For	m 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		57(b) and 6058(a) of the	b) and 6058(a) of the Internal This Form				
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	500-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/20			2/31/2018				
A This ret	urn/report is for:	X a single-employer plan Ⅰ	list of participating em	· · · · · ·		king this box must attach a vith the form instructions.)			
	,	a one-participant plan	a foreign plan						
D I NIS retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)				
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descrip	tion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation						
1a Name	•				1b Thre	5			
COMMONW	EALTH HEMATOLOG	Y-ONCOLOGY, PSC 401(K) PLAN			plan (PN)	number 001			
					( )	tive date of plan			
						01/01/2003			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O. I	Box)			oyer Identification Number			
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OMMONWEALTH HEMATOLOGY-ONCOLOGY, PSC				(EIN) 61-1277847 <b>2c</b> Sponsor's telephone number				
COMMON	LALTITIEWATOLOGI	-ONCOLOGI, FSC				859-236-2203			
	OOD DRIVE, SUITE 10	00			2d Busir	ness code (see instructions)			
DANVILLE, M		0				621111			
<b>3a</b> Plan a	dministrator's name and	d address 🗙 Same as Plan Spons	or.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	inistrator's telephone number			
<b>A</b> 16 th a m			alson and simple the last w	atum (nan ant file d fan					
		plan sponsor or the plan name has sor's name, EIN, the plan name and			4b EIN				
•	or's name				<b>4d</b> PN				
C Plan N	lame								
5a Total r	number of participants a	at the beginning of the plan year			5a	66			
		at the end of the plan year			5b	57			
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (only defined	contribution plans	5c	57			
•	,	icipants at the beginning of the plar			5d(1)	44			
		ticipants at the end of the plan year			5d(2)	36			
• •		erminated employment during the p				1			
than '	100% vested		- 		5e				
		r incomplete filing of this return/r er penalties set forth in the instruction							
SB or Sche		d signed by an enrolled actuary, as							
SIGN		alid electronic signature.	08/28/2019	MARK ALLEN					
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor			
			-						

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

Form 5500-SF (2018) v.171027

6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> 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 the	an indepe and condi ot use Fo nsurance p	ndent qualified public accountant (IQ tions.) rm 5500-SF and must instead use program (see ERISA section 4021)? .	PA) Xes No Form 5500. Yes No Not determined	
Part III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year	
а	Total plan assets	7a	8521271	7777407	
b	Total plan liabilities	7b			

	l otal plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	8521271	7777407
B	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	121654	
	(2) Participants	8a(2)	221080	
	(3) Others (including rollovers)	8a(3)	149292	
b	Other income (loss)	8b	-330618	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		161408
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	887015	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	18257	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		905272
i	Net income (loss) (subtract line 8h from line 8c)	8i		-743864
j	Transfers to (from) the plan (see instructions)	8j		
Pa 9a	Plan Characteristics           If the plan provides pension benefits, enter the applicable pension           2E         2F         2G         2J         2K         2T         3D	feature co	des from the List of Plan Characteristic	Codes in the instructions:
			es from the List of Plan Characteristic C	1 · · · · · · · ·

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.)	10b		Х	
С	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		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		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	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	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 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	s 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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

