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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FMC SERVICES, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/03/2001

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)
FMC SERVICES, LLC

1616 SOUTH KENTUCKY ST BLDG B
STE 100
AMARILLO, TX 79102

2b Employer Identification Number (EIN)
46-5766063

2c Plan Sponsor's telephone number
806-350-8951

2d Business code (see instructions)
541600

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.	07/31/2020	PLAN SPONSOR
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	381
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)**	330
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	315
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	391
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	391
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	338
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	59
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 2J 2K 2T 3D 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)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[ ] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FMC SERVICES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FMC SERVICES, LLC

D Employer Identification Number (EIN)
46-5766063

Part I Service Provider Information (see instructions)

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

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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)

AMARILLO NATIONAL BANK

410 S TAYLOR ST
AMARILLO, TX 79101

(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	INVESTMENT ADVISOR	51279	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	23927	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	1236	Yes [ ] No [X]	Yes [ ] No [ ]		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
(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.	

(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.	

(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

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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:	**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:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FMC SERVICES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FMC SERVICES, LLC

D Employer Identification Number (EIN)
46-5766063

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	295801	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15450293	19443990
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	15746094	19443990
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15746094	19443990

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)	198650	
	(B) Participants	2a(1)(B)	1101317	
	(C) Others (including rollovers)	2a(1)(C)	233298	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1533265
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	582815	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		582815
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2693449
c Other income	2c		3730
d Total income. Add all **income** amounts in column (b) and enter total	2d		4813259
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1038921	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1038921
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	23927	
(3) Investment advisory and management fees	2i(3)	52515	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		76442
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1115363
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3697896
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: STEWART MARTIN DUDLEY WEBB, P.C. **(2)** EIN: 75-2290093

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		35726
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.)	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?	4e	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?	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.)	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 _____.

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FMC SERVICES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FMC SERVICES, LLC

D Employer Identification Number (EIN)
46-5766063

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** 0

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): 20-3691708

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**

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**

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	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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	**15a**	
b The corresponding number for the second preceding plan year	**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	**16a**	
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	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

SMDW CPA STEWART MARTIN DUDLEY WEBB, PC
CERTIFIED PUBLIC ACCOUNTANTS

600 S. Tyler St., Suite 2500
P.O. Box 669
Amarillo, Texas 79105
Phone: (806) 374-7576
Fax: (806) 374-3127

July 27, 2020

FMC Services, L.L.C. (acting plan sponsor) and Trustee
FMC Services, L.L.C. 401(k) Profit Sharing Plan
P. O. Box 50925
Amarillo, Texas 79159

We have conducted a DOL limited-scope audit of the financial statements of the FMC Services, L.L.C. 401(k) Profit Sharing (the Plan) for the year ended December 31, 2019, and have issued our report thereon dated July 27, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and supplemental schedules as a whole. We did, however, audit the form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, in accordance with auditing standards generally accepted in the United States of America and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated February 6, 2020. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Great-West Life and Annuity Insurance are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2019. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The most sensitive accounting estimates affecting the financial statements are the fair value measurements of investment assets.

Management's estimate of the fair value measurements of investment assets is based upon management's experience with investments, reliance upon financial advisors, and other relevant factors. We evaluated the key factors and assumptions used to develop and determined that they are reasonable in relation to the basic financial statements take as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements, if any. For the audit period ending December 31, 2019, we noted no material misstatements that required correction.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 27, 2020.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statement or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of you and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of FMC Services, L.L.C., the plan sponsor and the Trustees, of the FMC Services, L.L.C. 401(k) Profit Sharing Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly,

Stewart, Martin, Dudley & Webb, P.C.

Stewart, Martin, Dudley & Webb, P.C.

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

YEAR ENDED DECEMBER 31, 2019

with

INDEPENDENT AUDITOR'S REPORT

TABLE OF CONTENTS

Independent Auditor's Report	1-2
Financial statements	3
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6-14
Supplementary information	15
Schedule of assets (held at end of year)	16
Schedule of delinquent participant contributions	17

SMDW CPA STEWART MARTIN DUDLEY WEBB, PC
CERTIFIED PUBLIC ACCOUNTANTS

600 S. Tyler St., Suite 2500
P.O. Box 669
Amarillo, Texas 79105
Phone: (806) 374-7576
Fax: (806) 374-3127

Independent Auditor's Report

The Trustees
FMC Services, L.L.C.
401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of FMC Services, L.L.C. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditor's 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; however, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 Great-West Life and Annuity Insurance, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets (held at end of year) and delinquent participation contributions as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Stewart, Martin, Dudley & Will, P.C.

