_	rm 5500-SF	rt of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Inter	nal Revenue Service	This form is required to be file						
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Revenue Code (the Cod		Internal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	500-SF.			
Part I		Identification Information						
For calenda	ar plan year 2017 or t	iscal plan year beginning 01/01/2			2/31/2017	ing this hav must attach a		
A This ret	turn/report is for:	X a single-employer plan	list of participating e	employer information in ac		king this box must attach a rith the form instructions.)		
B This reti	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
-		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	I	DFVC p	rogram		
		special extension (enter desc	1 /					
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name	•				1b Three			
COMPLETE	CARE PHARMACY I	LLC 401K PLAN			pian (PN)	number 001		
					()	tive date of plan 01/01/2010		
		over, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Empl (EIN)	oyer Identification Number		
Complete Care pharmacy luc					20-0636095 2c Sponsor's telephone number 606-487-1910			
					2d Busir	ness code (see instructions)		
572 MORTO						446110		
HAZARD, K	Y 41701							
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		e plan sponsor or the plan name h	5	•	4b EIN			
•	ian, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan N	lame							
5a Total	number of participants	s at the beginning of the plan year.			5a	9		
		s at the end of the plan year			5b	11		
		account balances as of the end of			5c	6		
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	6		
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	8		
		o terminated employment during the			5e			
than Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau		olished.		
Under pena SB or Sche	alties of perjury and o edule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule		
SIGN	true, correct, and com	lpiete. //valid electronic signature.	10/15/2018	JEFFREY HOLLIDAY				
HERE	Signature of plan a		Date	Enter name of individ	ual signing -	as plan administrator		
SIGN		d/valid electronic signature.	10/15/2018	JEFFREY HOLLIDAY	aar orginnig i	ao pian aoministrator		
HERE	Signature of emplo	Ŭ	Date		ual signing :	as employer or plan sponsor		
For Paperw		ce, see the Instructions for Form 550				Form 5500-SF (2017)		

Pape

v.170203

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		,				
c	If the plan is a defined benefit plan, is it covered under the PBGC in						
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th						
	· · ·	e i Bee p		ian yea			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
a	Total plan assets	7a	1	51559			176349
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	1	51559			176349
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total
а	Contributions received or receivable from:	8a(1)		12366			
	 (1) Employers (2) Participants 	8a(2)		14888	_		
	(2) Participants	8a(3)		14000			
h	Other income (loss)	8b		-1531			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1001	-		25723
d	Benefits paid (including direct rollovers and insurance premiums	00					20120
	to provide benefits)	8d		933			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					933
i	Net income (loss) (subtract line 8h from line 8c)	8i					24790
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:
Pa	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)	oluntary F	iduciary Correction	10a	X		2262
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	

С	Was the plan covered by a fidelity bond?	10c	X		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		x	
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 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			

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Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r 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 left of a 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?		Ye	es X	No	
	lf "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 brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