08-28-'19 11:02 FROM- commonwealth cancer 8592360320

T-357 P0004/0008 F-806

Form 5500-SF	Short Form Ann	ual Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		filed under sections 104 and 4	065 of the Employee Retirem	
Department of Labor Employee Benefits Security Administration		74 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the Intern	I his Form is Open to
Pension Banafit Guaranty Corporation	Complete all entries i	•	′ uctions to the Form 5500-Si	Public Inspection
Part Annual Report	t Identification Informatio			
For calendar plan year 2018 or I		01/01/2018	and ending	12/31/2018
A This return/report is for:	X a single-employer plan			checking this box must attach a nce 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 return/report		n/report (less than 12 months)	)
C Check box if filing under:	년 년 드 5550		Űn	
<ul> <li>Oneck box if ming under.</li> </ul>	X Form 5558	automatic extension		VC program
frak	special extension (enter de			
	ormation-enter all requested	information		
1a Name of plan			10	Three-digit plan number
COMMONWEALTH HEM	ATOLOGY-ONCOLOGY, PS	SC 401(K) FLAN		(PN) > 001
			1c	Effective date of plan
				01/01/2003
2a Plan sponsor's name (empl Mailing address (include to	loyer, if for a single-employer plan om, apt., suite no. and street, or F		2b	Employer Identification Number
City or town, state or provin	ice, country, and ZIP or foreign po	ostal code (if foreign, see inst	ructions)	(EIN) 61-1277847
	atology-Oncology, Pa		20	Sponsor's telephone number 859-236-2203
			2d	Business code (see instructions)
520 Techwood Dri	ve, Suite 100			
Danville	KY 40	422		621111
3a Plan administrator's name (	and address 🔀 Same las Plan S	nonsor	3b	Administrator's EIN
			30	Administrator's telephone number
4 If the name and/or EIN of the	he plan sponsor or the plan name	has changed since the last r	eturn/report filed for 4b	EIN
this plan, enter the plan sp	he plan sponsor or the plan name ionsor's name, EIN, the plan name	has changed since the last r e and the plan number from t	ne last return/report.	
<ul> <li>If the name and/or EIN of the this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>C Plan Name</li> </ul>	he plan sponsor or the plan name onsor's name, EIN, the plan name	: has changed since the last r e and the plan number from t		
this plan, enter the plan sp a Sponsor's name	he plan sponsor or the plan name onsor's name, EIN, the plan name	: has changed since the last r e and the plan number from t	ne last return/report.	
this plan, enter the plan sp a Sponsor's name C Plan Name	he plan sponsor or the plan name ionsor's name, EIN, the plan name ts at the beginning of the plan yea	e and the plan number from t	he last return/report. 4d	PN
this plan, enter the plan sp <b>a</b> Sponsor's name <b>c</b> Plan Name <b>5a</b> Total number of participant	onsor's name, EIN, the plan name	e and the plan number from t	he last return/report. 4d	PN a 6
<ul> <li>this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participant</li> <li>c Number of participants with</li> </ul>	ionsor's name, EIN, the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end	e and the plan number from t ar of the plan year (only defined	ne last return/report. 4d 5 5 contribution plans 5	PN a 6 b 5
<ul> <li>this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participant</li> <li>c Number of participants with complete this item)</li> </ul>	onsor's name, EIN, the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end	e and the plan number from t ar of the plan year (only defined	he last return/report. 4d	PN a 6 b 5 c 5
<ul> <li>this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participant</li> <li>c Number of participants with complete this item)</li> <li>d(1) Total number of active p</li> </ul>	ionsor's name, EIN, the plan name is at the beginning of the plan yea is at the end of the plan year h account balances as of the end	e and the plan number from t ar of the plan year (only defined	he last return/report. 4d 5 contribution plans 5 5d	PN a 6 b 5 c 5 (1) 4
<ul> <li>this plan, enter the plan sp.</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li> <li>d(1) Total number of active p</li> <li>d(2) Total number of active p</li> </ul>	ionsor's name, EIN, the plan name is at the beginning of the plan year is at the end of the plan year h account balances as of the end marticipants at the beginning of the participants at the end of the plan	e and the plan number from t ar of the plan year (only defined plan year	he last return/report. 4d 5 contribution plans 5 5d	PN a 6 b 5 c 5 (1) 4