Amarillo, Texas
July 27, 2020

FINANCIAL STATEMENTS

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

ASSETS	2019	2018
Investments, participant-directed, at fair value:		
Cash and cash equivalents	$ 18,473	$ 5,777
Mutual funds	19,425,517	15,444,516
Total investments	19,443,990	15,450,293
Receivables - employer contributions	308,607	295,801
Total assets	19,752,597	15,746,094
LIABILITIES AND NET ASSETS		
Liabilities	-	-
Net assets available for benefits	$19,752,597	$15,746,094

See accompanying notes.

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2019

Additions to net assets:	
Investment income:	
Net appreciation in fair value of investments	**$ 2,693,448**
Interest and dividends	**582,815**
Total investment income	**3,276,263**
Contributions:	
Employer	**507,258**
Employees	**1,101,317**
Total contributions	**1,608,575**
Other additions - rollover contributions	**233,298**
Other income	**3,730**
Total additions	**5,121,866**
Deductions from net assets:	
Benefits paid to participants	**1,038,921**
Plan expenses	**76,442**
Total deductions	**1,115,363**
Increase in net assets	**4,006,503**
Net assets available for plan benefits:	
Beginning of year	**15,746,094**
End of year	**$19,752,597**

See accompanying notes.

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019

1. Description of plan

The following description of the FMC Services, L.L.C. (the "Company") 401(k) Profit Sharing 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 is a profit sharing and salary deferral (401(k)) defined contribution plan covering all employees of the Company who are age 21 or older who have completed three months of service, except those covered by a collective bargaining agreement. In addition, the Plan covers the eligible employees of FMC Services, L.L.C. and the affiliated employer groups: Southwest Neuroscience and Spine Center, P.A., Family Medicine Center of Canyon, P.A., Cindy Hutson, D.O., P.A., John M. Young, M.D, P.A., Sherri Williams, M.D., P.A., Mariada George, M.D., P.A., and FMC Medical Foundation, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Company, at its sole discretion, may contribute to the Plan each year an amount which it deems advisable. Participants may contribute up to 100% of their annual compensation subject to certain limitations of the Internal Revenue Code. For the years ended December 31, 2019 and 2018, the Company elected to make a safe-harbor matching contribution equal to 100% of the first 3% of compensation contributed by the participant and 50% of the next 2% of compensation contributed by the participant.

Employees who become participants and do not affirmatively elect to have a specified amount of compensation contributed to the Plan automatically have 1% of their compensation deferred as contributions to the Plan. This provision does not apply to existing participants. There is no escalation of the automatic 1% compensation deferral.

1. Description of plan (cont'd)

Participant accounts - Each participant's account is credited with the participant's contributions and an allocation of (1) the Company's contributions, and (2) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. In addition, participants are immediately vested in the Company's safe harbor matching contributions. Vesting in the Company's discretionary matching contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 25% vested after one year of service increasing 25% per year until 100% vested after four years of credited service.

Investment options - All investments are self-directed. A participant may direct contributions to any of the mutual funds offered within the Plan. The investment options that held participant balances during 2019 and 2018 are listed in Note 3.

Participants may change their investment options daily.

Payment of benefits - On termination of service, a participant may elect to begin distributions from his or her account in amounts less than or equal to the vested value. The participant is not required to immediately withdraw or rollover his or her vested value upon termination. In addition, hardship distributions are permitted if certain criteria are met. Furthermore, in-service distributions are permitted if the participant has reached the qualifying age of 59 1/2.

1. Description of plan (cont'd)

Payment of benefits (cont'd) - Any vested balance of $5,000 or less left in the Plan by a participant after termination of service will be automatically distributed to the participant in a single lump-sum payment. Balances that are greater than $5,000 will remain in the Plan until directed otherwise by the participant.

Forfeitures - Forfeitures of the non-vested balance of participants' accounts reduce employer contributions to the Plan.

Participant loans - Participant loans are not permitted.

2. Summary of accounting policies

Basis of accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates - The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - The Plan's investments are stated at their quoted market prices. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

Administrative expenses - Most administrative expenses of the Plan are paid by the Plan's trust fund. However, the Company may pay such expenses at the Company's discretion.

3. Information prepared and certified by the trustees

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the trustees.

