Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					OMB Nos. 1210-01 1210-00				
	tment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and 4			2017			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in activity	cordance with the instru	uctions to the Form 55	500-SF.				
Part I		dentification Information	47						
For calenda	ar plan year 2017 or fisc		—		2/31/2017	king this hav must attach a			
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
B This retu	rn/roport is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descrip	otion)						
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name	•				1b Thre				
COMMONW	EALTH HEMATOLOGY	-ONCOLOGY, PSC 401(K) PLAN			plan (PN)	number 001			
					()	ctive date of plan			
2a Plan sr	oonsor's name (employe		2h Empl	01/01/2003 loyer Identification Number					
Mailing	Mailing address (include room, apt., suite no. and street, or P.O. Box)				(EIN)				
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COMMONWEALTH HEMATOLOGY-ONCOLOGY, PSC				2c Spor	Sponsor's telephone number 859-236-2203			
					2d Busir	ness code (see instructions)			
520 TECHWO DANVILLE, M	OOD DRIVE, SUITE 10 (Y 40422	0				621111			
3a Plan ad	dministrator's name and	l address 🗙 Same as Plan Spons	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
1 If the r	amo and/or EIN of the	plan sponsor or the plan name has	changed since the last re	turn/roport filed for	4b EIN				
this pla	an, enter the plan spons	sor's name, EIN, the plan name an							
a Sponso C Plan N					4d PN				
	lante								
5a Total r	number of participants a	at the beginning of the plan year			5a	45			
		at the end of the plan year			5b	66			
		ccount balances as of the end of th		-	5c	63			
d(1) Tota	al number of active parti	icipants at the beginning of the pla	n year		5d(1)	45			
• •		icipants at the end of the plan year			5d(2)	44			
than '	100% vested	erminated employment during the	•		5e	1			
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 instruct d signed by an enrolled actuary, as ete.							
SIGN		alid electronic signature.	06/05/2018	MARK ALLEN					
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			
					, v				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) 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	an independ	lent qualified public accountant (IQPA	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			
с	If the plan is a defined benefit plan, is it covered under the PBGC in			
-	If "Yes" is checked, enter the My PAA confirmation number from th			
De				
_ Pa	rt III Financial Information			
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Year	(b) End of Year
	Total plan assets	7a	7459365	8521271
b	Total plan liabilities	7b	7450005	2521071
	Net plan assets (subtract line 7b from line 7a)	7c	7459365	8521271
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	136446	
	(2) Participants	8a(2)	258497	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	905173	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1300116
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	219773	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	18437	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		238210
i	Net income (loss) (subtract line 8h from line 8c)	8i		1061906
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 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Characteristic	Codes in the instructions:

Pan	Compliance Questions				
10	During the plan year:		Yes	No	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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 1	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	Х		500000
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	х		14
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			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

06–05–'18 10:45FROM–	commonwealth cancer	8592360320
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T-760 P0004/0010 F-575

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employe	OMB Nos. 1210-017 1210-008
Internal Revenue Service	This form is required to be file	ed under sections 104 and 4	4065 of the Employee Retiren	nent 2017
Department of Labor Employee Benefits Security Administration		Revenue Code (the Code		This Form is Open to Rublic Inspection
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5500-S	iF.
	Identification Information			-
For calendar plan year 2017 or f	iscal plan year beginning	_01/01/2017	and ending	12/31/2017
A This return/report is for:	X a single-employer plan			checking this box must attach a ance with the form instructions.)
	a one-participant plan	🗌 a foreign plan		
B This return/report is	the first return/report	the final return/report		
	an amended retum/report	🗌 a short plan year retur	n/report (less than 12 months	•)
C Check box if filing under:	🔲 Form 5558	automatic extension	ם 📋	FVC program
	special extension (enter desc	ription)		
Part II Basic Plan Info	prmation—enter all requested in	formation		
1a Name of plan			1b	Three-digit
COMMONWEALTH HEMATOL	OGY-ONCOLOGY, PSC 40	l(K) PLAN		plan number 001.
