Form 5500-SF	Short Form Annua	I Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Re	tirement		2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (I	ERISA), and sections 60 Revenue Code (the Cod	957(b) and 6058(a) of the I le).	nternal		orm is Open to lic Inspection
	Complete all entries in active to the second s	cordance with the ins	tructions to the Form 55	00-SF.		-
For calendar plan year 2015 or		15	and ending 12	/31/2015		
	X a single-employer plan		plan (not multiemployer)		cking this be	ox must attach a
A This return/report is for:	a one-participant plan	list of participating e	mployer information in acc	cordance w	ith the form	instructions)
B This return/report is	X the first return/report	the final return/report				
·	an amended return/report	a short plan year retu	rn/report (less than 12 mc	onths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC prog	ram
	special extension (enter descrip	ntion)				
Part II Basic Plan In	formation—enter all requested info	rmation				
1a Name of plan RELIANCE HEALTHCARE MAI	NAGEMENT SOLUTIONS LLC 401(K)	SAVINGS PLAN		1b Thre plan (PN)	number	001
			-	()	tive date of	
					01/0	1/2015
Mailing address (include re	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal		tructions)	(EIN)	37-1	fication Number 657137
RELIANCE HEALTHCARE MAN		0000 (1010.g.), 0000		2c Spor		hone number 62-3401
			-	2d Busin		see instructions)
P.O. BOX 271406 TAMPA, FL 33688-1406					6241	00
3a Plan administrator's name	and address XSame as Plan Sponso	r.		3b Adm	inistrator's I	EIN
				3c Adm	inistrator's t	elephone number
4 If the name and/or EIN of	the plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN		
name, EIN, and the plan r a Sponsor's name	number from the last return/report.		-	4c PN		
	nts at the beginning of the plan year			5a		3
	nts at the end of the plan year		F	5b		3
C Number of participants wi	th account balances as of the end of th	e plan year (defined be	nefit plans do not	5c		3
· ,	participants at the beginning of the plar		F	5d(1)		3
	participants at the end of the plan year	•	ř	5d(2)		3
e Number of participants th	at terminated employment during the p	lan year with accrued b	enefits that were less	5e		0
Caution: A penalty for the lat	te or incomplete filing of this return/	report will be assesse	d unless reasonable cau			
	other penalties set forth in the instructi and signed by an enrolled actuary, as mplete.					
SIGN Filed with authorize	ed/valid electronic signature.	05/23/2016	EMILE C. COMMEDO	RE, M.D.		
HERE Signature of plan	n administrator	Date	Enter name of individu	al signing	as plan adn	ninistrator
SIGN HERE						
Signature of em	bloyer/plan sponsor n name, if applicable) and address (inc	Date	Enter name of individu		as employe telephone	
For Paperwork Reduction Act No	otice and OMB Control Numbers, see the i	Instructions for Form 550	U-SF.			Form 5500-SF (2015)

	Were all of the plan's assets during the plan year invested in eligib							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							X	Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann								
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not	determined
	rt III Financial Information								
	Plan Assets and Liabilities		(a) Beginning	of Yea				(b) End of Ye	
-	Total plan assets	7a			0	_			67500
	Total plan liabilities	7b			0				0
	Net plan assets (subtract line 7b from line 7a)	7c			0	_			67500
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		67	500				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b			0				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							67500
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i							67500
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D 3H	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions	:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:	
Par	t V Compliance Questions								
10					Yes	No	N/A	A.m.	e
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions with	n the time period		163	NO		Am	ount
ŭ	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x			
b				4.01		х			
	reported on line 10a.)			10b					
C				10c	ļ	Х			
d	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 oth carrier, insurance service, or other organization that provides som 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	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		Х			
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 th exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance			-					
11	Is this a defined benefit plan subject to minimum funding requirem	•			•				X
	5500) and line 11a below)								Yes X No