3. Information prepared and certified by the trustees (cont'd)

	2019	2018
Cash and cash equivalents	$ 18,473	$ 5,777
Investments, at fair value:		
Mutual funds:		
AB High Income Advisor	2,164	1,006
Baird Aggregate Bond Inst.	97,274	61,492
Baird Short-term Bond Inst.	715,905	622,979
BlackRock Lifepath Index Retire.	2,793,488	-
BlackRock Lifepath Index 2025	3,420,376	-
BlackRock Lifepath Index 2030	2,530,585	-
BlackRock Lifepath Index 2035	2,391,611	-
BlackRock Lifepath Index 2040	1,946,858	-
BlackRock Lifepath Index 2045	361,205	-
BlackRock Lifepath Index 2050	605,685	-
BlackRock Lifepath Index 2055	145,423	-
BlackRock Lifepath Index 2060	29,829	-
Causeway International Value Inst.	4,152	28,139
Dodge & Cox Income	51,011	-
Federated International Leaders Inst.	-	352,570
Federated Total Return Bond Fund	13,793	-
Fidelity 500 Index	2,069,491	1,211,388
Invesco Premier U.S. Government Money Inst.	3,962	629,551
JH Multimanager 2010 Lifetime R6	-	606,827
JH Multimanager 2015 Lifetime R6	-	58,008
JH Multimanager 2020 Lifetime R6	-	1,704,198
JH Multimanager 2025 Lifetime R6	-	2,794,391
JH Multimanager 2030 Lifetime R6	-	2,082,602
JH Multimanager 2035 Lifetime R6	-	1,734,150
JH Multimanager 2040 Lifetime R6	-	1,380,001
JH Multimanager 2045 Lifetime R6	-	259,001
JH Multimanager 2050 Lifetime R6	-	414,854
JH Multimanager 2055 Lifetime R6	-	97,473
JH Multimanager 2060 Lifetime R6	-	12,500
JH Multimanager Lifestyle Aggressive R6	23,673	34,840
JH Multimanager Lifestyle Balanced R6	421,017	386,704
JH Multimanager Lifestyle Conservative R6	93,567	78,311
JH Multimanager Lifestyle Growth R6	550,681	419,638
JH Multimanager Lifestyle Moderate R6	242,279	313,355
Lord Abbett High Yield R6	43,457	2,607
Northern Small Cap Value	19,866	5,220
Schwab International Index	184,578	-
T. Rowe Price Growth Stock	142,499	-
TIAA-CREF Large Cap Gr Index Inst.	146,737	-
TIAA-CREF Large Cap Value Index Inst.	38,853	79,993
Vanguard Growth Index Admiral	-	36,948

3. Information prepared and certified by trustees (cont'd)

	2019	2018
Investments, at fair value (cont'd):		
Mutual funds (cont'd):		
Vanguard Mid Cap Index Fund Admiral	$ 177,706	$ 13,279
Vanguard Small Cap Index Admiral	157,792	21,508
Fund balances under $1,000	-	983
Total mutual funds at fair value	19,425,517	15,444,516
Total investments prepared and certified by trustees	$19,443,990	$15,450,293
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 2,693,448	$(2,616,292)

4. Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

5. Tax status

The Plan is covered by a Volume Submitter Prototype Document which received a letter from the Internal Revenue Service on March 31, 2014, in which it stated that the Plan, as then designed, was in compliance with the applicable requirement of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

6. 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.

7. Transaction with parties in interest

From time to time, certain Plan investments are shares of mutual funds managed by the trustees as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services were netted against investment returns. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party in interest transactions.

8. Fair value measurements

Cash and receivables - The carrying amount approximates fair value because of their short maturities or due dates.

Investments - The fair value of all investments are based on quoted market prices for those or similar investments.

The framework for measuring fair value produces 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 FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

8. Fair value measurements (cont'd)

Investments (cont'd) -

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- quoted 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.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2019			
	Level 1	Level 2	Level 3	Total
Participant-directed mutual funds	$19,443,990	$ -	$ -	$19,443,990

	2018			
	Level 1	Level 2	Level 3	Total
Participant-directed mutual funds	$15,450,293	$ -	$ -	$15,450,293

9. Reconciliation of financial statements to Form 5500

The following table is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2019, to Form 5500:

Net assets available for benefits per financial statements	$19,752,597
Timing difference on receivables - employer contributions	(308,607)
Total per Form 5500	$19,443,990

10. Prohibited transactions

During 2018, the Company failed to remit to the Plan's trustees certain employee contributions totaling approximately $35,700 within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustees were due to administrative delays relating to changing third party administrator services providers. As of January 2019, the Company has made contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

11. Subsequent events

Subsequent events were evaluated through July 27, 2020, the date these financial statements were available to be issued.

