## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CLINIC PHARMACY, LLC 401K PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2004 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 61-1395931 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CLINIC PHARMACY, LLC 859-234-2777 2d Business code (see instructions) 1210 KY HWY 36E, STE G-6 446110 CYNTHIANA, KY 41031 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 8 5a Total number of participants at the beginning of the plan year ...... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year.....

than 100% vested \_\_\_\_\_ | \_\_\_ |
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants that terminated employment during the plan year with accrued benefits that were less

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

belief, it is t	rue, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	06/28/2017	LARRY WILEY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor			
Preparer's r	name (including firm name, if applicable) and address (include r	oom or suite number	er ) Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determine	ned
Par	t III Financial Information		-							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
а	Total plan assets	7a		618549	)				399467	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		618549	)				399467	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:	0-(4)		6511						
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		42807						
	Other income (loss)	8b		42001	-				49318	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							49316	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		264051						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4349						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							268400	
	Net income (loss) (subtract line 8h from line 8c)	8i		-219					-219082	
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	٠,	L							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
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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)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	centage Average N//			
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	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 determ	ination
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 e?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		i identification information			10010	and the second s						
For calendar p	olan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12/3								
A	form and to form	X a single-employer plan			) (Filers checking this box must attach a accordance with the form instructions.)							
A This return	i/report is for:	a one-participant plan	a foreign plan	ployer information in acc	cordance with the	form instructions.)						
B This return/	report is	the first return/report	the final return/report									
- Tillo Totalli	Topolt to	an amended return/report	 	hort plan year return/report (less than 12 months)								
C Check box	if filing under:	Form 5558	automatic extension		DFVC program	ı						
		special extension (enter desc	ription)									
Part II E	Basic Plan Inf	ormation—enter all requested ir	formation									
1a Name of	plan				1b Three-digit							
CLINIC PHARM	MACY, LLC 401K	PROFIT SHARING PLAN			plan numbe (PN)	001						
					1c Effective da 01/01/2004							
		oyer, if for a single-employer plan)				lentification Number						
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)					(EIN) 61-13							
CLINIC PHARM		ce, country, and ZIP or foreign pos	tal code (il foreign, see instru	ictions)		elephone number 59) 234-2777						
					2d Business co	de (see instructions)						
1210 KY HWY	36E, STE G-6				446110							
CYNTHIANA, K	Y 41031											
		and address K Same as Plan Spo	nsor.		3b Administrator's EIN							
						or's telephone number						
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN							
a Sponsor's	s name				4c PN							
5a Total nun	nber of participant	s at the beginning of the plan year	***************************************		5a	8						
<b>b</b> Total num	nber of participant	s at the end of the plan year			5b	7						
		account balances as of the end of			5c	7						
		articipants at the beginning of the p			5d(1)	4						
		articipants at the end of the plan ye			5d(2)	4						
		t terminated employment during th										
than 100	)% vested				5e	0						
Caution: A pe	enalty for the late	or incomplete filing of this return the instru	n/report will be assessed until be assessed unti	unless reasonable cau	ise is establishe	d.						
SB or Schedu	le MB completed a	and signed by an enrolled actuary,	as well as the electronic vers	examined this return/report sion of this return/report	ooπ, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and						
	e, correct, and con	711 7,1	1/20/-	1 4.4	-11	1 -						
SIGN HERE	Jarry		6/40/18	LARRY	$M. W_i$	189						
s	ignature of plan	administrator /	Date	Enter name of individu	ual signing as plar	n administrator						
SIGN		-/										
HERE S	ignature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as emi	oloyer or plan sponsor						
		name, if applicable) and address (i		r)	Preparer's telepl							
_												

