Form 5500-SF		Short Form Annu	•	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury mal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F				2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		Internal	This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	500-SF.				
Part I	Annual Report Ic	Ientification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016				
		a single-employer plan		plan (not multiemployer) (ing this box must attach a			
A This re	turn/report is for:	a one-participant plan		employer information in ac		-			
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	onths)				
C Check	box if filing under:	└ · · · · · · · · · · · · · · · · · · ·	automatic extensio		DFVC p	rogram			
		special extension (enter descr	ription)						
Part II	Basic Plan Inform	nation—enter all requested inf	formation						
1a Name COMPLETE	of plan CARE PHARMACY LLC	C 401K PLAN			(PN)	number 001			
					1C Effec	tive date of plan 01/01/2010			
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)						oyer Identification Number 20-0836095			
	CARE PHARMACY LLC				2c Spor	sor's telephone number 606-487-1910			
572 MORTO HAZARD, K`					2d Busir	ess code (see instructions) 446110			
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		blan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN				
	, EIN, and the plan numb or's name	per from the last return/report.			4c PN				
5a Total	number of participants at	t the beginning of the plan year			5a	11			
b Total	number of participants at	the end of the plan year			5b	9			
		count balances as of the end of			5c	7			
d(1) Tot	al number of active partie	cipants at the beginning of the pl	an year		5d(1)	g			
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	6			
		rminated employment during the			5e	C			
Caution: A	A penalty for the late or	incomplete filing of this return	n/report will be assess	ed unless reasonable cau					
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ste.							
SIGN	Filed with authorized/va	lid electronic signature.	10/16/2017	CYNTHIA WILLIAMS					
HERE	Signature of plan adr	Signature of plan administrator Date Enter name of individ		ual signing a	as plan administrator				
SIGN									
HERE						as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (ir	nclude room or suite nun	nber)	Preparer's	telephone number			
		see the Instructions for Form 5500				Form 5500-SF (2016)			

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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	an indepene and condition	dent qualified public accountant (IQF ons.)	PA)
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	132923	151559
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	132923	151559
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	8067	
	(2) Participants	8a(2)	12439	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-1870	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		18636

h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 18636 i Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) j 8j Part IV | Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

8d

8e

8f

8g

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

to provide benefits)....

d Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions).

f Administrative service providers (salaries, fees, commissions)....

g Other expenses.....

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			2262
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			100000
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		x		
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		
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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-		
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		_ Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the 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	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he 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		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	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 separce?		from	Ye	s	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	Short Form Annual Return/Report of Small Emplo Benefit Plan						
Department of the Treasury Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee F						
Department of Labor Employee Benefits Security Administratio		Revenue Code (the Cod	le).		This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in		tructions to the Form 5	500-SF.				
For calendar plan year 2016 or	t Identification Information	16	and ending 12/3	31/2016				
r er selender prott your zo to er	X a single-employer plan				ing this box must attach a			
A This return/report is for:	a one-participant plan				ith the form instructions.)			
B This return/report is	the first return/report	the final return/report		(antha)				
• • • • • • • • •	an amended return/report		irn/report (less than 12 m	ionins)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC pi	rogram			
	special extension (enter desc							
and an owned was desided a standard and a standard at the star by surveying spectrum was	formation-enter all requested in	formation		,				
1a Name of plan COMPLETE CARE PHARMACY	LLC 401K PLAN			1b Three plant (PN)	number 001			
					live date of plan			
Mailing address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.0			01/01/2010 2b Employer Identification Number (EIN) 20-0836095				
Cily or town, state or provin COMPLETE CARE PHARMACY	nce, country, and ZIP or foreign pos LLC	tal code (if foreign, see ins	structions)	2c Sponsor's telephone number				
				2d Busin	(606) 487-1910 less code (see instructions)			
572 MORTON BLVD				44611	10			
HAZARD, KY 41701								
3a Plan administrator's name	and address 🗶 Same 🛛 as Plan Spo	nsor.		3b Admir	nistrator's EIN			
				2				
				JC Admii	nistrator's telephone number			
	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.			4C PN				
	to at the beginning of the plan year	••.• •• •• •		5a				
	ts at the beginning of the plan year.			5b	9			
7 1	ts at the end of the plan year h account balances as of the end of			<u>}</u> +	9			
				5c	7			
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	9			
d(2) Total number of active p	participants at the end of the plan ye	ar		5d(2)	6			
e Number of participants the	at terminated employment during the	e plan year with accrued b	enefits that were less	50	0			
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is estat	lished.			
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, nplete.	ctions, I declare that I hav as well as the electronic v	e examined this return/re ersion of this return/repor	port, includir t, and to the	ng, if applicable, a Schedule best of my knowledge and			
sign [Mdi		10/16/17	Cynthia Williams					
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing a	as plan administrator			
BIGN HERE	<u> </u>							
Signature of emp	loyer/plan sponsor name, if applicable) and address (i	Date Date	Enter name of individ		as employer or plan sponsor telephone number			
Flebaler 2 Hame (incuding inm	name, a applicable) and address (i	naude room of suite huma	Jer j	Preparers	(elephone fightber			
· · · · · · · · · · · · · · · · · · ·	· · · ·							
For Paperwork Reduction Act Not 017-10-10T11-27:58 236-05-00	lice, see the Instructions for Form 550	0-9F.			Form 5500-SF (2016) v 160205			

