Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016			
Employee Be	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the).	Internal	This Form is Open to Public Inspection					
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.				
Part I		Identification Information	016	and anding 11	2/31/2016				
	ai pian year 2010 of its	cal plan year beginning 01/01/20		j		king this box must attach a			
A This ret	urn/report is for:	a one-participant plan				vith the form instructions.)			
B This retu	ırn/report is	the first return/report	the final return/report						
	·	an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
				0					
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name ENDOCRINE		CIATES, P.S.C. 401K PROFIT SHA	ARING PLAN		1b Thre plan (PN)	number			
			1c Effec	ctive date of plan 01/01/1985					
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.			2b Empl (EIN)	oyer Identification Number			
	town, state or province	e, country, and ZIP or foreign posta CIATES, P. S.C.	il code (if foreign, see instr	uctions)	2c Sponsor's telephone number 502-587-6010				
					2d Busir	ness code (see instructions)			
6400 DUTCH	DICAL BUILDING IMANS PKWY STE 34 , KY 40205-3370	5				621111			
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN			
					3c Admi	inistrator's telephone number			
		plan sponsor has changed since to ber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name	· ·			4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	29			
b Total r	number of participants	at the end of the plan year			5b	3			
		account balances as of the end of the			5c	3			
d(1) Tota	al number of active par	ticipants at the beginning of the pla	n year		5d(1)	23			
		ticipants at the end of the plan yea			5d(2)	C			
		erminated employment during the			5e	C			
		or incomplete filing of this return							
SB or Sche		her penalties set forth in the instruct Id signed by an enrolled actuary, as elete.							
SIGN	Filed with authorized/v	valid electronic signature.	05/09/2017	MARY T. SELF					
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE									
	Signature of employ	yer/plan sponsor ame, if applicable) and address (ind	Date			as employer or plan sponsor s telephone number			
				n)					

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,	
~	•			
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	ogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	3156975	78687
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	3156975	78687
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		0	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-64886	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-64886
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3013189	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	213	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3013402
i	Net income (loss) (subtract line 8h from line 8c)	8i		-3078288
j	Transfers to (from) the plan (see instructions)	8i		
Ра	rt IV Plan Characteristics	· · ·		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Characteristi	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteristic	Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					🗌 Y	es 🗙 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΠY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi	tructior	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day	′	Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
b	Enter	the minimum required contribution for this plan year			12b			
с	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d			
е	Will	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	s No)
		es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	-				Yes X	No
C	lf, du	rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian			14d 1	Trustee'	s or custodi	an's
							ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
456		en e		Desig	n-based	Ч Г	"Prior ye	ar" ADP
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		safe h	arbor	L	test	
	- ("Curre ADP t	ent year		N/A	
16a	What	testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio				
iou		? Check all that apply:			entage		verage enefit test	N/A
				test			enenii iesi	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		n letter	or advi	sory let	ter, enter the	e date of
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determir	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa >>?		from	Ye	6	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089				
Depariment of the Treasury Internal Revenue Service)65 of the Employee Retirement	2016						
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	This Form is Open to						
Pension Benefil Guaranty Corporation	 Complete all entries in 	Revenue Code (the Code) accordance with the instru	ctions to the Form 5500-SF.	Public Inspection				
For calendar plan year 2016 or	t Identification Information	01/01/2016	and andian					
· · · · ·	X a single-employer plan		and ending 1: n (not multiemployer) (Filers che	2/31/2016				
A This return/report is for:	a one-participant plan	list of participating emp	loyer information in accordance	with the form instructions.)				
