Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	4065 of the Employee Retirer	ment	2017					
	epartment of Labor enefits Security Administration	ment of Labor is Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5500-S		Public Inspection			
Part I		Identification Information		and and in m 44/00/	2047				
For calend	ar plan year 2017 or fis	cal plan year beginning 01/01/2		and ending 11/30/ lan (not multiemployer) (Filers		is hox must attach a			
A This ret	turn/report is for:	X a single-employer plan		mployer information in accord	-				
D		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	X the final return/report						
		an amended return/report	🗙 a short plan year retu	rn/report (less than 12 months	3)				
C Check	box if filing under:	Form 5558	automatic extension		FVC prograr	n			
		special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	formation						
1a Name	•			1b	Three-digit				
CARROLLT	ON INTERNAL MEDIC	INE SAFE HARBOR 401(K) PLAN	١		plan numbe (PN) ▶	er 001			
				1c	Effective da				
0						01/01/2008			
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)	26		dentification Number 26-0311500			
-	town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see ins	tructions) 2c	2c Sponsor's telephone number				
CARROLLIN		INE FOC		04		2-732-9922			
307 11TH ST	TREET			20	2d Business code (see instructions)				
	ON, KY 41008					621112			
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spor	nsor.	3b	Administrat	or's EIN			
				3с	Administrat	or's telephone number			
		plan sponsor or the plan name ha			EIN				
•	an, enter the plan spon or's name	nsor's name, EIN, the plan name a	ind the plan number from		4d PN				
C Plan N	lame								
		at the beginning of the plan year			5a Sh	2			
		at the end of the plan year		d contribution plane	5b	0			
					ōc	0			
d(1) Tot	al number of active part	ticipants at the beginning of the pl	an year		l(1)	0			
d(2) Total number of active participants at the end of the plan year					l(2)	0			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
Caution: A	penalty for the late o	or incomplete filing of this return	n/report will be assessed	l unless reasonable cause i					
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, a lete							
SIGN		valid electronic signature.	06/22/2018	RANJHAN GOPANG M.D.					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					n administrator				
SIGN									
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individual s	gning as em	ployer or plan sponsor			
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500)-SF.			Form 5500-SF (2017) v.170203			

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								~
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								J
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine								4
Ŭ									
				ian yea					
Pa	rt III Financial Information	1	r						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year	
а	Total plan assets	7a	6	13201				0	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	6	13201				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:	96(4)							
	(1) Employers	8a(1)			-				
	 (2) Participants	8a(2)			_				
	(3) Others (including rollovers)	8a(3)		82590					
	Other income (loss)	8b		52530	-			82590	_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						02390	-
u	to provide benefits)	8d	69	90286					
е	Certain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions) 8f 5505								
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						695791		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-613201	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pla	an Chai	racteri	stic Co	des in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	es in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)		·	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			
d	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 the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x			

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Х

10f

10g

10h

10i

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

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

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

i,

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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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<u> </u>	'es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	<u> </u>	′es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the lette Year _	r ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3) PN(s)

