as follows:

	2015		2014	
	Allocated	Unallocated	Allocated	Unallocated
C.R. Pharmacy Service, Inc. common stock:				
Number of shares	228,058	225,715	212,705	241,068
Cost	\$ 3,080,833	\$ 3,049,167	\$ 2,873,426	\$ 3,256,574
Market value	\$ 4,748,191	\$ 4,699,372	\$ 3,096,995	\$ 3,509,946

The estimated fair value per share was \$20.82 and \$14.56 as of December 31, 2015 and 2014, respectively.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 7. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Common stock of C.R. Pharmacy Service, Inc.: Valued based on an appraisal performed by an independent appraisal company based on a going-concern basis.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Level 1	Level 2	Level 3	Total
	2015			
C.R. Pharmacy Service, Inc. Class A common stock	\$ -	\$ -	\$ 9,447,563	\$ 9,447,563
	2014			
C.R. Pharmacy Service, Inc. Class A common stock	\$ -	\$ -	\$ 6,606,941	\$ 6,606,941

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 7. Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

	Common Stock
Balance as of December 31, 2013	\$ 6,897,356
Unrealized (loss) on investment	(290,415)
Balance as of December 31, 2014	6,606,941
Unrealized gain on investment	2,840,622
Balance as of December 31, 2015	<u>\$ 9,447,563</u>

The following table presents the Plan's Level 3 financial instrument, the valuation techniques used to measure the fair value, and the significant unobservable inputs used to value the financial instrument:

Instrument	Fair Value at December 31		Valuation Techniques	Unobservable Inputs
	2015	2014		
Common Stock, C.R. Pharmacy Service, Inc.	\$ 9,447,563	\$ 6,606,941	Discounted cash flow method (income approach)	Projected debt free cash flows Discount rate Weighted average cost of capital and terminal Discount for lack of marketability

The fair value of the Sponsor Company common stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based upon an income valuation technique consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets and return on equity. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

The valuation process involves the plan trustees' selection of an independent appraiser under a written annual contract. Company management accumulates the data for the appraiser from the financial statements of the Company and prepares the models for future growth or profitability expectations. The appraiser prepares a preliminary report which Company management, along with the ESOP fiduciary, reviews in detail, discusses, modifies, if appropriate and ultimately, approves. The results of this process are documented in the minutes of the plan fiduciary.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 8. Notes Payable

The Plan has a note payable to the Company with a balance of \$826,276 and \$892,269 at December 31, 2015 and 2014, respectively. The note is due in annual installments through 2023. The Plan has prepaid a portion of the principal and is expected to make interest only payments through 2016, with regularly scheduled principal and interest payments starting in 2017. Interest on the note is subject to adjustment every five years based on the prime interest rate plus 1.50 percent. The effective interest rate at December 31, 2015 was 4.75 percent. Unallocated shares of Company stock collateralize the note.

The Plan also has notes payable with former stockholders of the Company with a combined balance of \$2,916,287 and \$3,026,995 at December 31, 2015 and 2014, respectively. The notes are due in quarterly installments totaling \$66,867 through 2033. Interest on the notes is subject to adjustment every five years based on the prime interest rate plus 2 percent. The effective interest rate at December 31, 2015 is 5.25 percent. Unallocated shares of Company stock collateralize the notes.

Aggregate maturities of these notes at December 31, 2015 are as follows:

Year ending:	
2016	\$ 34,588
2017	49,636
2018	200,767
2019	250,753
2020	259,911
Thereafter	2,946,908
	<u>\$ 3,742,563</u>

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

**Form 5500, Schedule H - Part IV, Item 4i -
Schedule of Assets (Held at End of Year)
December 31, 2015**

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
C.R. Pharmacy Service, Inc. *	Shares of Class A common stock	<u>\$ 6,130,000</u>	<u>\$ 9,447,563</u>

* Indicates a party-in-interest.

C.R. Pharmacy Service, Inc. Employee Stock Ownership Plan

Financial Report
December 31, 2015

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Independent Auditor's Report

RSM US LLP

Board of Trustees
C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan
Cedar Rapids, Iowa

Report on the Financial Statements

We have audited the accompanying financial statements of C.R. Pharmacy Service, Inc. Employee Stock Ownership Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 6, the financial statements include investments representing a significant concentration of plan assets as of December 31, 2015 and 2014, whose fair values have been estimated by management in the absence of readily-ascertainable fair values. Because of the inherent uncertainty of valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material.