<ul> <li>this plan, enter the plan sp</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	to near the beginning of the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan to terminated employment during	e and the plan number from t r of the plan year (only defined plan year year	he last return/report. 4d 5 contribution plans 5 5d enefits that were less 5	PN a 6 b 5 c 5 (1) 4 (2) 3
<ul> <li>this plan, enter the plan sp.</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	to nsor's name, EIN, the plan name is at the beginning of the plan yea is at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan to terminated employment during a or incomplete filing of this ret	e and the plan number from t ar of the plan year (only defined plan year year the plan year with accrued be <b>urn/report will be assessed</b>	ne last return/report. 4d 5 5 contribution plans 5 6d snefits that were less 5 unless reasonable cause is	PN a 6 b 5 c 5 (1) 4 (2) 3 e established.
<ul> <li>this plan, enter the plan sp.</li> <li><b>a</b> Sponsor's name</li> <li><b>c</b> Plan Name</li> <li><b>5a</b> Total number of participant</li> <li><b>b</b> Total number of participants with complete this item)</li> <li><b>d(1)</b> Total number of active p</li> <li><b>d(2)</b> Total number of active p</li> <li><b>e</b> Number of participants with than 100% vested</li> <li><b>Caution:</b> A penalty for the late Under penalties of perjury and c</li> <li>SB or Schedule MB completed at the second second</li></ul>	to a the beginning of the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan to terminated employment during a or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary	e and the plan number from t ar of the plan year (only defined plan year year the plan year with accrued be <u>urn/report will be assessed</u> tructions, I declare that I have y, as well as the electronic ve	ne last return/report.     4d       4d     5       5     5 </td <td>PN  a 6 6 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7</td>	PN  a 6 6 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<ul> <li>this plan, enter the plan sp.</li> <li><b>a</b> Sponsor's name</li> <li><b>c</b> Plan Name</li> <li><b>5a</b> Total number of participant</li> <li><b>b</b> Total number of participants with complete this item)</li></ul>	to a the beginning of the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan to terminated employment during a or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary	e and the plan number from t ar of the plan year (only defined plan year year the plan year with accrued be <u>urn/report will be assessed</u> tructions, I declare that I have y, as well as the electronic ve	ne last return/report.     4d       4d     5       5     5 </td <td>PN  a 6 6 6 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7</td>	PN  a 6 6 6 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<ul> <li>this plan, enter the plan sp.</li> <li><b>a</b> Sponsor's name</li> <li><b>c</b> Plan Name</li> <li><b>5a</b> Total number of participant</li> <li><b>b</b> Total number of participants with complete this item)</li></ul>	to at the beginning of the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan to terminated employment during a or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary mplete	e and the plan number from t ar of the plan year (only defined plan year the plan year with accrued be urn/report will be assessed tructions. I declare that I have y, as well as the electronic ve	Added text return/report. 4d	PN  a 6 6 6 5 6 5 7 6 6 7 7 7 7 7 7 7 7 7 7 7
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 wh than 100% vested Caution: A penalty for the late Under penalties of perjury and c SB or Schedule MB completed is belief, it is true, correct app com StGN HERE Signature of plan	to at the beginning of the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan to terminated employment during a or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary mplete	e and the plan number from t ar of the plan year (only defined plan year year the plan year with accrued be <u>urn/report will be assessed</u> tructions, I declare that I have y, as well as the electronic ve	ne last return/report.     4d       4d     5       5     5 </td <td>PN  a 6 6 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7</td>	PN  a 6 6 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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## 08-28-'19 11:03 FROM- commonwealth cancer 8592360320