B This return/report is	the first return/report	the final return/report						
		a short plan year return/	report (less than 12 months)					
C Check box if filing under:	Form 5558	automatic extension		program				
	ormation—enter all requested in	formation	·····					
1a Name of plan NDOCRINE & DIABETES	S ASSOCIATES, P.S.C.		1b Thi pla	ree-digit n number				
01K PROFIT SHARING	PLAN			N) D02				
	· · ·			ective date of plan ./01/1985				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	D. Box)	2b Em	ployer Identification Number				
NDOCRINE & DIABETES	S ASSOCIATES, P.		2c Sp	2c Sponsor's telephone number (502) 587-6010				
PRING MEDICAL BUILD			2d Bus	iness code (see instructions)				
400 DUTCHMANS PKWY OUISVILLE	STE 345	КY	40205-3370					
За Plan administrator's лате а	nd address 🛛 Same as Plan Spor			ninistrator's EIN				
	· · · · · · · · · · · · · · · · · · ·	•	30 Adm	ninistrator's telephone number				
		n and a second						
name, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed for						
a Sponsor's name		· · · · ·	4c PN	1				
	at the beginning of the plan year at the end of the plan year			2				
C Number of participants with	account balances as of the end of the	the plan year (only defined or	ntribution plans	· · · · · · · · · · · · · · · · · · ·				
				· .				
	articipants at the beginning of the pla articipants at the end of the plan yea			2.				
e Number of participants that	terminated employment during the	plan year with accrued hene	fits that were less					
than 100% vested	or incomplete filing of this return	•) DE	(
inder penalties of periury and of	ther penalties set forth in the instruct nd signed by an enrolled actuary, a	tions. I declare that I have as	aminad this return/report induc	ling if applicable a Cabadula				
IGN X ALL (1 - KN	42717	ary T. Self					
ERE Signature of plan a	idministrator		Enter name of individual signing	as plan administrator				
GN								
ERE Signature of emplo	yer/plan sponsor name, if applicable) and address (in	Date	Enter name of individual signing					
		and room of suite fumber)	reparer	s telephone number				
		· .		_				
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			E0005.004.000000000000000000000000000000					

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	A STATE AND A STAT	n								
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets i	(See instructions.)	· · · ·				X Yes No		
b	Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public	accoun	tant (I	QPA)				
	If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm 5500-SF and mu	st inste	ad us	e Forn	n 5500			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	4021)7	؟ [] Yes	No Not determined		
Pa	Financial Information			·····						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	<u>,</u>			(b) End of Year		
а	Total plan assets	7a		,156,		<u></u>		78,687		
b	Total plan llabilities	7b	· · ·		0					
С	Net plan assets (subtract line 7b from line 7a)	70	3	156,	975			. 78,687		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou					(b) Total		
а	Contributions received or receivable from:	Conditional Condition of	(4) 71104			FRE				
·	(1) Employers	Ba(1)			0					
	(2) Participants	8a(2)			0	保護論				
·	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	•	-64,	886					
<u> </u>	Total income (add lines 8a(1), Ba(2), 8a(3), and 8b)	8c						-64,886		
d	Benefits pald (Including direct rollovers and insurance premiums to provide benefits)	8d		.013,	189					
e	Certain deemed and/or corrective distributions (see instructions)	8e			· 0					
f	Administrative service providers (salaries, fees, commissions)	'8f	and the second second	;	213					
g	Other expenses	8g	• • •	1 - 1 -	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8ħ						3,013,402		
i	Net income (loss) (subtract line 8h from line 8c)	81						· -3,078,288		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	TIV Plan Characteristics					1000000000000	na na na dela dela	n bernennen er eine all wei einen eine eine eine eine eine eine		
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of P	lan Cha	racter	istic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	an Char	acteris	tic Co	des in l	he instructions:		
Par	tV Compliance Questions							· · · ·		
10	During the plan year:				Yes	No	N/A	Amount		
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction		· ·			· · · · · · · · · · · · · · · · · · ·		
