Form 5500-SF		Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				2016				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		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.					
For calenda	Annual Report Id Ar plan year 2016 or fisc	dentification Information	017	and ending 04	1/30/2017					
		X a single-employer plan				ing this box must attach a				
A This ret	urn/report is for:	a one-participant plan		· · · · · ·		ith 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	months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	ption)							
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name of plan ENDOCRINE & DIABETES ASSOCIATES, P. S. C. 401K PROFIT SHARING PLAN					1b Three plan (PN)	number				
					1c Effective date of plan					
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Employer Identification Number (EIN) 61-1229829					
	town, state or province	, country, and ZIP or foreign posta ATES, P. S.C.	al code (if foreign, see instr	uctions)	2c Sponsor's telephone number 502-587-6010					
					2d Business code (see instructions)					
6400 DUTCH	DICAL BUILDING IMANS PKWY STE 345 , KY 40205-3370				621111					
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
						3c Administrator's telephone number				
4 If the r	name and/or FIN of the	plan sponsor has changed since t	he last return/report filed fr	or this plan enter the	4b EIN					
	EIN, and the plan num	ber from the last return/report.			4c PN					
		t the beginning of the plan year			-5a	3				
		t the end of the plan year			5b	C				
C Numb	er of participants with a	ccount balances as of the end of t	he plan year (only defined	contribution plans	5c	C				
•	,	cipants at the beginning of the pla			5d(1)	C				
		icipants at the end of the plan yea			5d(2)	C				
e Numb	per of participants that te	erminated employment during the	plan year with accrued ber	nefits that were less	5e	C				
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau						
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.								
SIGN										
HERE	Signature of plan ad	Signature of plan administrator Date Enter name of individu				as plan administrator				
SIGN										
HERE	Signature of employ		Date			as employer or plan sponsor				
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numbe	r)	Preparer's	telephone number				

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a tions.)	account	ant (IC	PA)			X Yes	No No
с	If the plan is a defined benefit plan, is it covered under the PBGC in						-	ΠΝο Π	Not deterr	nined
Pa	rt III Financial Information		- ,		,					
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of `	rear	
а	Total plan assets	7a		78687				-	0	
b	Total plan liabilities	7b		0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c		78687		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	I	
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		1183						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1183	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		79321						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f								
g	Other expenses	8g			79870					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-78687			
j	Transfers to (from) the plan (see instructions)	8j								
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	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	les in t	ne instructio	ons:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	A	mount	
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 V Program)	/oluntary F	iduciary Correction	10a		х				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.). 	t? (Do not	include transactions	10b		Х				
c	Was the plan covered by a fidelity bond?			10c	X					500000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person	is by an insurance			×				

the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan?

Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

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10e

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r 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		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er 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		
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 least of the matter 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?				X Ye	s N	lo
	lf "Y	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?					X Yes	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian					s or custod	lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
Fai							Π	
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	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		nter the	date o	of the m	lost rec	ent determi	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 ce?		rom	Yes	s [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	

