

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>RELIANT MEDICAL GROUP, INC. 403B PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RELIANT MSO, LLC</u> <u>C/O UNITEDHEALTH GROUP INCORPORATED</u> <u>9900 BREN ROAD EAST</u> <u>MN008-R120</u> <u>MINNETONKA, MN 55343</u>	1c Effective date of plan <u>01/01/2008</u>	2b Employer Identification Number (EIN) <u>82-3745100</u>	2c Plan Sponsor's telephone number <u>952-936-1300</u>
		2d Business code (see instructions) <u>621111</u>	

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	09/24/2019	DAVID E. STRAUSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MN008-R120 MINNETONKA, MN 55343	3b Administrator's EIN 41-1321939 3c Administrator's telephone number 952-936-1300
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name <u>RELIANT MEDICAL GROUP, INC.</u> c Plan Name <u>RELIANT MEDICAL GROUP, INC. 403B PLAN</u>	4b EIN <u>04-2472266</u> 4d PN <u>003</u>
5 Total number of participants at the beginning of the plan year	5 3241
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2718
a(2) Total number of active participants at the end of the plan year	6a(2) 1
b Retired or separated participants receiving benefits.....	6b 17
c Other retired or separated participants entitled to future benefits	6c 1175
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 1193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1192
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2M 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan RELIANT MEDICAL GROUP, INC. 403B PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 RELIANT MSO, LLC	D Employer Identification Number (EIN) 82-3745100

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVST INSTNL OPRTN CO, INC
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTL OP CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	184903	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	30205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

REID AND RIEGE, P.C.

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	26116	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTL OP CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DLWR SM CAP VAL INST - DELAWARE 2005 MARKET STREET PHILADELPHIA, PA 19103	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTL OP CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR CAP APPR INST-HARBOR SERVICE 34-1953399	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	STOWE & DEGON LLC	b EIN:	04-3379904
c Position:	ACCOUNTING FIRM		
d Address:	95A TURNPIKE RD WESTBOROUGH, MA 01581	e Telephone:	508-983-6700

Explanation: BUSINESS DECISION TO CHANGE AUDIT FIRMS

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan RELIANT MEDICAL GROUP, INC. 403B PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 RELIANT MSO, LLC	D Employer Identification Number (EIN) 82-3745100	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	6851559	0
(2) Participant contributions	1b(2)	255315	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	177816	69
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	2050503	994
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	201831213	65073895
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	7536381	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	218702787	65074958

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	218702787	65074958
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2739577	
(B) Participants	2a(1)(B)	3899649	
(C) Others (including rollovers)	2a(1)(C)	1655284	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8294510
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8914	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	54999	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		63913
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3074445	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3074445
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-5717163
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5715705

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	159051949	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		159051949
f Corrective distributions (see instructions)	2f		1750
g Certain deemed distributions of participant loans (see instructions)	2g		48612
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	30205	
(4) Other	2i(4)	211018	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		241223
j Total expenses. Add all expense amounts in column (b) and enter total	2j		159343534

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-153627829
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		720905
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c 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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>RELIANT MEDICAL GROUP, INC. 403B PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RELIANT MSO, LLC</u>	D Employer Identification Number (EIN) <u>82-3745100</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-2647786</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RELIANT MEDICAL GROUP, INC.
403(b) PLAN
MINNETONKA, MN

Employer ID No: 82-3745100
Plan No: 003

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2018 and 2017
and for the Year Ended December 31, 2018

Reliant Medical Group, Inc. 403(b) Plan

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to the Reliant Medical Group, Inc. 403(b) Plan.

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of the
Reliant Medical Group, Inc. 403(b) Plan
Minnetonka, MN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Reliant Medical Group, Inc. 403(b) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018 (liquidation basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2018 (liquidation basis), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian, as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Plan's sponsor terminated the Plan effective April 1, 2018. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing basis used in presenting the 2017 financial statements to the liquidation basis used in presenting the 2018 financial statements. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter - Report on Supplemental Information

The supplemental schedule of assets (held at end of year) as of December 31, 2018 and schedule of delinquent participant contributions for the year ended December 31, 2018 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules referred to above.