The Plan's operations may be affected by the recent outbreak of the coronavirus disease (COVID-19) which was declared a pandemic by the World Health Organization in March 2020. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the Plan's various investment securities may have incurred significant declines in fair value since December 31, 2019, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. The impact of COVID-19 continues to evolve rapidly and Plan management is unable to estimate the total impact the pandemic will have on the Plan's financial statements.

11. Subsequent events (cont'd)

The Plan has implemented certain requirements of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law in March 2020. A CARES Act distribution allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020, and before December 31, 2020. At this time, there have been no written amendments to the Plan to reflect these operational changes, but can be adopted at a later date in accordance with applicable laws and IRS guidance.

SUPPLEMENTARY INFORMATION

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN
EIN 75-2914384, Plan No. 001

Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
December 31, 2019

(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	No. of shares	(d) Cost**	(e) Current value
	Mutual funds:				
	AllianceBernstein	AB High Income Advisor	260.074	$ -	$ 2,164
	Baird	Baird Aggregate Bond Inst.	8,677.426	-	97,274
	Baird	Baird Short-Term Bond Inst.	73,275.842	-	715,905
	BlackRock	Blackrock Lifepath Index Retire	214,060.365	-	2,793,488
	BlackRock	Blackrock Lifepath Index 2025	240,194.979	-	3,420,376
	BlackRock	Blackrock Lifepath Index 2030	171,914.737	-	2,530,585
	BlackRock	Blackrock Lifepath Index 2035	156,008.531	-	2,391,611
	BlackRock	Blackrock Lifepath Index 2040	123,375.035	-	1,946,858
	BlackRock	Blackrock Lifepath Index 2045	22,228.032	-	361,205
	BlackRock	Blackrock Lifepath Index 2050	36,597.261	-	605,685
	BlackRock	Blackrock Lifepath Index 2055	8,589.650	-	145,423
	BlackRock	Blackrock Lifepath Index 2060	1,980.702	-	29,829
	Causeway	Causeway International Value Inst.	265.834	-	4,152
	Dodge & Cox	Dodge & Cox Income	3,635.819	-	51,011
	Federated	Federated Total Return Bond Fund	1,245.947	-	13,793
	Fidelity Management & Research	Fidelity 500 Index	18,474.296	-	2,069,491
	Invesco Advisers, Inc.	Invesco Premier U.S. Government Money Inst.	3,692.270	-	3,962
	John Hancock Asset Management	JH Multimanager Lifestyle Aggressive R6	1,653.156	-	23,673
	John Hancock Asset Management	JH Multimanager Lifestyle Balanced R6	29,859.343	-	421,017
	John Hancock Asset Management	JH Multimanager Lifestyle Conservative R6	7,203.004	-	93,567
	John Hancock Asset Management	JH Multimanager Lifestyle Growth R6	38,482.224	-	550,681
	John Hancock Asset Management	JH Multimanager Lifestyle Moderate R6	18,382.341	-	242,279
	Lord Abbett	Lord Abbett High Yield R6	5,771.190	-	43,457
	Northern Funds	Northern Small Cap Value	964.844	-	19,866
	Schwab Funds	Schwab International Index	8,908.226	-	184,578
	T. Rowe Price	T. Rowe Price Growth Stock	1,942.723	-	142,499
	TIAA Investments	TIAA-CREF Large Cap Growth Index Inst.	4,036.785	-	146,737
	TIAA Investments	TIAA-CREF Large Cap Value Index Inst.	1,914.892	-	38,853
	Vanguard Group, Inc.	Vanguard Mid Cap Index Fund - Admiral	805.340	-	177,706
	Vanguard Group, Inc.	Vanguard Small Cap Value Index Fund	1,988.052	-	157,792
	Total mutual funds			-	19,425,517
	Cash	Cash		-	18,473
	Total investments			$ -	$19,443,990

*Party in interest transaction.
**Cost not required to be reported.