T-357 P0005/0008 F-806

6a       Were all of the plan's assets during the plan year invested in alighte assets? (See instructions)       Image: 20 CH = 0 (See instructions)       <		Form 5500-SF (2018)		Page <b>2</b>						
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	account t instea	ant (IC	∑PA) : Form	5500.	X Yes	: [] No
Perf NII:       Financial Information         7       Plan Assets and Liabilities       7a       8, 521, 271       7, 777, 407         6       Net plan assets (subtract line 7b from line 7a)       7c       8, 521, 271       7, 777, 407         8       Income, Expenses, and Transfers for this Plan Year       (a) Ansunt       (b) Total       (b) Total         6       Net plan assets (subtract line 7b from line 7a)       7c       8, 521, 271       7, 777, 407         8       Income, Expenses, and Transfers for this Plan Year       (c) Amount       (b) Total         (1)       Enclose and Transfers for this Plan Year       (c) Amount       (b) Total         (2)       Participantis,       8a(2)       221, 080       (c) Total income (c) Stall (c)	C						_	· -		
7       Plan Assels and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assels       7a       8, 521, 271       7, 777, 407         c Net plan assels (subtract line 7b from line 7a).       7c       8, 521, 271       7, 777, 407         d Contributions received or reselvable from:       8a(1)       121, 654       100         (c) Participants.       8a(2)       221, 080       100       100         (d) Dense (including relovers).       8a(2)       221, 080       100       100         (d) Dense (including relovers).       8a(2)       221, 080       100       100         (d) Dense (including relovers).       8a(2)       221, 080       100 </th <th></th> <th>-</th> <th>ie HBGC p</th> <th>premium tiling for this p</th> <th>ian yea</th> <th>r</th> <th></th> <th></th> <th> (See insit</th> <th>Jouons.)</th>		-	ie HBGC p	premium tiling for this p	ian yea	r			(See insit	Jouons.)
Image: control of the plan conterol of the plan contecont of the control of the plan control of	Pa	r III Financial Information	koiztanaihilizot	1						
b       Total plan sabilities       Th       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 7b from line 7a)       Total plan sabel (subtract line 8b from line 8a)       Total plan sabel (subtract line 8b from line 8a)       Total plan provides pension sabel (subtract line 8b from line 8a)       Total plan sabel (subtract line 8b from line 8a)       Total plan provides pension sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit       Total plan sabel (subtract line 8b from line 8a)       Bit	7	Plan Assets and Liabilities						(b) End		
c       Net plan assets (subtract line 7b from line 7a)				8,	521,	271			/,/	77,407
8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       (b) Total       (c) Employers.       (c) Contributions (c) Control (c) Contro					503	0.71				77 407
a Contributions receivable from:       8a(1)       121, 654         (1) Employers       8a(2)       221, 080         (2) Participants       8a(2)       221, 080         (3) Others (including rollovers)       8a(3)       149, 232         b Other income (dass)       8a(3)       149, 232         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       6c       5c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       6c       5c         c Administrative service providers (salaries, fees, commissions)       8d       887, 015         c Cartain desmetio)       6e       6       6         f Administrative service providers (salaries, fees, commissions)       8f       18, 257         g Other exerses       6g       64       905, 272         i Not al expenses (add lines 84, 8e, 6f, and 8g)       6h       905, 272         i Not al expenses (add lines 84, 8e, eff, and 8g)       6f       97, 743, 864         g Other excenses       8g       8       743, 864         g Total expenses (add lines 8e, fee, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2G 2J 2K 2T 3D         g If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						271				//,40/
(1)       Engloyers       8a(1)       121,654         (2)       Participants       8a(2)       221,080         (3)       Other income (loss)       8a(3)       149,292         b       Other income (loss)       8b       -330,618         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       echanic data lines 6a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       echanic data lines 6a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       echanic data lines 6a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       echanic data lines 6a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       echanic data lines 6a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       echanic data lines 8a(1), 8a(2), 8a(3), and 8b)       8c       161,400         B       ft data instructions is a structure periodical structure				(a) Amour	it 👘			(b)		s), and a state of the state of the
(2) Participants       8a(2)       221, 080         (3) Others (including colovers)       8a(3)       149, 292         b Other income (loss)       8b       -330, 638         C Total income (ladd lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8d       887, 015         C Total income (ladd lines 8a(1), 8a(2), 8a(3), and 8b)       8d       887, 015       8d       161, 400         C Benefits paid (including direct rollovers and incurace premiums       8d       887, 015       9d       161, 400         C Other expenses       Commissions)       8d       887, 015       9d       161, 400         G Other expenses       Gother expenses       8d       887, 015       9d       <	а		8a(1)		121,	654	<b>e</b> risile	an ann an Anna an Anna an Anna An Anna an Anna an Anna Anna		
(3) Others (including rollovers)       8a(3)       14 9, 292         b) Other income (loss)       8b       -330, 618         c) Total income (ladd lines 8a(1), 8a(2), 8a(3), and 8b)       8c       87, 015         c) Benefits paid (notuding direct rollovers and insurance premiums to provide benefits)       8c       887, 015         c) Cartain deamed and/or corrective distributions (see instructions)       8c       887, 015         c) Cartain deamed and/or corrective distributions (see instructions)       8c       9c         c) Other expenses       8g       905, 277         j) Other expenses (add lines 8d, 6e, 6f, and 8g)       8d       905, 277         i Transfers to (rom) the plan (see instructions)       8g       905, 277         j) Transfers to (rom) the plan (see instructions)       8g       -743, 864         j) Transfers to (rom) the plan (see instructions)       8g       -743, 864         j) E 2 F 2G 2J 2K 2T 3D       10       11 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         j) During the plan year:       10       10a       X         j) B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       12E 2F 2G 2J 2K 2T 3D         j) If the plan year:       0					221,	080		n an		nega statistica provi
b Other income (loss)       8b       -330, 618         C Total income (add lines Sa(1), 8a(2), 5a(3), and 8b)       6c       161, 400         d Benefits paid (including direct rollovers and insurance premiums to provide benafits)       8d       887, 015         e Certain desmed and/or corrective distributions (see instructions)       8e       887, 015         f Administrative service providers (salaries, fees, commissions)       8f       18, 257         g Other expenses       6g       905, 272         i Net income (loss) (subtract line 8h from line 8c)       8i       -743, 864         g Transfers to (from) the plan (see instructions)       8g       905, 272         i Transfers to (from) the plan (see instructions)       8g       -743, 864         Part IV       Plan Characteristics       2g		(3) Others (including rollovers)			149,	292				NAL CENT
