Determinant data Table 2018 2018 Determinant data 2018 Determinant data 2018 Determinant data The form is required to be lifted under sections 134 and 4050 of the Entry(book Retirement Income Security Act d'1976 (Bock), and 2005 (Direct Data) Completed all directs in accordance with the instructions to the Form 5000-SF. Part I Annual Report Identification Information Code (Direct Data) and ending 12/32/2018 Part I Security Colspan="2">Completed all directs and code data with the instructions to the Form 5000-SF. Part I Security Colspan="2">Annual Report Identification Information Colspan="2">Output Identification Information Colspan="2">Completed all direct and code data (Direct Data) A This return/report is in a single-employer plan Information	Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Dependent of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 505(b) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Part I Annual Report Identification Information a mediator plan, year 2016 of fitcal plan year beginning of the internal information and ending 1221/2018 1221/2018 A This return/report is to: I a single-employer plan infor demoty plan, year 2016 of fitcal plan year plan information on en-participant plan in a direct entry/report is a single-employer plan infor demoty plan, year 2016 (Files checking this box must attach a lat of partion plan. I complex entry plan infor demoty plan, year 2016 (Files checking this box must attach a lat of partion plan. B This return/report is I has return/report is the files return/report is a single-employer plan infor detarry plan year return/report (less than 12 months) D FVC program special detarrols (netter description) Part I Annual Copen Life and the single employer plan information in accordance with the form instructores. 1 b This return/report is a single-employer. 1 b This return/report is plan administrator's name and address PLAN C Check box if filing under: I ROOUCICI FIEALTHOARE ALLIANCE RETINEMENT SAVINGS PLAN 1 b This return/report is a special detarrols (return description) (Cly or two, state or province, country, and 21P or foreign postal code (if foreign, see instructions) (Cly or two, state or province, country, and 21P or foreign postal code (if foreign, see instructions) (Cly or two, state or province, country, and 21P or foreign postal code (if foreign, see instructions) (Cly or two, state or province, country						etirement	2018				
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b Total number of participants at the end of the plan year	•										
b Total number of participants at the end of the plan year											
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 22 d(1) Total number of active participants at the beginning of the plan year 5d(1) 18 d(2) Total number of active participants at the end of the plan year 5d(2) 12 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 09/25/2019 GARY J. FITZGERALD HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	5a Total number of participants at the beginning of the plan year						26				
complete this item) JC 22 d(1) Total number of active participants at the beginning of the plan year 5d(1) 18 d(2) Total number of active participants at the end of the plan year 5d(2) 12 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 09/25/2019 GARY J. FITZGERALD HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						5b	22				
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE				09/25/2019	GARY J. FITZGERAL	0					
HERE	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	individual signing as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN										
	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	of individual signing as employer or plan sponse					

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	Part III Financial Information								
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) E				of Year				

7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
a Total plan assets	7a	564	4611		4472545		
b Total plan liabilities			0			0	
C Net plan assets (subtract line 7b from line 7a)	7c	564	44611			4472545	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total		
a Contributions received or receivable from:(1) Employers	8a(1)	11	13692				
(2) Participants	8a(2)	20	6827				
(3) Others (including rollovers)	8a(3)		9955				
b Other income (loss)	8b	-20	9731				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					120743	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	129	92809				
e 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					1292809	
i Net income (loss) (subtract line 8h from line 8c)	8i					-1172066	
j Transfers to (from) the plan (see instructions)	··· 8j		0				
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pensic	n feature co	odes from the List of Pla	an Cha	racteri	stic Code	s in the instructions:	
2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature coo	les from the List of Plar	n Chara	acteris	ic Codes	in the instructions:	
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)					x		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х		
C Was the plan covered by a fidelity bond?				Х		625000	
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		
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.)					x		
${f f}$ Has the plan failed to provide any benefit when due under the plan?					X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				Х		30003	
b . If this is an individual account plan, was there a blackout period	2 (Soo instr	uctions and 20 CEP	•	İ			

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X If 10h was answered "Yes," check the box if you either provided the required notice or one of the i 10i exceptions to providing the notice applied under 29 CFR 2520.101-3

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	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	you 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	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)							
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	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					🗌 Yes 🔀 No		
С		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)