Form 5500-SF	Short Form Anni	al Return/Report	of Small Employ	vee	OMB Nos	. 1210-0110			
Department of the Treasury		Benefit Plan				1210-0089			
Internal Revenue Service	This form is required to be file Income Security Act of 1974				2016 This Form is 0				
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Code). Complete all entries in accordance with the Instructions to the Form							
Part I Annual Repor	t Identification Information	· · ·	uctions to the Form 550	U-SF.					
For calendar plan year 2016 or		01/01/2017	and ending		30/2017				
A This return/report is for:	X a single-employer plan		an (not multiemployer) (Fil ployer information in acco						
B This return/report is	the first return/report	\mathbf{X} the final return/report \mathbf{X} a short plan year return	n/report (less than 12 mor	uths)	*				
C Check box if filing under:	☐ Form 5558	automatic extension							
	special extension (enter desc		ليا	DFVC pro	Jyram				
Part II Basic Plan Inf	ormation-enter all requested in	formation							
1a Name of plan ENDOCRINE & DIABETE: PROFIT SHARING PLAN	S ASSOCIATES, P. S. C	. 401K .		(PN)	umber • 00)2			
					ive date of plan 01/1985				
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign posi		uctions)	2b Employer Identification Number (EIN) 61-1229829					
ENDOCRINE & DIABETE: S.C.					or's telephone nu 2)587-6010	mber			
SPRING MEDICAL BUIL 6400 DUTCHMANS PKWY LOUISVILLE		7.7		2 d Busine 6211	ess code (see inst L11	ructions)			
	and address 🕅 Same as Plan Spo		40205-3370	3b Admin	istrator's EIN				
			3	3c Admin	istrator's telephon	e number			
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for	• •	b EIN					
a Sponsor's name				C PN					
E was a start of the second start of the secon		•••••••••••••••••••••••••••••••••••••••		5a					
5a Total number of participant				5h					
b Total number of participantc Number of participants with	s at the end of the plan yearn account balances as of the end of	the plan year (only defined	contribution plans	5b 5c		•			
 b Total number of participant c Number of participants with complete this item) 	is at the end of the plan year n account balances as of the end of	the plan year (only defined	contribution plans	5c					
 b Total number of participant c Number of participants with complete this item)	is at the end of the plan year n account balances as of the end of articipants at the beginning of the pl	the plan year (only defined	contribution plans	5c 5d(1)					
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that 	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan yea at terminated employment during the	the plan year (only defined lan year ar plan year with accrued ber	contribution plans	5c		-			
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested 	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan year at terminated employment during the	the plan year (only defined lan year ar e plan year with accrued ber	contribution plans	5c 5d(1) 5d(2) 5e	lshed.	-			
 b Total number of participant c Number of participants with complete this item)	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan varticipants at the end of the plan yea at terminated employment during the a or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a	the plan year (only defined lan year ar e plan year with accrued ber n/report will be assessed ctions. I declare that I have	contribution plans	5c 5d(1) 5d(2) 5e e is establ	o, if applicable, a 3	Schedule			
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and completed is belief, it is true, correct, and completed a belief. It is true, correct, and complete the second seco	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan varticipants at the end of the plan yea at terminated employment during the a or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a	the plan year (only defined lan year ar e plan year with accrued ber n/report will be assessed ctions. I declare that I have	contribution plans	5c 5d(1) 5d(2) 5e e is establ	o, if applicable, a 3	Schedule			
 b Total number of participant c Number of participants with complete this item)	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan year at terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.	the plan year (only defined lan year ar e plan year with accrued ber n/report will be assessed ctions. I declare that I have	contribution plans nefits that were less unless reasonable cause examined this return/report, a	5c 5d(1) 5d(2) 5e e is establed in the isotropy of the second secon	g, if applicable, a s best of my knowle	Schedule dge and			
b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants tha than 100% vested Caution: A penalty for the late Under penalties of perjury and completed a belief, it is true, correct, and com SIGN HERE Signature of plan Sign HERE	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan participants at the end of the plan year at terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.	the plan year (only defined lan year ar plan year with accrued ber n/report will be assessed ctions, I declare that I have as well as the electronic vers Date //-//// Date	contribution plans mefits that were less unless reasonable cause examined this return/report, a Mary T. Self Enter name of individual Enter name of individual	5c 5d(1) 5d(2) 5e e is establ rt, including and to the indicator d signing as I signing as	g, if applicable, a s pest of my knowle s plan administrate	Schedule dge and or sponsor			
b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants tha than 100% vested Caution: A penalty for the late Under penalties of perjury and completed a belief, it is true, correct, and com SIGN HERE Signature of plan Sign HERE	is at the end of the plan year n account balances as of the end of articipants at the beginning of the plan varicipants at the end of the plan year at terminated employment during the or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a mplete.	the plan year (only defined lan year ar plan year with accrued ber n/report will be assessed ctions, I declare that I have as well as the electronic vers Date //-//// Date	contribution plans mefits that were less unless reasonable cause examined this return/report, a Mary T. Self Enter name of individual Enter name of individual	5c 5d(1) 5d(2) 5e e is establ rt, including and to the indicator d signing as I signing as	g, if applicable, a s pest of my knowle s plan administrate s employer or plan	Schedule dge and or sponsor			

	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 cann	an indepe and condi not use Fo	ndent qualified public a itions.) orm 5500-SF and mus	accoun st inste	tant (K ad use	QPA) Form	n 5500	••••••		es 🗌 No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	ection 4	1021)?	•••••	Yes	UN0	Not de	etermined		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End c	of Year			
<u>a</u>	Total plan assets	7a		78,	687					0		
b	Total plan liabilities	7b			0					0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		78,	687					0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal			
a 	Contributions received or receivable from: (1) Employers	8a(1)			0							
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b		1,	183							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1,183		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		79,	321	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	0							
f	Administrative service providers (salaries, fees, commissions)	8f		549								
<u> </u>	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						79,87				
i	Net income (loss) (subtract line 8h from line 8c)	8i	e filial agente de la contra parte de la ser- Referencia en entre en entre grante de la ser-		-78,0				-78,687			
j	Transfers to (from) the plan (see instructions)	8]										
Pa	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	odes from the List of Pl	lan Cha	racteri	stic C	odes in	the instru	uctions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Char	acteris	tic Co	des in 1	he instruc	tions:			
Par			······································									
10	During the plan year:				Yes	No	N/A		Amoun	t		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		x						
C	Was the plan covered by a fidelity bond?			10c	x					500,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x						
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f `		x				`		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	and.)	10g		x						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		x						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require		101	·							

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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 com	noleti	e Sch	adule S	B	Тг	1 Van	X No
	(Form 5500) and line 11a below)	·····						
<u>11a</u> 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		····1		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?					. [] 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 instruct	alian						
	granting the waiver	nth	s, ano	Day		e of the le		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		r					· · · · ·
b	Enter the minimum required contribution for this plan year			12b				
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d					
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							
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Ye	s []	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	unde	or the			X Yes	<u> </u>	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)			to				
	13c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII Trust Information							
	Name of trust		ſ	14b 1	rust's E	EIN		
14c	Name of trustee or custodian					s or cust ne numb		5
Par						_		
15a	Is the plan a 401(k) plan? If "No," skip b	<u> </u>	Yes			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:	Цs	afe h		L] "Prior test	year".	ADP
		Π,	Curre	nt year' 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	ntage		verage enefit tes	it [N/A
16b	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		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opir the letter and the serial number	inion	letter	or advis	sory lett	er, enter	the da	ite of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	r the	date c	of the m	ost rece	ent deter	minatio	рп
	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 separate service?	ted fr	om	Yes	;] No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	;	No		
	· · · · · · · · · · · · · · · · · · ·							