Other Matter – Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), as of December 31, 2015 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Cedar Rapids, Iowa
September 23, 2016

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

**Statements of Net Assets Available for Benefits
December 31, 2015 and 2014**

	2015		
	Allocated	Unallocated	Total
Assets			
Investment in common stock of C.R. Pharmacy Services, Inc., at fair value	\$ 4,748,191	\$ 4,699,372	\$ 9,447,563
Cash	3,107	-	3,107
Employer contribution receivable	-	-	-
Total assets	4,751,298	4,699,372	9,450,670
Liabilities , notes payable	-	3,742,563	3,742,563
Net assets (deficit) available for benefits	\$ 4,751,298	\$ 956,809	\$ 5,708,107

See notes to financial statements.

2014 (as revised)		
Allocated	Unallocated	Total
\$ 3,096,995	\$ 3,509,946	\$ 6,606,941
3,139	-	3,139
63,000	-	63,000
3,163,134	3,509,946	6,673,080
-	3,919,264	3,919,264
\$ 3,163,134	\$ (409,318)	\$ 2,753,816

C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	2015		
	Allocated	Unallocated	Total
Additions to net assets attributed to:			
Employer contribution	\$ 189,296	\$ 309,853	\$ 499,149
Investments:			
Net unrealized appreciation (depreciation) in estimated fair value of stock of C.R. Pharmacy Service, Inc.	1,331,540	1,509,082	2,840,622
Allocation of shares 2015 15,353; 2014 12,110 of common stock of C.R. Pharmacy Service, Inc., at estimated fair value	319,656	-	319,656
Total additions	1,840,492	1,818,935	3,659,427
Deductions from net assets attributed to:			
Interest expense	-	196,152	196,152
Distributions to participants	189,296	-	189,296
Investments, allocation of shares 2015 15,353; 2014 12,110 of common stock of C.R. Pharmacy Service, Inc., at estimated fair value	-	319,656	319,656
Administrative expenses	32	-	32
Total deductions	189,328	515,808	705,136
Net increase (decrease)	1,651,164	1,303,127	2,954,291
Transfer for debt service	(63,000)	63,000	-
Net assets (deficit) available for benefits:			
Beginning of year	3,163,134	(409,318)	2,753,816
End of year	\$ 4,751,298	\$ 956,809	\$ 5,708,107

See notes to financial statements.

2014 (as revised)		
Allocated	Unallocated	Total
\$ 223,640	\$ 309,852	\$ 533,492
(128,381)	(162,034)	(290,415)
176,321	-	176,321
271,580	147,818	419,398
-	204,770	204,770
160,640	-	160,640
-	176,321	176,321
-	-	-
160,640	381,091	541,731
110,940	(233,273)	(122,333)
-	-	-
3,052,194	(176,045)	2,876,149
\$ 3,163,134	\$ (409,318)	\$ 2,753,816

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 1. Plan Description

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: C.R. Pharmacy Service, Inc. and its subsidiaries, C.R. IV Service, Inc. and CarePro Integrative Health Clinic, Inc. (collectively the Company) established the Plan effective January 15, 2004. The Plan operates as an employee stock ownership plan (ESOP), and is designed to comply with Section 4975 (e)(7) and the regulations there under the Internal Revenue Code of 1986 (IRC), as amended and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by C.R. Pharmacy Service, Inc. with oversight from the Plan's trustees. The stock certificates are held by an independent third party.

The Plan purchased 453,773.417 shares of the Company's common shares using the proceeds of notes payable to the Company and its eight former stockholders. The notes are scheduled to be repaid over a period of 20 to 30 years by fully deductible Company contributions to the Trust and dividends paid on the Company's common shares. As the Plan makes each payment, an appropriate percentage of stock will be allocated to eligible employee's accounts in accordance with applicable regulations under the IRC.

The unallocated shares of Company stock collateralize the borrowings. The lenders have no rights against the shares once they are allocated under the ESOP. Accordingly, the accompanying financial statements presented separately the assets and liabilities and changes therein pertaining to a) the accounts of employees with rights in allocated stock (allocated) and b) stock not yet allocated to employees (unallocated). Shares are released from collateral and become allocated generally in the period in which debt service is actually paid in cash.

Eligibility: Employees of the Company who are age 21 and over are generally eligible to participate in the Plan after one year of service, providing they worked at least 1,000 hours during the Plan year. Only employees who are actively employed on the last day of the Plan year are eligible to share in the discretionary Company contribution, as well as those employees whose termination prior to year-end was due to retirement, death or disability.

Contributions: Company contributions are discretionary; however, each year the Company must contribute, at a minimum, an amount at least equal to the principal and interest payments on the notes payable.

Distributions: No distributions from the Plan will be made until a participant retires, dies or otherwise terminates employment with the Company (except for diversifications). Distributions will be in a lump sum or installments over a certain period. The period over which such installment payments is to be made shall not extend beyond the earlier of the participant's life expectancy or five years. Plan provisions provide to pay out all vested account balances under \$1,000 for terminated participants even when a distribution election form is not completed.