11a	Enter the unpaid minimum required contribution 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	302 of E	RISA?	Yes	X

No

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	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted 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			
-		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 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?			Υe	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
D		e PBGC?				Yes 🗙	No
С		ring 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 plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	IN	
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No	
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Y€	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A

Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file					2015
Department of Labor Employee Benefits Security Administrati Pension Benefit Guaranty Corporatio		al Revenue Code (the	e Code).			is Open to Public
	Complete all entries in accord	dance with the instr	uctions to the Form 550	0-SF.		
For calendar plan year 2015 or	rt Identification Information	01/01/2015	and ending	12/	31/2015	
	x a single-employer plan		plan (not multiemployer)			x must attach
A This return/report is for:		a list of participating	employer information in a			
B This return/report is:	a one-participant plan	a foreign plan				
D This return/report is.	x the first return/report	the final return/repor				
	an amended return/report	a snort plan year ret	urn/report (less than 12 m	ionths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	m
	special extension (enter descriptio	n)				
	ormation enter all requested infor	mation				
1a Name of plan					nree-digit an number	
Reliance Healthca:	re Management Solutions LLC	401(k) Saving	s Plan	(P	'N) ►	001
					fective date o 1/01/2015	f plan
Mailing Address (include re	loyer, if for a single-employer plan) porn, apt., suite no. and street or P.O. Bo nce, country, and ZIP or foreign postal co	X) ode (if foreign, see ing	structions)		nployer Identi IN) 37–165	fication Number 57137
	re Management Solutions LLC	ine (il fereign, eee line	strations)		onsor's telepl	
				· ·	313) 962-3	
P.O. Box 271406					usiness code (24100	see instructions)
US Tampa FL 33688-1406						
Ja Plan administrator's name	and address X Same as Plan Sponsor	Name		3b Ad	Iministrator's I	EIN
				3c Ad	Iministrator's t	elephone number
	he plan sponsor has changed since the la umber from the last return/report.	ast return/report filed	for this plan, enter the	4b El	N	
a Sponsor's name				4c PN	1	
	s at the beginning of the plan year			5a		3
	s at the end of the plan year			5b		3
	account balances as of the end of the p			5c		3
d(1) Total number of active pa	articipants at the beginning of the plan ye	ar		5d(1)		3
d(2) Total number of active pa	nticipants at the end of the plan year		\$730055000000000000000000000000000000000	5d(2)		3
	terminated employment during the plan			5e		0
Caution: A penalty for the lat	e or incomplete filing of this return/rep	oort will be assessed	d unless reasonable car	use is es	tablished.	
Under penalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as we	s, I declare that I hav	e examined this return/re	port. inclu	uding, if applic	able, a Schedule knowledge and
SIGN ALC	1 emo	5232014	Emile C. Commedo	re, M.	.D.	7
HERE Signature of plan ad		Date	Enter name of individua			istrator
SIGN		1			provide addressed	
HERE Signature of employe	er/plan sponsor	Date	Enter name of individual	l signing	as employer o	r plan sponsor
Preparer's name (including firm	name, if applicable) and address; include	e room or suite numb			r's telephone r	
Eas Danamuski Daduatlan Ast	Notice and OWP Control Numbers			1 1 1 2		