Form 5500-SF	of Small Employ	yee		OMB Nos. 1210-011 1210-008			
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	065 of the Employee Reti	rement	2017		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		ternal	nal This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation		accordance with the instr	uctions to the Form 550	0-SF.			
	t Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning 01/01/20		and ending 12/31/			-	
A This return/report is for:	X a single-employer plan	list of participating en	an (not multiemployer) (Fil ployer information in acco		9		
_	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	H	/report (less than 12 mon	iths)			
C Check box if filing under:							
Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram		
	special extension (enter desc						
Part II Basic Plan Int	ormation enter all requested in	formation					
1a Name of plan				1b Three			
COMPLETE CARE PHARMACY	LLC 401K PLAN			-	number	001	
				(PN)	tive date o	l	
					live date o 1/2010	n pian	
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)					fication Number	
Mailing address (include ro	om, apt., suite no. and street, or P.C				20-08360		
City or town, state or provin OMPLETE CARE PHARMACY	ice, country, and ZIP or foreign position of the second seco	tal code (if foreign, see insti	uctions)			hone number	
					(606)	487-1910	
						(see instructions)	
72 MORTON BLVD				44611	10		
IAZARD, KY 41701							
'		··· · · · ·					
	and address (X) Same las Plan Spo	insor.		3 b Admir	nistrator s	EIN	
	and address 🛛 Same as Plan Spo	insor.		3b Admir			
	and address Ki Same as Plan Spo	nsor.					
				3c Admir			
4 If the name and/or EIN of t	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last re	sturn/report filed for				
 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name 	he plan sponsor or the plan name h	as changed since the last re	eturn/report filed for	3c Admir			
4 If the name and/or EIN of t this plan, enter the plan sp	he plan sponsor or the plan name h	as changed since the last re	eturn/report filed for	3c Admir 4b EIN			
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last re and the plan number from th	eturn/report filed for e last return/report.	3c Admin 1b EIN 1d PN		telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participan 	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year.	as changed since the last re and the plan number from th	eturn/report filed for 4 le last return/report.	3c Admir 4b EIN 4d PN 5a		telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with 	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. ts at the end of the plan year n account balances as of the end of	as changed since the last mand the plan number from the plan number from the plan year (only defined	eturn/report filed for le last return/report.	3c Admin 1b EIN 1d PN		telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants with complete this item) 	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. ts at the end of the plan year n account balances as of the end of	as changed since the last re and the plan number from th the plan year (only defined	eturn/report filed for le last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c		telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants with complete this item)	he plan sponsor or the plan name h ionsor's name, EIN, the plan name a ts at the beginning of the plan year ts at the end of the plan year n account balances as of the end of articipants at the beginning of the p	as changed since the last re and the plan number from the the plan year (only defined lan year	elast return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1)		telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. ts at the end of the plan year n account balances as of the end of participants at the beginning of the p participants at the end of the plan year.	as changed since the last re and the plan number from the the plan year (only defined than year	eturn/report filed for le last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c		telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the p participants at the end of the plan ye to terminated employment during th	as changed since the last re and the plan number from th the plan year (only defined lan year e plan year with accrued be	eturn/report filed for le last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	nistrator's	telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name C Plan Name 5a Total number of participan b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the plan ye o terminated employment during the e or incomplete filing of this retur	as changed since the last re and the plan number from th the plan year (only defined lan year e plan year with accrued be n/report will be assessed	eturn/report filed for le last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab	nistrator's	telephone numbe 9 11 6 8 8	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the plan ye is the reminated employment during the participants set forth in the instru- ther penalties set forth in the instru- and signed by an enrolled actuary, a	as changed since the last re and the plan number from th the plan year (only defined dan year e plan year with accrued be <u>n/report will be assessed</u>	eturn/report filed for te last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includir	histrator's	telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total 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 with than 100% vested	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the plan ye is the reminated employment during the participants set forth in the instru- ther penalties set forth in the instru- and signed by an enrolled actuary, a	as changed since the last re and the plan number from th the plan year (only defined dan year e plan year with accrued be <u>n/report will be assessed</u>	eturn/report filed for the last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includir	histrator's	telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the plan ye to terminated employment during the pother penalties set forth in the instru and signed by an enrolled actuary, in plete.	as changed since the last re and the plan number from th the plan year (only defined lan year e plan year with accrued be <u>n/report will be assessed</u> ictions, I declare that I have as well as the electronic ver	eturn/report filed for le last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includir and to the	nistrator's Dished. Ing, if appli best of m	telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the plan ye to terminated employment during the pother penalties set forth in the instru and signed by an enrolled actuary, in plete.	as changed since the last re and the plan number from th the plan year (only defined lan year	eturn/report filed for le last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e e is estab rt, includir and to the I signing a	histrator's blished. ng, if appli best of m	telephone numbe	
 4 If the name and/or EIN of t this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participan b Total number of participants with complete this item)	he plan sponsor or the plan name h onsor's name, EIN, the plan name a ts at the beginning of the plan year. Its at the end of the plan year. In account balances as of the end of participants at the beginning of the plan ye to terminated employment during the pother penalties set forth in the instru and signed by an enrolled actuary, in plete.	as changed since the last re and the plan number from th the plan year (only defined lan year e plan year with accrued be <u>n/report will be assessed</u> ictions, I declare that I have as well as the electronic ver	eturn/report filed for le last return/report.	3c Admin 4b EIN 4d PN 5a 5b 5c 5c 5d(1) 5d(2) 5e e is estab rt, includir and to the I signing a I signing a I signing a	plished. ng, if appli best of m	telephone number 9 11 6 6 8 cable, a Schedule y knowledge and ministrator	

Form 5500-SF 2017

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6a Were all of the plan	s's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b Are you claiming a under 29 CFR 2520	waiver of the annual examination and report of an independent qualified public accountant (IQPA) 0.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
If you answered "I	No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
C If the plan is a define	ed 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.)
Part III Financia	Information	

_7	Plan Assets and Liabilities	(a) Beginning o				(b) End of Year			
a	Total plan assets			15155	<u>5</u> 9		176349		
b	Total plan liabilities	7Ь							
С	Net plan assets (subtract line 7b from line 7a)	7c		15155	59		176349		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		1236	6				
	(2) Participants	8a(2)		1488	38		<u> </u>		
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-153	31				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					25723		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		93	33				
e	Certain deemed and/or corrective distributions (see instructions)	8e				n Ngang			
f	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					933		
i	Net income (loss) (subtract line 8h from line 8c)	8i					24790		
j	Transfers to (from) the plan (see instructions)	8j				n in dirite dirite Secoletice der	an a		
Pa	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D				<u></u>				
d 	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	acteris		des in the instructions:		
10					Yes	No	8		
-10	During the plan year: Was there a failure to transmit to the plan any participant contribution	itions with	n the time neriod		165		Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary I	iduciary Correction	10a	х		2262		
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c	х		100000		
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x			
f				10f		x			
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		x			
r	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	he require	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10)1-3		10i					

Form 5500-SF 2017

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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 Sch (Form 5500) and line 11a below)	nedule S	B	Yes X 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 ERISA?	n 302 o	f	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a 	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.								
lf	you 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							
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 of a 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?		Yes	s X 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 brought under the control of the PBGC?			Yes X No					
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c(2) ElN(s)		13c(3) PN(s)					