Distributions of a participant's benefit may be made in cash or Company stock, except as restricted in the Company charter, by-laws or by the administrator. The Company's charter/by-laws restrict the ownership of Company stock to participants or a qualified pension, profit-sharing or stock bonus trust. Because the Company is an S Corporation, the administrator may distribute a participant's account entirely in cash without granting the participant the right to demand distribution in shares of Company stock or may subject a distribution in shares of Company stock to an immediate, mandated put to the Company or ESOP.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 1. Plan Description (Continued)

Voting rights: The Trustee shall vote all Company stock held by it as part of the Plan assets. Provided, however, that if any agreement entered into by the Trust provides for voting of any shares of Company stock pledged as security for any obligation of the Plan, then such shares of Company stock shall be voted in accordance with such agreement. If the Trustee does not timely receive voting directions from a participant or beneficiary with respect to any Company stock allocated to that participant's or beneficiary's Company Stock Account, the Trustee shall vote such Company stock. Each participant is entitled to direct the Trustee as to the manner in which voting right on shares of Company stock, which are allocated to his or her account, are to be exercised with respect to any corporate matter which involves the voting of such shares.

Participant accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Company contributions are allocated to each participant's account based upon the relation of the participant's compensation to total eligible compensation for the Plan year.

As of each valuation date, before allocation of Company contributions for the entire Plan year and after allocation of forfeitures, if any, earnings or losses (net appreciation or depreciation) of the Trust fund are allocated to each participant's account in the same proportion that the participant's nonsegregated accounts (other than each participant's Company Stock Account) bears to the total of all participants' nonsegregated accounts (other than each participant's Company Stock Account) as of such date.

Company stock acquired by the Plan with the proceeds of an exempt loan shall only be allocated to each participant's Company Stock Account upon release from the unallocated Company Stock Suspense Account. Dividends or "S Corporation distributions" received with respect to shares in the unallocated Company Stock Suspense Account shall be allocated to each participant based upon the proportion that each participant's compensation for the Plan year bears to the total of all participants' compensation for the Plan year. Such dividend or other income may, at the discretion of the Company, be used to repay an exempt loan.

Vesting: Benefits are fully vested if a participant terminates under normal retirement, death or disability. If a participant's employment with the Company ends for any other reason, the account will vest 20 percent after the second year of qualifying service, and vesting will increase at the rate of 20 percent per year thereafter until fully vested after six years of qualifying service.

Put option: Under federal income tax regulation, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification: Diversification is offered to participants close to retirement so they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account if it exceeds \$500. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify will receive a cash distribution or have the ability to rollover funds into a qualified defined contribution plan maintained by the Company.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 1. Plan Description (Continued)

Forfeitures: Forfeitures may be made available to reinstate previously forfeited account balances of former participants, if any, or may be used to satisfy any required contribution due or may be used to pay Plan administrative expenses. Any remaining forfeitures shall be allocated each year among the participants in the same proportion that each participant's eligible compensation for the year bears to the total eligible compensation of all participants for the year. Forfeitures allocated to participants totaled \$51,693 and \$16,501 during the years ended December 31, 2015 and 2014, respectively.

Note 2. Significant Accounting Policies

Basis of accounting: The financial records of the Plan are maintained on the accrual basis of accounting.

Accounting estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The fair value of the Company stock is subject to significant estimates and the change in value may be material.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is accrued on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold (if any) as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Concentration: All of the Plan's investments are in the stock of the Company. The primary liquidity to the Plan comes from the Company's repurchase of stock or additional cash contributions.

Risks and uncertainties: The Plan investments consist primarily of the Company's common stock, which is exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Administrative expenses: Most administrative expenses are paid by the Company. The Plan incurred and paid expenses of \$32 and none for the years ended December 31, 2015 and 2014, respectively.

Reclassifications: Certain amounts on the statement of net assets available for benefits as of December 31, 2014 and the statement of changes in net assets available for benefits for the year ended December 31, 2014 have been reclassified between allocated and unallocated amounts with no impact on total net assets or change in total net assets in order to be consistent with the current year presentation and consistent with the Plan's policy of releasing shares from collateral in the period in which debt service is actually paid in cash.

Subsequent events: The Plan Administrator has evaluated subsequent events through September 23, 2016, the date the financial statements were available to be issued.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 3. Plan Termination

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the Trustee would pay all liabilities and expenses of the ESOP and sell shares of financed common stock held as collateral to the extent it determines such sale to be necessary in order to repay the loans. Subsequently, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the IRC.