Other Matter—2017 Financial Statement

The financial statement of the Plan as of December 31, 2017, was audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated September 11, 2018, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content on the 2018 Financial Statements in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly Virchow Krause, LLP

Minneapolis, Minnesota
September 26, 2019

Reliant Medical Group, Inc. 403(b) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis)

	<u>2018</u>	<u>2017</u>
ASSETS		
Participant directed investments:		
Investments – at fair value	\$ 65,073,964	\$ 202,009,029
Investments – at contract value	-	7,536,381
Receivables		
Employer contributions	-	6,851,559
Participant contributions	-	255,315
Notes receivable from participants	<u>49,793</u>	<u>2,050,503</u>
TOTAL ASSETS	<u>65,123,757</u>	<u>218,702,787</u>
LIABILITIES		
Excess contributions payable	<u>107,139</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 65,016,618</u>	<u>\$ 218,702,787</u>

See accompanying notes to financial statements.

Reliant Medical Group, Inc. 403(b) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2018 (Liquidation Basis)

ADDITIONS

Additions to net assets attributed to	
Interest and dividend income	\$ 3,083,359
Contributions	
Participant	3,792,510
Employer	2,739,577
Rollover	1,655,284
Interest income on notes receivable from participants	<u>57,967</u>
Total additions	<u>11,328,697</u>

DEDUCTIONS

Deduction from net assets attributed to	
Benefits paid to participants	159,056,480
Net depreciation in fair value of investments	5,717,163
Administrative expenses	<u>241,223</u>
Total deductions	<u>165,014,866</u>

NET DECREASE 153,686,169

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year (ongoing basis)	<u>218,702,787</u>
End of year (liquidation basis)	<u>\$ 65,016,618</u>

See accompanying notes to financial statements.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 1 - Description of the Plan

The following description of the Reliant Medical Group, Inc. 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2008, as a defined contribution plan covering all eligible employees of Reliant Medical Group, Inc. as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective April 1, 2018 Reliant Medical Group, Inc. transferred sponsorship of the Plan to Reliant MSO, LLC (the "Company").

Effective April 1, 2018, the UnitedHealth Group Employee Benefits Plans Administrative Committee ("Plan Administrator") became the Plan's administrator responsible for oversight of the Plan. The UnitedHealth Group Employee Benefits Plans Investment Committee ("Investment Committee") determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective April 1, 2018, the Plan was terminated and no new participant or employer contributions were permitted to be made to the Plan. The process of liquidating participant balances was commenced during the 2019 plan year, and is expected to be completed by September 30, 2019.

Contributions

Prior to termination, the Plan allowed participants to contribute up to 100% of their eligible pay up to the maximum dollar amount permissible under the Internal Revenue Code (the "Code"). Elective deferrals included pre-tax deferrals, Roth deferrals, and rollover contributions. Eligible employees were automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution rate of 3% of their eligible pay, unless they declined to participate within a prescribed time limit or they elected a different pre-tax and/or Roth contribution rate. Participants who had attained age 50 before the end of the plan year could make additional catch-up contributions, subject to limitations imposed by the Code.

Prior to termination, the Company made matching contributions equal to 50% of deferral contributions made by the participant provided that the match did not exceed 3% of the participant's compensation. Participants became eligible for company matching contributions following six months of employment.

In addition to the match, the Plan included a separate Employer Funded Contribution made at the discretion of the Company's Board of Trustees, rather than a mandatory contribution. Employer Funded Contribution Accounts were maintained for all eligible employees of the Company, as defined in the Plan document. The contribution to be added to Employer Funded Contribution Accounts totaled \$1,675,302 and \$6,463,862 for the years ended December 31, 2018 and 2017, respectively, and was determined using a points based system based on the sum of the participant's age and completed years of vesting service as of January 1 of the plan year for which the contribution was being made, and the participant's eligible pay in accordance with the following table:

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 1 - Description of the Plan (cont.)

Points (Sum of Age and Years of Vesting Service in Whole Numbers on January 1 of Plan Year)	Percentage of Compensation (Contributed to Employer Funded Contributions Account)
	% determined by the Company, at its discretion, with respect to which the multipliers for Groups B, C, D and E are applied
0-44 Points (Group A)	
45-54 Points (Group B)	1.5 times the percentage for Group A
55-64 Points (Group C)	2 times the percentage for Group A
65-74 Points (Group D)	2.5 times the percentage for Group A
75 Points and Over (Group E)	3 times the percentage for Group A

Participant Accounts

Each participant's account was credited or charged with the participant's deferral contributions, rollover contributions, the Company's matching contributions, and Employer Funded Contributions, if any, and Plan earnings (net of administrative expenses). Allocations were based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them through a registered investment company.

