Description Description 2018 Transmittation This form is required to be flag under description in description description description description description in description descriptin description description descriptin description descrip		m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Encomposition Storm Assume Control Revenue Cont (the Code). This Point is Open to Public Inspection Part II Annual Report Identification Information Complete all environments with the instructions to the Form 5500 SF. This point is point in the instructions to the Form 5500 SF. Part II Complete all environments with the instructions to the Form 5500 SF. Description of the instructions in the form structions.) Instruction instructions is a difference of the instructions of the form structions.) A This return/report is form a single-employer plan Instruction formation Description B This instruction's point is a difference of the final return/report a nenoded return/report a single-employer plan (instructions of the final return/report is short plan year return/report (is short plan year return/report is short plan year return/report is short plan year return/report is short plan year return/report (is short plan year return/report is short plan year return/report is non-single-employer plan (instructions) Difference of the final return/report is short plan year return/report (is short plan year return/report is non-single-employer plan (instruction year) If the return is non-single plan is non	Department of the Treasury Internal Revenue Service			under sections 104 and 4			2018				
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		Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signina	as employer or plan sponsor				

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

Form 5500-SF (2018) v.171027

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes No			
	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.				
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?					
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instr					
Par	rt III Financial Information				

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year			
<u>.</u> a	Total plan assets		283			2100978				
	Total plan liabilities	7a 7b								
-	Net plan assets (subtract line 7b from line 7a)			33045			2100978			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
	Contributions received or receivable from:		(u) Anoun							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	20	09141						
	(3) Others (including rollovers)	8a(3)	8036							
b	Other income (loss)	8b	-5	50730						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					166447			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38	380977						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	2	21293						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					402270			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-235823			
j	j Transfers to (from) the plan (see instructions)									
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare for rt V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
	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				
K	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х		290000			
C	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				
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		829			
f	${f f}$ Has the plan failed to provide any benefit when due under the plan?			10f		Х				
ç	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Х				
ł	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		×				
	,					_				

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Part '	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)						res	٧o	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	I					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?					<u> </u>	res 🗙 I	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		er the ay	date of	the lette Year _			
lf y	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								
C Enter the amount contributed by the employer to the plan for this plan year								
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?		Y	es	No	N/A		
Part V	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes 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 th control of the PBGC?	e		🗌 Yes 🕅 No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plane which assets or liabilities were transferred. (See instructions.)	s) to						
13c(1) Name of plan(s): 13c(2)			2) EIN(s)			13c(3) PN(s)		
SUMMI	IT HEALTHCARE ALLIANCE 401(K) PLAN 82-29615	70			001			