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						-				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? ((See instructions.)		*****				X Yes	□No
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public acco	ounta	nt (IQI	PA)			_	_
	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 canno	ot use For	m 5500-SF and must in						XYes	No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	ion 40)21)?	*******	Yes	s 🗌 No	Not de	etermined
	า้ะสู่มี Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	ar			(b) End o	of Year	
а	Total plan assets	7a			0				67,	500
b	Total plan liabilities	7b			0					0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			0					500
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t				(b) T	otal	Radian manual V
-	(1) Employers	8a(1)		67,5	500	三世の			2 Marthal	无言行
	(2) Participants	8a(2)			0		1,277	nus un		- 44 M
	(3) Others (including rollovers)	8a(3)			0		HAN TON	Phylant	NIR AND	
b	Other income (loss)	8b			0		30, 100	1. A. (7)		- Wart
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		the second	11123				67,	500
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	and the second				15 5
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		and the lite	o constant		No.
f	Administrative service providers (salaries, fees, commissions)	8f			0	A State	Reals	BEALEN	HE GARE	usan sala
g	Other expenses	8g			0	-	and some			AREA INSTANCE
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		it ny	286					0
i	Net income (loss) (subtract line 8h from line 8c)	8 i	ALL PROPERTY AND INC.						67,	500
j	Transfers to (from) the plan (see instructions)	8j			0	Line .		me n		
Color tone	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan C	harad	cteristi	c Coc	les in th	ne instructi	ons:	
-	2A 2E 2F 2G 2J 2K 2R 3D 3H					-				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:	
						_				
	Compliance Questions				r		and the second se			
10	During the plan year:		11. 14. T. F		Yes	No	N/A		Amount	
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 Vol									
	Program)			10a		x				
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not ir	clude transactions			-	and the			
	reported on line 10a.)			10b		X				
C		_		10c		X	38.0			
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		x	200			
е							(Line 22)			
	carrier, insurance service, or other organization that provides some	e or all of ti	he benefits under				A COMPANY			
	the plan? (See instructions.)			10e		<u> </u>				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х	4			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	_	х				
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruc	tions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	**************	444144444444444				ule SB	(Form	🗌 Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 4	0	*********		11a			

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

Form 5500-SF 2015	Page 3-					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	applicable.)	·	Т			
a If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan year, see M	onth C	d enter th Day		f the letter ear	r ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule M						
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			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	11117777777777777777777777777777777777	*********	12d			
e Will the minimum funding amount reported on line 12d be met by the	funding deadline?	**********************		Yes [<u>No</u>	N/A
PareVIII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year	?	122244 1044405556 5555552.54	Ye	es X N	No	
If "Yes," enter the amount of any plan assets that reverted to the emp	bloyer this year	***********************	13a			
b Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	ansferred to another plan, or brou	ught under the c	ontrol		☐ Yes	X No
C If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), iden	tify the plan(s) t	0			
13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3)	PN(s)
Rart VIII Trust Information						
4a Name of trust			14b Tr	ust's EIN	I	
14c Name of trustee or custodian				ustee or hone nur	custodian mber	'S
Part X IRS Compliance Questions						
15a Is the plan a 401(k) plan:		**************	🗌 Yes	3	No No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination require matching contributions (as applicable) under sections 401(k)(3) and 40	ements for employee deferrals an 1(m)(2)?	nd employer			ADP/ test	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the perform method for nonhighly compensated employees (Treas. Reg. se 2(a)(2)(ii))?	ection 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-	Yes	;	No No	
16a Check the box to indicate the method used by the plan to satisfy the co			Rati Pero Tes	centage	Avera	age fit Test
6b Does the plan satisfy the coverage and nondiscrimination tests of sect this plan with any other plans under the permissive aggregation rules?	ions 410(b) and 401(a)(4) by cor	nbining	Yes		No No	
17a Has the Plan been timely amended for all required law changes?		*******	Yes		No No	□ N//
7b Date of the last plan amendment/restatement for the required tax law c instructions for tax law changes and codes).					(Se	
7C If the plan sponsor is an adopter of a pre-approved master, prototype (ladvisory letter, enter the date of that favorable letter / / 7d If the plan is an individually-designed plan and recieved a favorable defined plan and recieved plan and recie	. and the letter's serial nur	mber				
 determination letter / / Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election made), American Samoa, Guam, the Commonwealth of the Northern M 	under ERISA section 1022(i)(2)	has been				
19 Were in-service distributions made during the plan year?		,	Yes			
If Yes, enter amount			19			
20 Were minimum required distributions made to 5% owners who have atta						
			Yes		No No	□ N/.