Vesting

Prior to termination, participants were vested immediately in their deferral contributions, rollover contributions, company matching contributions, and earnings thereon. The Employer Funded Contribution Accounts vested in accordance with provisions of the Plan as follows:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2 years	0%
At least 2	25%
At least 3	50%
At least 4	100%

Notwithstanding the vesting schedule above, Company matching contributions and Employer Funded Contributions, if any, will become fully vested (100%) upon the occurrence of any of the following events while the participant is employed by the Company: death, attainment of normal retirement age (age 62), disability, partial Plan termination with respect to the participant, complete termination of the Plan or complete discontinuance of Company contributions.

Participants became 100% vested in all Employer Funded Contribution Accounts when the Plan was terminated.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 1 - Description of the Plan (cont.)

Forfeited Accounts

As of December 31, 2018 and 2017, forfeited nonvested accounts totaled \$69 and \$177,816, respectively. During the year ended December 31, 2018, employer contributions were reduced by \$208,185 from forfeiture accounts. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, or termination of employment as defined in the Plan document. A participant whose vested account balance exceeds \$1,000 may elect to receive a lump-sum payment. A participant whose vested account balance is \$1,000 or less will automatically receive an immediate lump-sum distribution equal to their vested account balance. With Plan Administrator approval, participants may withdraw all or part of their employee contributions in the event of financial hardship.

There are no amounts owed to participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2018 and 2017.

Notes Receivable from Participants

Prior to termination, participants could borrow from their vested accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 (subject to reduction for certain loan balances in the prior 12 months) or 50% of their vested account balances. Loan terms ranged from one to five years. These loans were secured by the balance in the participant's account. The loans bore interest based on the prime interest rate on the first business day of the month in which the loan was made plus one (1) percentage point. The rate remained fixed for the duration of the loan. Principal and interest are paid ratably through payroll deductions. Participants could only have up to one outstanding loan at a time.

When the Plan was terminated on April 1, 2018, no new loans were allowed to be issued from the Plan. Loan payments for existing loans continued their regular payments.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the ongoing basis of accounting as of December 31, 2017 and prepared using the liquidation basis of accounting as of and for the year ended December 31, 2018.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Liquidation Basis of Accounting

As the Company elected to terminate the Plan effective April 1, 2018, and management considers liquidation to be imminent, the Plan adopted the liquidation basis of accounting. Under liquidation accounting, assets are stated at their estimated net realizable value and liabilities are stated at their estimated settlement amounts. The fair value of the Plan's assets is considered to approximate liquidation value, as the Plan intends to complete an orderly liquidation of investments as participant accounts are paid out.

Estimated net realizable value is determined as follows:

- Investments in mutual funds are stated at fair value as determined by the quoted market price of the funds.
- Notes receivable from participants are recorded at the undiscounted estimated collectible amounts.

The Statement of Net Assets for Benefits as of December 31, 2018 and the Statement of Changes in Net Assets Available for Benefits for the year then ended are the principal financial statements presented under the liquidation basis of accounting. Estimates included in the statements are periodically reviewed by the Company and adjusted, in the period identified, as appropriate to reflect changes based on changes in the estimates used to determine net realizable value and estimated settlement amounts and the timing of the ultimate liquidation of the Plan. Due to uncertainties in estimating net realizable values and estimated settlement amounts, such adjustments may be material.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at liquidation value as of December 31, 2018. Fair value of the Plan's assets is considered to approximate liquidation value. The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value) as of December 31, 2017. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the gains and losses on investments bought and sold as well as held during the year.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2018 or 2017.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2018 excess contributions to the applicable participants in April 2019.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 26, 2019, the date the financial statements were approved and available to be issued.

NOTE 3 - Information Prepared and Certified by Custodian

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2018 and 2017. Accordingly, Fidelity Management Trust Company (the "Custodian") of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 4 - Fair Value of Financial Instruments

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Unadjusted quoted prices for identical assets in active markets that the Plan can access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Unobservable inputs for the asset.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2018 and 2017.