			10	(PN)
				Effective date of plan 01/01/2003
2a Plan sponsor's name (emple Mailing address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Boy)	2b	Employer Identification Number
City or town, state or province	country, and ZIP or foreign post		ructions)	(EIN) 61 - 1277847 Sponsor's telephone number
Commonwealth Hemato	togy-oncotogy, ₽sc			859-236-2203
520 Techwood Drive,	Suite 100			Business code (see instructions) 521111
The second 3.3 -				521111
Danville	KY 40422			
Ja Plan administratoris (tame a	nd address 🕅 Same as Plan Spo	nsor.	30	Administrator's EIN
		,	3с	Administrator's telephone numbe
4 If the name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last h	aturo/report filed for 4b	EIN
this plan, enter the plan spo	insor's name, EIN, the plan name a	and the plan number from th	ne last return/report.	
a Sponsor's name C Plan Name			4d	PN
	at the beginning of the plan year.			
	at the end of the plan year			b
 C Number of participants with complete this item) 	account balances as of the end of	the plan year (only defined	contribution plans 5	c
	rticipants at the beginning of the pl			
	articipants at the end of the plan ye			
e Number of participants who	terminated employment during the	e plan year with accrued be	nefits that were less	e
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	upless reasonable cause is	established
Under penalties of perjury and of	her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/report. (ncluding if applicable, a Schedule
SIGN MS			MARK ALLEN	
HERE Signature of plan a	dministrator	Date C 51 18	Enter name of individual sig	gning as plan administrator
SIGN				· · · · · · · · · · · · · · · · · · ·
HERE Signature of emplo		Date	Enter name of individual sig	gning as employer or plan sponsor
For Paperwork Reduction Act Notic	te, see the Instructions for Form 5500	0-SF.		Form \$500-SF (2017 v.17620

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06-05-'18 10:45 FROM- commonwealth cancer 8592360320

T-760 P0005/0010 F-575

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) If Y eligible accountant (IOPA) I		Form 5500-SF 2017		Page 2					
If "Yes" is checked, enter the My PAA continnation number from the PBGC premium flang for this plan year	6a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public tions.)	account	ant (K	2PA)		
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 7, 459, 365 6, 521, 271 b Total plan assets (subtract line 7b from line 7a) 7c 7, 459, 365 8, 521, 271 c Net plan assets (subtract line 7b from line 7a) 7c 7, 459, 365 8, 521, 271 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 10 Deficipants 8a(1) 136, 446 (a) Amount (b) Total 11 Contributions received on conceivable form: 8a(1) 136, 446 (c) Total (c) Total 12 Patipants 8a(2) 258, 497 (c) Advisor (c) Total (c) Total 13 Other income (cons) 8a(2) 219, 773 (c) Total <	c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance į	orogram (see ERISA s	ection 4	021)?		Yes No Not determ	
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 7, 459, 365 6, 521, 271 b Total plan assets (subtract line 7b from line 7a) 7c 7, 459, 365 8, 521, 271 c Net plan assets (subtract line 7b from line 7a) 7c 7, 459, 365 8, 521, 271 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 10 Deficipants 8a(1) 136, 446 (a) Amount (b) Total 11 Contributions received on conceivable form: 8a(1) 136, 446 (c) Total (c) Total 12 Patipants 8a(2) 258, 497 (c) Advisor (c) Total (c) Total 13 Other income (cons) 8a(2) 219, 773 (c) Total <	NPA	Time Financial Information		· · · · · · · · · · · · · · · · · · ·					
a Total plan assets 7a 7, 459, 365 8, 521, 271 b Total plan liabilities 7b 7b 7c 7, 459, 365 8, 521, 271 c Net plan assets (subtract line 7b from line 7a) 7c 7, 459, 365 8, 521, 271 c Incerne, Expenses, and Transfers for this Plan Year 9c (a) Amount (b) Total c Ontributions received or receivable from: 8a(1) 136, 446 (c) (2) Participants 8a(2) 258, 497 (c) (c) (3) Others (including rollovers) 8a 8a(3) 905, 173 (c) (a) Bancing fact fullows and insurance premiume to providem (basing fact fullows and insurance premiume to provider corrective distributions (see instructions) 8a 219, 773 (c) (c) (b) Other supernes (casd) (based line 8d, 8e, 8f, and 8g) 8h 219, 773 (c) (c) <td>7</td> <td></td> <td></td> <td>(a) Beginning</td> <td>of Year</td> <td></td> <td></td> <td>(b) End of Year</td> <td></td>	7			(a) Beginning	of Year			(b) End of Year	