d Benefits paid (including direct rollovers and insurance premiums b provide benefits)       8d       887,015         e Certain deemed and/or corrective distributions (see instructions).       8e       18,257         f Administrative service providers (salaries, fees, commissions)	b	Other income (loss)	8b	-	330,	618				
by provide benefits)       Bd       887,015         e       Certain deemed and/or corrective distributions (see instructions)	с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		$\mathbf{x}_{i}$ , $\mathbf{x}_{i}$				1	61,408
e Certain deemed and/or corrective distributions (see instructions)	d				997	015	i (de	er - Sin deneration (d) - 122-11	an a	nin dan seri
f       Administrative service providers (salaries, fees, commissions)       8f       18,257         g       Other expenses (add lines 8d, 6e, 8f, and 8g)       8h       905,272         i       Net income (loss) (subtract line 8h from line 8c)       8l       905,272         i       Net income (loss) (subtract line 8h from line 8c)       8l       905,272         i       Net income (loss) (subtract line 8h from line 8c)       8l       915,272         i       Net income (loss) (subtract line 8h from line 8c)       8l       -743,864         j       Transfers to (from) the plan (see instructions)       8l       -743,864         Part IVE       Plan Characteristics       9         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         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 transactions with any party-in-interest? (Do not include transa					,			an an an ann an an an Talaiste an	a far var san gunner. Sectored av sector (s. )	A ANY STREET, AND G
g. Other expenses       ag       ag       g. Other expenses       ag       g. Other expenses         h. Total expenses (add lines 8d, 6e, 8f, and 8g)       8h       905, 272         i. Net income (loss) (subtract line 8h from line 8c)       8i       905, 272         j. Transfers to (from) the plan (see instructions)       8i       -743, 864         j. Transfers to (from) the plan (see instructions)       8j       -743, 864         g. 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         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 Educiary Correction Program)       10a       X         b. Were there any nonexempt transactions with any party-in-interest? (Do not include transactions to the plan overed 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       10d       X         e. Were any fees or commission		· · ·			18.257				halibə əsə siyarda adı Səhər ayı siyarəti Səhər ayı siyarəti	
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       905, 272         i       Net income (loss) (subtract line 8h from line 8c)       8i       -743, 864         j       Transfers to (from) the plan (see instructions)       8j       -743, 864         gat       It 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       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 IV       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 nexempt transactions with any party-in-interest? (Do not include transactions tob       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       \$00, 000         d       Did the plan have a loss,	<u> </u>			1.000 m (2000 m 1.000 m			nnunn unur en noch utue (* Strausyfisteriet sturte unur e	an na an taon an taon an taon an taon an taona an taon	2263034982	
i Net income (loss) (subtract line 8h from line 8c)       Bit       -743,864         j Transfers to (from) the plan (see instructions)       Bit       -743,864         Part IV       Plan Characteristics       Bit       -743,864         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:       2E 2F 2G 2J 2K 2T 3D         0 During the plan year:       Yes       Yes       No         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 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).       10b       X         c West 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         e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organizat	¥_								05.272	
J       Transfers to (from) the plan (see instructions)					(pasting)	Laffend Social (1990) (1997) (1990) (1997)				
Part IV       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       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)       No       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X       Soo, 000         c       Was the plan covered by a fidelity bond?       Iot       X       Soo, 000         d       Did he 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 other persons by an insurance carrier, insurance service, or other organization that provide some or all of the benefits under the plan? (See instructions.)       10f       X         f	i			UNIX SE WATE DELICER STERNE ZUER HET VIER		39886 x 7 21 20	alar da citatio		on BAASHERN MARKES	Volta (h. 1635
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 to the plan covered by a fidelity bond?	Network Me		] 0]			.2	KEAGERSEN?		07809-25839-8688-848-84	<u>u su molene ale</u>
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 have any participant loans? (If "Yes," enter amount as of year-end.).       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h)       X       4		If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D								
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)	b	If the plan provides welfare benefits, enter the applicable welfare t	feature coo	des from the List of Pla	n Chara	acterist	tic Coo	tes in the insti	uctions:	
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)	Rat	V Compliance Questions								
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)						Yes	No		Amount	
reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	Voluntary f	Fiduciary Correction	10a		x			
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       14         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       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X	b				10b		х			
by fraud or dishonesty?       10d       A         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       14         f       Has the plan failed to provide any benefit when due under the plan?       10e       X       14         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X	C	Was the plan covered by a fidelity bond?			10c	х			5	00,000
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 under the plan?	d				10d		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X	e	carrier, insurance service, or other organization that provides son	ne or all of	f the benefits under	10e	x				14
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X	9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х			
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Page **3**- (

Part	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and line 11a below)				] [	] Ye	s 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1'	la		-		~~~
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?				··/ `		s 🔀 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, i granting the waiver	ind en	iter t Day	he date ′	of the Ye	etter i ar	uling
if	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	1	2b				
	Enter the amount contributed by the employer to the plan for this plan year	1	2ç				
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)	1	2d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		IJ	Yes			N/A
21.4	VIL Plan Terminations and Transfers of Assets						
	Has a resolution to terminate the plan been adopted in any plan year?			🗌 Ye	s 🛛	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to control of the PBGC?				🗌 Ye	s X	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred.	i(s) to			-		
	I3c(1) Name of plan(s): 13c	(2) Eł	N(\$)		1	3c(3)	PN(s)
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