	Form 5500-SF 2016		Page 2	· · · · · · · · ·							
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan came If the plan is a defined benefit plan, is it covered under the PBGC i	an indeper and condit not use Fo	ndent qualified public a lions.) Irm 5500-SF and mus	t instea	ant (IC ad use	PA) Form	5500,	X Yes [] No			
Pa	Financial Information				_						
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year			
a	Tolal plan assets	. 7a		13292	23			151559			
b	Tolal plan liabilities	. 7b									
C	Net plan assets (subtract line 7b from line 7a)			13292	23		_	151559			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total			
a	Contributions received or receivable from: (1) Employers	. 8a(1)		806	67						
	(2) Participants	. 8a(2)		1243	39						
<u></u>	(3) Others (including rollovers)	. 8a(3)			0						
b	Other income (loss)	. 8b		-187	70						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			POLICIE Influence			18636			
d	Benefits peld (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
e	Certain deemed and/or corrective distributions (see instructions)	. Be		0							
f	Administrative service providers (salaries, fees, commissions)	, 8f		0							
g	Other expenses	. 8g		2000							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		38	0						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i		220		18636					
j	Transfers to (from) the plan (see instructions)	- 8j		0000							
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare										
Pa	tV Compliance Questions										
10	During the plan year:				Yes	No	N/A	Атоипt			
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a	x			2262			
t	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			106		х					
C	Was the plan covered by a fidelity bond?			10c	х		sannar Silitiya	100000			
c		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				х					
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e		x					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Form 5500-SF 2016

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	mplei	e Sche	edule St	3		Yes	X	No
1 1a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?					. E	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr-	untion	ne and	antar f	no date		therm	lina	,
	granting the waiver	nth_	is, and	Day		Yea		my	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3,	···· 1						
b	Enter the minimum required contribution for this plan year	<u></u>		12b					
C	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lean negative amount)			12d					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No		N/A	
Part	VIE Plan Terminations and Transfers of Assets								<i>.</i>
13a	Has a resolution to terminate the plan been adopted in any plan year?				🗌 Ye	s 🛛	No		
· · · ·	If "Yes," enter the amount of any plan assets that reverted to the employer this year		[.]	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?					Yes	X N	lo	
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See Instructions.)								
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) Pi	V(s)	
	VIII Trust Information								
			Y	14b 1		-165			
14a	Name of trust			140 1	JUSUSI				
14c	Name of trustee or custodian					's or cust ne numb		S	
Par	IRS Compliance Questions								
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			No No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		sate h	n-based larbor ent year	.	-l lest	r year"	ADP	,
			ADP t	est	•] N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit ter	st [] N/	/A
161	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			□ No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o the letter								f
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	er the	e dale	of the m	ost rec	ent dete	rminat	ion	<u> </u>
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?		from	Yes] No		. <u> </u>	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye:	3	No			