c Net plan assets (subtract line 7b from line 7a) Tc 7, 459,365 8,521,271 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions receivable from: 8a(1) 1.36,446 (2) Participants 8a(2) 258,497 (b) Total (3) Other income (loss) 8a(3) 905,173 (c) (4) Define fine (including direct rolevers and insurance premiums 8c (c) 2,773 (c) 2,000,116 (5) Other income (loss) 8c 905,173 (c) 1,300,116 (c) 2,300,116 9 Other income (loss) 8c 18,437 (c) 1,300,116 (c) 2,300,116 9 Cotati incerned and/or corrective distributions (see instructions). 8c (c) 1,300,116 (c) 2,300,116 9 Cotati incerne (add lines 8d, 8d, 8d, 8d, add 8d) 8d 219,773 (c) 1,300,116 9 Cotati incerne (add lines 8d, 8d, 8d, 8d, 8d, 8d) 8d 18,437 (c) 2,300,116 9 Trotal sequences 8g 228,212 228,212 228,212 238,212 1,061,906 1 Noti sexpens	a	Total plan assets	7a						,271
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 136,446 (c) Total (1) Employers 8a(1) 136,446 (c) Total (2) Participants 8a(2) 258,497 (c) Total (3) Others (including rollovers) 8b 905,173 (c) Total C Yotal income (ass) 8b 905,173 (c) Total C Yotal income (asd) lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Total (c) Total D Other receive distributions (see instructions) 8c (c) Total (c) Total (c) Total G Charin deemed and/or corrective distributions (see instructions) 8c (c) Total (c) Total (c) Total G Other expenses 8g (c) Total (c) To	b	Total plan liabilities	7b						
a Contributions received or receivable from: Ba(1) 1.3.6, 4.4.6 (1) Employers Ba(2) 2.5.6, 4.9.7 (2) Participants Ba(2) 2.5.6, 4.9.7 (3) Others (including rollovers) Ba(3) 5 (4) Others (including rollovers) Ba(3) 5 (5) Others (including direct rollovers and insurance premiums Ba 2.1.9, 7.73 (7) Total come (add lines Bart), Ba(2), Ba(3), and Bb) Ba 2.1.9, 7.73 (6) Other reponees Ba 2.1.9, 7.73 2.1.300, 11.0 (7) Control dependition Sec 1.8.4.37 2.1.300, 11.0 (7) Other sponees Ba 2.1.9, 7.73 2.1.9, 7.73 (9) Other sponees Ba 2.1.9, 7.73 2.1.9, 7.73 (1) Intertion decome (loss) Ba 1.1.0, 6.1, 9.06 2.1.9, 7.73 (2) Other sponees (add lines 6.4, 6.8, 6.1, and 8.0) Ba 2.2.6, 2.3.12 2.1.9, 7.73 (2) Transfers to (from) the plan (see instructions) Bi 2.1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.06 1.9, 6.1, 9.0	C	Net plan assets (subtract line 7b from line 7a)	7c	7,	459,	365		8,521	,271
(1) Employers Ba(1) 136,446 (2) Participants Ba(2) 258,497 (3) Other (including collovers) Ba(3) Ba(2) 258,497 b Other income (lose) Ba(3) Ba(3) Ba(3) Collocation of the second different collovers and insurance premiums c Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Ba Ba 1, 300, 116 d Benefits in deemed and/or corrective distributions (see instructions) Bd 219, 773 Ba e Cartain deemed and/or corrective distributions (see instructions) Bd 18, 437 Ba 2238, 210 g Other expenses Bg Ba 12, 061, 906 1, 061, 906 i Net income (loss) (subtract line Bf) from line Ba) Bi Ba 1, 061, 906 j Transfers to (fron) the plan (ace instructions) Bi Bi Ba 1, 061, 906 j Transfers to (fron) the plan (ace instructions) Bi Bi Ba 1, 061, 906 j During the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 228, 21, 22, 22, 22, 21, 23, 21 Di b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteris	8	income, Expenses, and Transfers for this Plan Year		(a) Amour	1ŧ			(b) Total	
(3) Others (including rollovers) Ba(3) 905, 173 (5) Other income (cost) 8b 905, 173 (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1, 300, 116 (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1, 300, 116 (8) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1, 300, 116 (9) Other expenses 8d 219, 773 (9) Other expenses 8g 18, 437 (9) Other expenses 8g 238, 210 (1) Total expenses (add lines 8d, 6e, 8f, and 8g) 8h 238, 210 (1) Net income (toss) (subtract line 8h from line 8c) 8i 1, 061, 206 (1) Transfers to (from) the plan (see instructions) 8i 1, 061, 206 (11) Pain Characteristics 8i 1, 061, 206 (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 218 (10) During the plan year: 10 10 10a (10) During the plan year: 10a 10a 10a (10) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions fob 10a 10a (10	3		8a(1)		136,	446			