6a	Were	all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)					X Yes	No
b	•	ou claiming a waiver of the annual examination and report of					,			<del></del>
		29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No
	If you	answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	instea	d use	Form	5500.		
C	If the p	olan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ction 4	021)? .		Yes	∐ No ☐ Not deterr	nined
Pai	t III	Financial Information			*********	***************************************	********			*********
7	Plan A	ssets and Liabilities		(a) Beginning o	of Year				b) End of Year	
	***************************************	olan assets	7a	(u)gg	61854		*************		399467	
	***************************************	plan liabilities	7b					<del>finalista kiralyan</del>		
*******					61854				399467	
***************************************		an assets (subtract line 7b from line 7a)	7c			19	******			
8	-	e, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>			-	(b) Total	
а		butions received or receivable from: nployers	8a(1)		651	1				
						$\dot{-}$				-
		articipants	8a(2)						namentinen, etä eniä teoria elementeituuseen muun ja etymistä on sitatuussa.	
		hers (including rollovers)	8a(3)		4000			-		
<u>b</u>	Other	income (loss)	8b		4280	)7				
-		ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49318	
d		its paid (including direct rollovers and insurance premiums			26405	. 1				
		vide benefits)	8d		20100	-				
	*************	n deemed and/or corrective distributions (see instructions)	8e	<u> </u>	40.4			·		
<u> </u>	Admin	istrative service providers (salaries, fees, commissions)	8f		434	9	-		<del></del>	
g	Other	expenses	8g				oka xweethaanse.	-		
h	Total e	expenses (add lines 8d, 8e, 8f, and 8g)	8h						268400	)
i	Net in	come (loss) (subtract line 8h from line 8c)	8i						-219082	2
j	Transf	fers to (from) the plan (see instructions)	8j							
Pai	t IV	Plan Characteristics	<u> </u>				***************************************	· · · · · · · · · · · · · · · · · · ·	- Contributed the Contributed Superior Contributed	***************************************
-		plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteris	tic Co	des in	the instructions:	
		2J 3D								
b	If the	plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plai	n Chara	acterist	ic Coc	les in t	he instructions:	-
	<u></u>				W-Marine Control	and the same of th				
Par	t V	Compliance Questions								
10	Durir	ng the plan year:				Yes	No	N/A	Amount	
a	Was	there a failure to transmit to the plan any participant contribu	tions with	in the time period	***************************************					***************************************
	des	cribed in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary i	iduciary Correction			Х			
1.		gram)			10a				-	
Ю		e there any nonexempt transactions with any party-in-interest rted on line 10a.)			10b		Х			
С	***************************************	the plan covered by a fidelity bond?	***************************************		10c	х	***************************************		Mer der ein Problem betreck ein erholde kom ein bysche passen der eine gebergen beschiede byschene	100000
d	Did t	he plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused			Х			-
		aud or dishonesty?			10d					
е		e any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides som					Х			
		olan? (See instructions.)			10e					-
f	Has	the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
h		s is an individual account plan, was there a blackout period?			10h		х			
i		h was answered "Yes," check the box if you either provided the						$\vdash$		
		ptions to providing the notice applied under 29 CFR 2520.10			10i	<u> </u>				

Page 2

Form 5500-SF 2016

Form 5500-SF 2016	Page <b>3</b> - 1
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art	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and common 5500) and line 11a below)				3		Yes X No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?	ode or	section	1 302 of			Yes X No
	-	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			4 41			
-	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver	onth_	is, and	enter ti Day		of the lette Year	er ruling
***************************************	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			401-			
<u>D</u>	Ente	r the minimum required contribution for this plan year			12b	***************************************	·	***************************************
		r the amount contributed by the employer to the plan for this plan year			12c			
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
<u>e</u>	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A
'art '	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	X	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?					Yes [	X No
С	lf, d whi	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identii ch assets or liabilities were transferred. (See instructions.)	fy the	plan(s)	to			
1	3c(1	) Name of plan(s):		13c(2)	EIN(s)		13c(	3) PN(s)
Part	VIII	Trust Information						
14a i	Name	e of trust			14b 7	rust's E	IN	
14c	Nam	e of trustee or custodian					s or custo ne numbe	
Part	IX	IRS Compliance Questions						
15a	Is the	e plan a 401(k) plan? If "No," skip b		Yes			No	
15b	How 401(l	did the plan satisfy the nondiscrimination requirements for employee deferrals under section k)(3) for the plan year? Check all that apply:		Desig safe h	n-based arbor		"Prior y test	ear" ADP
				"Curre	ent year' est	<u> </u>	N/A	
16a		tt testing method was used to satisfy the coverage requirements under section 410(b) for the plan '? Check all that apply:		Ratio perce test	entage		/erage enefit test	□ N/A
	for th	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) he plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the I	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS letter and the serial number						
	lette		nter the	e date	of the m	ost rece	ent detern	nination
	Were	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sepa ice?	arated	from	Yes	3 [	] No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s [	No	