From:COMH Family Practice

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06/22/2018 17:34

Form 5500-SF	Short Form Ann	ual Return/Report of Small Benefit Plan	Employee	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service Department of Labor	This form is required to be fil	ployee Retirement	2017					
Employee Benefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the	Form 5500.SE	This Form is Open to Public Inspection				
Part I Annual Report	Identification Information	n	- TOIN 3300-3F,	· · · · · · · · · · · · · · · · · · ·				
For calendar plan year 2017 or fi	iscal plan year beginning	01/01/2017 and end	ling 11/3	0/2017				
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multien list of participating employer informa	ployer) (Filers check	ing this box must attach a				
B This return/report is	a one-participant plan	a foreign plan	uon in accordance wi	in the form instructions.)				
D This feturi/report is	the first return/report	X the final return/report						
	an amended return/report	X a short plan year return/report (less th	an 12 months)					
C Check box if filing under:	Form 5558	automatic extension	X DFVC pr	ogram				
	special extension (enter desc	ription)	<u> </u>	-3				
Part II Basic Plan Info	rmation-enter all requested in	formation						
1a Name of plan			1b Three	aliaia				
CARROLLTON INTERNAL M	AEDICINE SAFE HARBOR	401(K) PLAN		umber 001				
			1c Effecti	ve date of plan /2008				
2a Plan sponsor's name (employ Mailing address (include room	n, apt., suite no, and street, or P.C.). Box)	2b Emplo	ver Identification Number				
City or town, state or province CARROLLTON INTERNAL	e. country, and ZIP or foreign poet.	al code (if foreign, see instructions)		(EIN) 26-0311500 2c Sponsor's telephone number				
			502-7	32-9922				
307 11TH STREET				ss code (see instructions)				
CARROLLTON	KY 41008							
3a Plan administrator's name and		isor.	3b Admini	strator's EIN				
			3c Admini	strator's telephone number				
 4 If the name and/or EIN of the this plan, enter the plan spons a Sponsor's name 	plan sponsor or the plan name has sor's name, EIN, the plan name ar	s changed since the last return/report filed nd the plan number from the last return/rep	for 4b EIN ort.					
C Plan Name			4d PN					
5a Total number of participants a	t the beginning of the plan year							
b Total number of participants a	It the end of the plan year	·	5b	2				
C Number of a set of a set	COURT balances as of the end of the	ne nion year (only defined examination of a		0				
 complete this item) 	Second Salances as of the end of th	te plan year (only defined contribution plan	° 50					
d(1) Total number of active partie	cipants at the beginning of the pla	n year	5d(1)	0				
d(1) Total number of active partie d(2) Total number of active partie	cipants at the beginning of the plan	n year	5d(1)	0				
d(1) Total number of active partia d(2) Total number of active partia e Number of participants who te than 100% vested	cipants at the beginning of the plan cipants at the end of the plan year erminated employment during the	n year r plan year with accrued benefits that were le	5d(1) 5d(2) 5ss 5e	0				
d(1) Total number of active partie d(2) Total number of active partie e Number of participants who te than 100% vested Caution: A penalty for the late or	cipants at the beginning of the plan cipants at the end of the plan year erminated employment during the incomplete filing of this return	n year	5c 5d(1) 5d(2) 5ss 5e	0 0 0				
d(1) Total number of active partie d(2) Total number of active partie e Number of participants who te than 100% vested Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and	cipants at the beginning of the plan icipants at the end of the plan year erminated employment during the incomplete filing of this return/ or penalties set forth in the instruction signed by an enrolled actuary as	n year	5c 5d(1) 5d(2) 5ss 5e ble cause is establis	0 0 0 hed.				
d(1) Total number of active partie d(2) Total number of active partie e Number of participants who te than 100% vested Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple SIGN	cipants at the beginning of the plan icipants at the end of the plan year erminated employment during the incomplete filing of this return/ or penalties set forth in the instruction signed by an enrolled actuary as	n year plan year with accrued benefits that were k report will be assessed unless reasonal	5c 5d(1) 5d(2) 5ss 5e ble cause is establis um/report, including, /report, and to the be	0 0 0 hed.				
d(1) Total number of active partie d(2) Total number of active partie e Number of participants who te than 100% vested Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple SIGN HERE Signature of plan adm	cipants at the beginning of the plan cipants at the end of the plan year erminated employment during the incomplete filing of this return/ or penalties set forth in the instruct signed by an enrolled actuary, as the	n year plan year with accrued benefits that were le report will be assessed unless reasonat ions, I declare that I have examined this return well as the electronic version of this return	5c 5d(1) 5d(2) 5ss 5e ble cause is establis um/report, including, /report, and to the be	0 0 hed. If applicable, a Schedule st of my knowledge and				
d(1) Total number of active partie d(2) Total number of active partie e Number of participants who te than 100% vested Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple SIGN	cipants at the beginning of the plan icipants at the end of the plan year erminated employment during the plan incomplete filing of this return/ or penalties set forth in the instructi signed by an enrolled actuary, as ate	n year plan year with accrued benefits that were k report will be assessed unless reasonal lons, I declare that I have examined this return well as the electronic version of this return Q72 V RANJHAN GO Date Enter name of i	Sc 5d(1) 5d(2) Ss Se Die cause is establis um/report, including, /report, and to the be PANG ndividual signing as p	0 0 hed. If applicable, a Schedule st of my knowledge and				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning	of Voar			(b) End of Year
<u>′</u>	Total plan assets	7a	(a) beginning (613,			
	Total plan liabilities	7a 7b		010,	201		
	Net plan assets (subtract line 7b from line 7a)	70 70		613,	201		(
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		82,	590		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					82,590
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		690,	286		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		5,	505		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					695,793
i	Net income (loss) (subtract line 8h from line 8c)	8i					-613,202
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare for						
Pa	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period			-	Anount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		Х	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
c				10c		Х	
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 the plan? (See instructions.).	ner persor ne or all of	ns by an insurance the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
ç	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-	end.)	10g		Х	
ł	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i			

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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 complete Schec (Form 5500) and line 11a below)		В	<u></u> Ч	′es 🗌 No
11a	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 Code or section 3 ERISA?	302 of		. 🗌 Y	∕es д No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver			of the lette _ Year _	r ruling
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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	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)	12d			_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 1	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			< Yes	No
С	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.)	0			
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3) PN(s)