b Other income (loss) 8a(2), Ba(2), Ba(3), and Bb) 8a 905, 173 c Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) 8a 1, 300, 116 d Benefits paid (nettraining direct rollovers and insurance premiums to provide benefits) 8d 219, 773 e Certain deemed and/or corrective distributions (see instructions) 8e 18, 437 f Administrative services providers (salaries, tess, commissions) 8f 18, 437 g Other expenses 8g 238, 210 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 238, 210 i Net income (loss) (subtract line 8h from line 8c) 8i 1, 061, 906 j Transfers to (from) the plan (see instructions) 8i 1, 061, 906 Fart IV: Plan Characteristics 1, 061, 906 Sa If the plan provides veltare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 20, 2X, 2T, 3D 10 During the plan year: Yes a Was there a failure to insmit to the plan any participant contributions within the time periad described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction frog an revoldes wellare to ransmit to the plan any participant continculute transactions fob X <		(2) Participants	8a(2)		258,	497	11:53:1.63 11:53:1.63	senten and s Senten and senten and s Senten and senten and s	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1,300,116 d Benefits paid (including direct follovers and insurance premiums to provide benefits) 8d 219,773 e Certain deemed and/or corrective distributions (see instructions) 8e 18,437 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8g 12,38,210 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8g 1,061,906 j Transfers to (from) the plan (see instructions) 8g 1,061,906 j Transfers to (from) the plan (see instructions) 8g 1,061,906 j Transfers to (from) the plan (see instructions) 8g 1,061,906 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 F, 2G, 2J, 2K, 2T, 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 27 Forgram, 20 J, 2K, 2T, 3D b If the plan provides reasons to the plan any participant contributions within the time period deserted m 20 CFR 2510.3-102, (See instructions and DCL's Voluntary Fiduciary Correction Program, 20 Certa 2510.3-102, (See instructions and DCL's Voluntary Fiduciary Correction forgram, 20 J, 000, 000 d<			8a(3)						11-11-00-176
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 219,773 d Certain deemed and/or corrective distributions (see instructions) 8f 18,437 g Other expenses. 8g 238,210 h Total expenses (add lines 8d, 8e, 8f, and 8g)	db	Other income (loss)	8b	Miles ((1000 - 2000 1000 - 200 - 200			A riser (h		unen af parene a 1921 - 11 mera (
to provide benefits) 8d 219,773 e Cartain deerned and/or corrective distributions (see instructions) 8e 1 f Administrative service providers (salaries, fees, commissions) 8f 18,437 g Other expenses 8g 238,210 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 238,210 i Net income (loss) (subtract line 8h from line 6c) 6i 1,061,906 j Transfers to (from) the plan (see instructions) 6j 238,210 Part Mail The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 212 £7, 2G 2J 2K, 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 218 £7, 2G 2J 2K, 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 218 £7, 2G 2J 2K, 2T 3D b Urer we there a rule to transmit to the plan any participant contributions within the time period 4 d described In 20 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10a X 500,000 c Was the plan covered by a fidelity bond? <td></td> <td></td> <td><u>8c</u></td> <td></td> <td></td> <td></td> <td></td> <td>1,300</td> <td>,116</td>			<u>8c</u>					1,300	,116
e Cartain deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salaries, fees, commissions)	đ		8.4		219,	773	eners office Enerstenise	LEXECUTION CONTRACTOR CONTRACTOR O ADECE CONTRACTOR CONTRACTOR OF CONTRACTOR	(3458)
f Administrative service providers (selaries, tees, commissions)	e						្រះជាក្រោន		
Bit Bit Constructions in Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 238, 210 i Net income (loss) (subtract line 8h from line 8c) 8i 218, 210 j Transfers to (from) the plan (see instructions) 8i 218, 210 Part IV Plan Characteristics 8i 228, 27, 20, 27, 27, 21 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 228, 27, 20, 27, 27, 27, 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10 During the plan year: Yes No a Was there a failure to transmit to the plan any participant contributions within the time period described in 20, 278, 278, 273, 272 (See instructions and DOL's Voluntary Fiduciary Correction Program) X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 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 fidelity bond, that was caused by fraud or dishonesty? 10d X	-	· · · · · · · · · · · · · · · · · · ·			18,	437	616 (P) (P) (
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 238, 210 i Net income (loss) (subtract line 8h from line 8c) 8i 1, 061, 906 j Transfers to (from) the plan (see instructions) 8i 1, 061, 906 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2B 2G 2J 2K 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2B 2G 2J 2K 2T 3D b If the plan provides welfare banefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V: Compliance Questions 10 10 During the plan year: Yes No Amount a Was there a faiture 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 10b X c Was the pla					•				i connessoria