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U. S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 4 - Fair Value of Financial Instruments (cont.)

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy.

December 31, 2018				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 65,073,964	\$ 65,073,964	\$ -	\$ -
Total investments at fair value	<u>\$ 65,073,964</u>			
December 31, 2017				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 202,009,029	\$ 202,009,029	\$ -	\$ -
Total investments at fair value	<u>\$ 202,009,029</u>			

NOTE 5 - Fully Benefit-Responsive Investment Contracts

As of December 31, 2017, the Plan held a traditional guaranteed investment contract with New York Life Insurance Company. This contract met the fully benefit-responsive investment contract criteria and therefore was reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value for the investment contract held by the Plan was \$7,536,381 as of December 31, 2017.

The contract issuer guaranteed that all qualified participant withdrawals would be at contract value and that the crediting rate applied would not be less than 1%. Cash flow volatility (for example, timing of the benefit payments) as well as asset underperformance could have been passed through to the Plan through adjustments to future contract crediting rates. Crediting rates were typically reset semiannually to account for the difference between the contract value and the fair value of the underlying portfolio.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts was dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could have been affected by future economic and regulatory developments.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 5 – Fully Benefit-Responsive Investment Contracts (cont.)

Certain events could have limited the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Premature termination of the contract
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

During 2017 and 2018 there were no events that limited the ability of the Plan to transact at contract value with the contract issuers and that also limited the ability of the Plan to transact at contract value with the participants.

In addition, certain events could have allowed the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events included the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer.

NOTE 6 - Administration of Plan Assets

The Plan's assets are administered under a contract with the Custodian of the Plan. The Custodian invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

NOTE 7 - Related Party and Party-in-interest Transactions

Certain of the Plan's investments are managed by the Custodian and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net depreciation in fair value of investments. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as exempt party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 8 - Tax Status

The Plan has been designated to qualify under Section 403(b) of the Code and therefore, it is not currently required to receive a determination letter from the IRS. The Plan is required to operate in conformity with the Code to maintain its qualification under Section 403(b). The Company believes the Plan is currently designed and being operated in compliance with applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2018 and 2017, the Plan had investments of \$16,408,979 and \$46,237,000, respectively, concentrated in two mutual funds that each accounted for more than 10% of Plan assets.

NOTE 10 – Delinquent Participant Contributions

For the year ended December 31, 2018, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled \$401,562, were corrected in 2019. The Company compensated participants for lost earnings resulting from the delay in contributions. Additionally, the Company corrected \$319,343 of delinquent contributions relating to the year ended December 31, 2017 in 2018.

Reliant Medical Group, Inc. 403(b) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2018 (Liquidation Basis) and 2017 (Ongoing Basis) and for the Year Ended December 31, 2018 (Liquidation Basis)

NOTE 11 – Form 5500 Reconciliation

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018, to Form 5500:

Net assets available for benefits per the financial statements	\$ 65,016,618
Excess contributions payable	107,139
Deemed distributions of participants loans	<u>(48,799)</u>
Net assets available for benefits per the Form 5500	<u>\$ 65,074,958</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2018, to Form 5500:

Decrease in net assets per the financial statements	\$ 153,686,169
Change in excess contributions payable	(107,139)
Deemed distributions activity	<u>48,799</u>
Net Loss per the Form 5500	<u>\$ 153,627,829</u>

SUPPLEMENTAL INFORMATION

Reliant Medical Group, Inc. 403(b) Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Employer ID No: 82-3745100