	Program) Were there any nonexempt transactions with any party-in-interest			10a		·X	7.000 1970 - 1970			
	reported on line 10a.)		nclude transactions	.10b		x				
<u>с</u>		- energy and a second		1 <u>0c</u>	x			500,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		x				
e		ier person: ie or all of	s by an insurance The benefits under	10e		x		· · · · · · · · · · · · · · · · · · ·		
f	Has the plan falled to provide any benefit when due under the pla			101		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	x	<u> </u>		0		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	406		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520,10	ne required	notice or one of the	10h 10j		<u>^</u>				
					I	1	antei või	- A CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACT CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO		

	Form 5500-SF 2016			Page 3-						
	·····			······	•					
Part	VI Pension Funding Co	mpliance				,				
11	ls this a defined benefit plan sub (Form 5500) and line 11a below)	ject to minimum fundin	g requirements? (If "Yes,"	see instructions and	d comple	ete Sch	edule S	В		Yes 🛛 No
<u>11a</u>	Enter the unpaid minimum requi	red contributions for all	years from Schedule SB	(Form 5500) line 40			11a		<u> </u>	
12	Is this a defined contribution pla	n subject to the minimu	um funding requirements of	of section 412 of the	Code or	sectio	n 302 o	f	ΙΠ	Vee El Ne
	ERISA?	nes"12b-12c-12d and	12e below, as applicable		••••••		•••••	••••••••••	. ⊔	Yes 🗶 No
a	If a waiver of the minimum fundli	ng standard for a prior	year is being amortized in	this plan year, see i	nstructio	ins, ani	d enter i	he date	of the let	ter ruling
lf	granting the waiver you completed line 12a, comple	te lines 3, 9, and 10 o	f Schedule MB (Form 55	00), and skin to lin	<u>. Month</u> e 13	•	Day		Year	
	Enter the minimum required contr						12b			
	Enter the amount contributed by t						12c			
d	Subtract the amount in line 12c f	rom the amount in line	12b. Enter the result (enter	er a minus sign to the	e left of a	а	12d			
e	Will the minimum funding amour							Yes	No	N/A
and an and	VIII Plan Terminations a		······································	•						
13a	Has a resolution to terminate the pl	an been adopted in any	plan year?					X Yes	Π	No
	If "Yes," enter the amount of any						13a			0
b	Were all the plan assets distribut control of the PBGC?	led to participants or be	eneficiaries, transferred to	another plan, or bro	ught und	ier the			Yes	X No
c	If, during this plan year, any asse which assets or llabilities were tr	ets or liabilities were tra	insferred from this plan to	another plan(s), ide	ntify the	plan(s)	to'		<u> </u>	
1	3c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·		· · ·		13c(2)	ElN(s)		13c(3) PN(s)
	· · · · · · · · · · · · · · · · · · ·		en an							
PHE-MOTOR A		s ultrus illuzing officer o Explore the defension of the	he solo de provinsi. Nétrative de la company	•	P.	•				
	VIII Trust Information									
14a	Name of trust						14b 1	rust's E	IN	
		•						Ţ		
14c	Name of trustee or custodian					· ·	14d T	'rustee's	s or custo	dian's
	.					•	1	elephon	ie numbe	r
Par	IX IRS Compliance Qu	lestions								· · ·
15a	ls the plan a 401(k) plan? If "No,"	skip b				Yes		Ľ] No	•
	How did the plan satisfy the nondi				· []]	Desigi safe h	n-based arbor	Ľ] "Prior y test	/ear" ADP
	401(K)(3) for the plan year? Check	all that apply:		••••••			nt year'	Γ	-	
16a	What testing method was used to	satisfy the coverage re	auirements under section	410(b) for the plan		Ratio			-	,
	year? Check all that apply:	••••••••••••••••••••••••••••••••••••••	· · · · ·			perce test	nlage		erage nefit test	□ N/A
	Did the plan satisfy the coverage for the plan year by combining this	s plan with any other pl	an under the permissive a	ggregation rules?		Yes			No '	
17a	If the plan is a master and prototy the letter	pe plan (M&P) or volun and the serial numb	ne submitter plan that reco	eived a favorable IRS	3 opinior			•		
17b	If the plan is an individually-design letter	ned plan that received	a favorable determination	letter from the IRS, e	enter the	e date c	of the m	ost rece	nt determ	ination
	Defined Benefil Plan or Money Pu Were any distributions made durir service?	rchase Pension Plan C ig the plan year to an e	only: mplovee who attained ag	e 62 and had not ser	parated i	from,	Yes	· [] No	
	Was any plan participant a 5% ow	•					.Yes	[No	
•						i				