i Net income (loss) (subtract line 8h from line 8c) 8i 1,061,906 j Transfers to (from) the plan (see instructions) 8i 1,061,906 gat If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part M Compliance Questions 10 During the plan year: Yes a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions tob X c Was the plan covered by a fidelity bond? 10c X c Was the plan covered by a fidelity bond? 10c X 500,000 d Did the plan have a toss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X c Was the plan failed to provide any benefit when due under the plan? 10f X 14 f Has the plan faile					outer: « vetter) Dutre minister.	326			
j Transfers to (from) the plan (see instructions)	1			indi anterinta de la construcción de	unt hunter States - Santa States States - States				
Part W 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 2F 2G 2J 2X 2T 3D 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 10 During the plan year: Yes No Amount a 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 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 fidelity bond, that was caused by fraud or dishonesty? 10a 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 failed to provide any benefit when due under the plan? 10t X	j		- Bi			4			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 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 10 During the plan year: Yes No Amount a 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a. x 500,000 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 fidelity bond, that was caused by fraud or dishonesty? x 10d X e Were any fees or commissions paid to any brokers, agents, or ofher 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 14 f Has the plan failed to provide any benefit when due unde	Ra	Non Plan Characteristics	•,			. L ž	111.10		
Part V: Compliance Questions 10 During the plan year: Yes No Amount a 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 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X \$00,000 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.) 10f X f Has the plan failed to provide any benefit when due under the plan? 10f X 14 g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 14 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 14	9a		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:	
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h if this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)		Did the plan have any participant loans? (If "Yes." enter amount a	Is of year-	=			x		
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		I If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	–				e (min faith i the States of the states International (states of the states)
	Ĩ	If 10h was answered "Yes," check the box if you either provided t	he require	d notice or one of the					

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Form 5500-SF 2017	
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Form 5500-SF 2017		Page 3-					
Part Vi Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)	n funding requirements? (If "Yes,	" see instructions and	complete Sch	edule S	В		Yes 🗌 Na
11a Enter the unpaid minimum required contribution							
12 Is this a defined contribution plan subject to the ERISA?	minimum funding requirements	of section 412 of the C	ode or section	n 302 of	· · · · · ·		Yes 🗶 No
(If "Yes," complete line 12a or lines 12b, 12c, 1 a If a waiver of the minimum funding standard for	a prior year is being amonized in	this plan year, see in:	structions, and	enter t	he date of	the left	er ruling
granting the waiver.				Day	′ <u> </u>	Year	
If you completed line 12a, complete lines 3, 9, a				125			
b Enter the minimum required contribution for this a	plan year			120		• ·	
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 amoun negative amount).				12d			
Will the minimum funding amount reported on lis	ne 12d be met by the funding de	adline?			Yes	No	N/A
Part VII Plan Terminations and Transfer	s of Assets						
13a Has a resolution to terminate the plan been adopte	d in any plan year?	······			Yes	t X	No
if "Yes," enter the amount of any plan assets the	at reverted to the employer this y	ear		13a			
b Were all the plan assets distributed to participar control of the PBGC?	nts or beneficiaries, transferred to	another plan, or brou	ght under the			Yes	X No
c If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	were transferred from this plan to			to			
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) PN(s)
,							
						-	
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