Plan No: 003

As of December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Shares of an Investment Company	Mutual Funds:		
*		Fidelity Freedom Index 2020 Fund	**	\$ 8,294,751
		Vanguard Institutional Index Fund	**	8,114,228
*		Fidelity Freedom Index 2025 Fund	**	5,563,251
*		Fidelity Freedom Index 2030 Fund	**	4,576,462
*		Fidelity Freedom Index 2035 Fund	**	4,522,821
		Harbor Capital Appreciation Institutional	**	3,794,560
*		Fidelity Freedom Index 2040 Fund	**	3,242,647
		Metropolitan West Total Return Bond Fund	**	3,116,861
*		Fidelity Freedom Index 2045 Fund	**	2,631,720
		American Funds EuroPacific Growth Fund	**	2,458,214
		Invesco Government & Agency Portfolio	**	2,343,372
*		Fidelity Freedom Index 2015 Fund	**	2,163,232
		MassMutual Select Mid Cap Growth Fund Class I	**	2,136,633
		MFS International Value	**	1,947,733
*		Fidelity Freedom Index 2050 Fund	**	1,809,952
		John Hancock Disciplined Value Fund	**	1,459,679
		Delaware Small Cap Value Institutional	**	1,059,195
*		Fidelity Freedom Index 2055 Fund	**	895,818
		Vanguard Total Bond Market Index Admiral	**	872,563
		MFS Mid Cap Value Fund	**	632,133
		Vanguard Mid Cap Index Admiral	**	626,646
*		Fidelity Freedom Index Income Fund	**	560,990
		Prudential Jennison Small Company Q	**	489,431
		Vanguard Small Cap Index Admiral	**	482,179
*		Fidelity Freedom Index 2010 Fund	**	460,882
*		Fidelity International Index Fund	**	258,330
		PIMCO Real Return Institutional	**	211,574
		Neuberger Berman Socially Responsive Fund	**	131,537
*		Fidelity Freedom Index 2060 Fund	**	125,317
*		Fidelity Freedom Index 2005 Fund	**	91,184
*		Fidelity Government Money Market Fund	**	69
				<u>65,073,964</u>
		Participant loan (interest rate of 4.5% with maturity date of November 2021)	\$0	<u>994</u>
				<u>\$ 65,074,958</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

Reliant Medical Group, Inc. 403(b) Plan

SCHEDULE H, LINE 4A, SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Employer ID No: 82-3745100

Plan No: 003

As of December 31, 2018

Total That Constitute Nonexempt Prohibited Transactions

	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in (VFCP)	Total Fully Corrected under (VFCP) and Prohibited Transaction Exemption 2002-51
Participant Contributions Transferred Late to the Plan	\$ 401,562	\$ 319,343*	\$ -	\$ -

Check here if late participant loan contributions are included: X

* The amount relates to 2017 participant contributions.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information	
1a Name of plan Reliant Medical Group, Inc. 403b Plan	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>01/01/2008</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Reliant MSO, LLC c/o UnitedHealth Group Incorporated 9900 Bren Road East MN008-R120 Minnetonka MN 55343	2b Employer Identification Number (EIN) <u>82-3745100</u> 2c Plan Sponsor's telephone number <u>952-936-1300</u> 2d Business code (see instructions) <u>621111</u>

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 accompanying schedules, statements and attachments, 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 HERE		<u>9-24-19</u>	David E. Strauss
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9-24-19</u>	David E. Strauss
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor UnitedHealth Group Employee Benefits Plans Administrative Committee UnitedHealth Group Incorporated 9900 Bren Road East MN008-R120 Minnetonka MN 55343	3b Administrator's EIN 41-1321939 3c Administrator's telephone number 952-936-1300
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name Reliant Medical Group, Inc. c Plan Name Reliant Medical Group, Inc. 403b Plan	4b EIN 04-2472266 4d PN 003
5 Total number of participants at the beginning of the plan year	5 3,241
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2,718
a(2) Total number of active participants at the end of the plan year	6a(2) 1
b Retired or separated participants receiving benefits	6b 17
c Other retired or separated participants entitled to future benefits	6c 1,175
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 1,193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 1,193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,192
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2M 2T 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Reliant Medical Group, Inc. 403(b) Plan

SCHEDULE H, LINE 4A, SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Employer ID No: 82-3745100

Plan No: 003

As of December 31, 2018

Total That Constitute Nonexempt Prohibited Transactions

	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in (VFCP)	Total Fully Corrected under (VFCP) and Prohibited Transaction Exemption 2002-51
Participant Contributions Transferred Late to the Plan	\$ 401,562	\$ 319,343*	\$ -	\$ -

Check here if late participant loan contributions are included: X

* The amount relates to 2017 participant contributions.

Reliant Medical Group, Inc. 403(b) Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Employer ID No: 82-3745100

Plan No: 003

As of December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Shares of an Investment Company	Mutual Funds:		
*		Fidelity Freedom Index 2020 Fund	**	\$ 8,294,751
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* Represents a party-in-interest

** Cost omitted for participant directed investments