Note 4. Related Party and Party in Interest Transactions

The Plan invests in Company common stock and has indebtedness guaranteed by the Company. These are related party and party in interest transactions. As described in Note 2, the Company pays most plan expenses. The Plan has a number of service providers. Such providers are parties in interest under ERISA.

Note 5. Tax Status

The Plan is a noncontributory defined contribution employee benefit plan. The Plan has received a favorable opinion letter from the Internal Revenue Service for its qualified status dated September 18, 2013. The Plan has been amended since receiving this letter. The Plan Administrator and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the Plan has taken a significant uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Investments

The Plan's investment in the Company's common stock as of December 31, 2015 and 2014 is summarized as follows:

	2015		2014	
	Allocated	Unallocated	Allocated	Unallocated
C.R. Pharmacy Service, Inc. common stock:				
Number of shares	228,058	225,715	212,705	241,068
Cost	\$ 3,080,833	\$ 3,049,167	\$ 2,873,426	\$ 3,256,574
Market value	\$ 4,748,191	\$ 4,699,372	\$ 3,096,995	\$ 3,509,946

The estimated fair value per share was \$20.82 and \$14.56 as of December 31, 2015 and 2014, respectively.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 7. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Common stock of C.R. Pharmacy Service, Inc.: Valued based on an appraisal performed by an independent appraisal company based on a going-concern basis.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Level 1	Level 2	Level 3	Total
	2015			
C.R. Pharmacy Service, Inc. Class A common stock	\$ -	\$ -	\$ 9,447,563	\$ 9,447,563
	2014			
C.R. Pharmacy Service, Inc. Class A common stock	\$ -	\$ -	\$ 6,606,941	\$ 6,606,941

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 7. Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

	Common Stock
Balance as of December 31, 2013	\$ 6,897,356
Unrealized (loss) on investment	(290,415)
Balance as of December 31, 2014	6,606,941
Unrealized gain on investment	2,840,622
Balance as of December 31, 2015	<u>\$ 9,447,563</u>

The following table presents the Plan's Level 3 financial instrument, the valuation techniques used to measure the fair value, and the significant unobservable inputs used to value the financial instrument:

Instrument	Fair Value at December 31		Valuation Techniques	Unobservable Inputs
	2015	2014		
Common Stock, C.R. Pharmacy Service, Inc.	\$ 9,447,563	\$ 6,606,941	Discounted cash flow method (income approach)	Projected debt free cash flows Discount rate Weighted average cost of capital and terminal Discount for lack of marketability

The fair value of the Sponsor Company common stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based upon an income valuation technique consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets and return on equity. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

The valuation process involves the plan trustees' selection of an independent appraiser under a written annual contract. Company management accumulates the data for the appraiser from the financial statements of the Company and prepares the models for future growth or profitability expectations. The appraiser prepares a preliminary report which Company management, along with the ESOP fiduciary, reviews in detail, discusses, modifies, if appropriate and ultimately, approves. The results of this process are documented in the minutes of the plan fiduciary.

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

Notes to Financial Statements

Note 8. Notes Payable

The Plan has a note payable to the Company with a balance of \$826,276 and \$892,269 at December 31, 2015 and 2014, respectively. The note is due in annual installments through 2023. The Plan has prepaid a portion of the principal and is expected to make interest only payments through 2016, with regularly scheduled principal and interest payments starting in 2017. Interest on the note is subject to adjustment every five years based on the prime interest rate plus 1.50 percent. The effective interest rate at December 31, 2015 was 4.75 percent. Unallocated shares of Company stock collateralize the note.

The Plan also has notes payable with former stockholders of the Company with a combined balance of \$2,916,287 and \$3,026,995 at December 31, 2015 and 2014, respectively. The notes are due in quarterly installments totaling \$66,867 through 2033. Interest on the notes is subject to adjustment every five years based on the prime interest rate plus 2 percent. The effective interest rate at December 31, 2015 is 5.25 percent. Unallocated shares of Company stock collateralize the notes.

Aggregate maturities of these notes at December 31, 2015 are as follows:

Year ending:	
2016	\$ 34,588
2017	49,636
2018	200,767
2019	250,753
2020	259,911
Thereafter	2,946,908
	<u>\$ 3,742,563</u>

**C.R. Pharmacy Service, Inc.
Employee Stock Ownership Plan**

**Form 5500, Schedule H - Part IV, Item 4i -
Schedule of Assets (Held at End of Year)
December 31, 2015**

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
C.R. Pharmacy Service, Inc. *	Shares of Class A common stock	<u>\$ 6,130,000</u>	<u>\$ 9,447,563</u>

* Indicates a party-in-interest.