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN
EIN 75-2914384, Plan No. 001

Schedule H, Line 4A - Schedule of Delinquent
Participant Contributions
December 31, 2019

Participant contributions transferred late to the Plan			Check here if late participant loan repayments are included	Total that constitutes nonexempt prohibited transactions			
Amount withheld	Date withheld	Date remitted		Contributions not corrected	Contributions corrected outside voluntary fiduciary correction program	Contributions pending correction in voluntary fiduciary correction program	Total fully corrected under voluntary fiduciary correction program
$ 40.05	01/12/2018	01/25/2019		$ -	$ 40.05	$ -	$ -
1,040.06	01/26/2018	01/25/2019		-	1,040.06	-	-
1,732.30	02/09/2018	01/25/2019		-	1,732.30	-	-
1,732.30	02/23/2018	01/25/2019		-	1,732.30	-	-
1,732.30	03/09/2018	01/25/2019		-	1,732.30	-	-
1,732.30	03/23/2018	01/25/2019		-	1,732.30	-	-
1,732.30	04/06/2018	01/25/2019		-	1,732.30	-	-
1,732.30	04/20/2018	01/25/2019		-	1,732.30	-	-
1,732.30	05/04/2018	01/25/2019		-	1,732.30	-	-
1,732.30	05/18/2018	01/25/2019		-	1,732.30	-	-
1,732.30	06/01/2018	01/25/2019		-	1,732.30	-	-
1,732.30	06/15/2018	01/25/2019		-	1,732.30	-	-
1,732.30	06/29/2018	01/25/2019		-	1,732.30	-	-
1,732.30	07/13/2018	01/25/2019		-	1,732.30	-	-
1,732.30	07/27/2018	01/25/2019		-	1,732.30	-	-
1,732.30	08/10/2018	01/25/2019		-	1,732.30	-	-
1,732.30	08/24/2018	01/25/2019		-	1,732.30	-	-
1,732.30	09/07/2018	01/25/2019		-	1,732.30	-	-
1,732.30	09/21/2018	01/25/2019		-	1,732.30	-	-
1,732.30	10/05/2018	01/25/2019		-	1,732.30	-	-
1,732.30	10/19/2018	01/25/2019		-	1,732.30	-	-
1,732.30	11/02/2018	01/25/2019		-	1,732.30	-	-

FMC SERVICES, L.L.C.
401(k) PROFIT SHARING PLAN AND TRUST
3310 I-40 WEST
AMARILLO, TEXAS 79102

July 27, 2020

Stewart, Martin, Dudley & Webb, P.C.
P. O. Box 669
Amarillo, Texas 79105-0699

This representation letter is provided in connection with your audits of the financial statements and supplemental schedules of FMC Services, L.L.C. 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP) and whether the supplemental schedules are fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 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), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by John Hancock Life Insurance Company, the trustee, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedules. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedules taken as a whole. We understand that the form and content of the information in the financial statements and supplemental schedules, other than that derived from the information certified by John Hancock Life Insurance Company, has been audited by you in accordance with auditing standards generally accepted in the United States of America, and was subjected to tests of our accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of July 27, 2020, the following representations made to you during your audit.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated February 6, 2020, including our responsibility for the preparation and fair presentation of the financial statements and note disclosures.

2. The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedules referred to above are fairly presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

3. We acknowledge our responsibility for 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.

4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

5. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.

6. Related party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP and ERISA Section 3(14) and regulations thereunder.

7. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.

8. The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole. A list of the uncorrected misstatements, if any, is attached to the representation letter.

9. The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. GAAP.

10. Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, events reportable to the PBGC, or events that may jeopardize the tax status that legal counsel have advised us that must be disclosed have been properly disclosed.

11. Significant estimates and material concentrations have been properly disclosed in accordance with U.S. GAAP.

12. Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.

13. Guarantees, whether written or oral, under which the company is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.

Information Provided

14. We have provided you with:

    a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.

    b. Additional information that you have requested from us for the purpose of the audit.

    c. Unrestricted access to persons within the plan from whom you determined it necessary to obtain audit evidence.

    d. Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.

15. All material transactions have been recorded in the accounting records and are reflected in the financial statements.

16. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

17. We have no knowledge of any fraud or suspected fraud that affects the plan and involves:

    a. Management,

    b. Employees who have significant roles in internal control, or

    c. Others where the fraud could have a material effect on the financial statements.

18. We have no knowledge of any allegations of fraud or suspected fraud affecting the plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

19. We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations including ERISA, DOL, and IRS regulations whose effects should be considered when preparing financial statements.

20. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.

21. We have disclosed to you the identity of the plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions of which we are aware.

22. The plan has satisfactory title to all owned assets, which are recorded at fair value, and liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.

23. We have no:

    a. Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.

    b. Intentions to terminate the plan.

24. Amendments to the plan instrument, if any, have been properly recorded or disclosed in the financial statements.

25. The plan has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

26. The methods and significant assumptions used to estimate fair values of financial instruments, including nonreadily marketable securities, are as follows: current market values for the same or similar investments on actively traded markets, if available. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.

27. All required amendments to and filings of plan documents with the appropriate agencies have been made.

28. The plan and the trust established under the plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan and trust. The plan sponsor(s) has operated the plan and trust in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, has been completed for the plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.

29. The plan has complied with the Department of Labor's regulations concerning the timely remittance of participant contributions to trusts containing assets for the plan.

30. The plan has complied with the fidelity bonding requirements of ERISA.

31. We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.

32. We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).

33. We acknowledge our responsibility for presenting the schedules of assets held for investment purposes, in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and we believe the schedules of assets held for investment purposes, including their form and content, are fairly presented in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. We believe the form and content of the supplemental schedules are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The methods of measurement and presentation of the supplemental schedules have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedules.

Sincerely,

FMC Services, L.L.C. 401(k)
Profit Sharing Plan and Trust

By: Janice Hodges Title: Trustee

By: _____ Title: _____

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

►FMC Services, LLC 401(k) Profit Sharing Plan

Employer Identification No.: ► 46-5766063

Plan year (beginning/ending):► 01/01/2019 to 12/31/2019 Plan number: ► 505091-01

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
		35,726		

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FMC Services, LLC 401(k) Profit Sharing Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1LIRIX			2,742,837.12	2,793,487.76
1LIBIX			3,271,329.35	3,420,376.53
1LINIX			2,402,358.67	2,530,584.94
1LIJIX			2,263,294.70	2,391,610.81
1LIKIX			1,824,326.43	1,946,858.04
1LIHIX			337,349.68	361,205.51
1LIPIX			563,823.49	605,684.69
1LIVIX			136,069.20	145,422.78
1LIZIX			27,677.55	29,829.39
1JULCX			90,728.28	93,567.02
1JULBX			432,385.85	421,016.71
1JULMX			242,773.56	242,279.26
1JULGX			583,890.83	550,680.65
1JULAX			25,339.68	23,673.19
1CIVIX			3,889.34	4,152.34
1SWISX			175,956.47	184,578.46
1NOSGX			20,125.05	19,866.13
1VSMAX			147,747.02	157,791.67
1VIMAX			162,414.45	177,706.40
1FXAIX			1,796,085.97	2,069,490.61
1PRGFX			122,988.27	142,498.72
1TILIX			132,745.39	146,737.15
1TILVX			37,349.96	38,853.19
1AGDYX			2,109.89	2,163.81
1BAGIX			92,291.23	97,273.93
1BSBIX			701,247.20	715,904.98
1DODIX			51,365.40	51,010.55
1FTRBX			13,395.62	13,792.64
1LHYVX			42,325.50	43,457.06
1IUGXX			3,962.27	3,962.27
			18,450,183.42	**19,425,517.19**
FORFEITURES			18,472.50	18,472.50

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FMC Services, LLC 401(k) Profit Sharing Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1LIRIX	BlackRock Lifepath Index Retire Instl	1LIBIX	BlackRock LifePath Index 2025 Instl
1LINIX	BlackRock Lifepath Index 2030 Instl	1LIJIX	BlackRock Lifepath Index 2035 Instl
1LIKIX	BlackRock Lifepath Index 2040 Instl	1LIHIX	BlackRock Lifepath Index 2045 Instl
1LIPIX	BlackRock Lifepath Index 2050 Instl	1LIVIX	BlackRock Lifepath Index 2055 Instl
1LIZIX	BlackRock Lifepath Index 2060 Inst	1JULCX	JHancock Multimngr Lifestyle Cons R6
1JULBX	JHancock Multimngr Lifestyle Balanced R6	1JULMX	JHancock Multimngr Lifestyle Moderate R6
1JULGX	JHancock Multimngr Lifestyle Growth R6	1JULAX	JHancock Multimngr Lifestyle Aggr R6
1CIVIX	Causeway International Value Instl	1SWISX	Schwab International Index
1NOSGX	Northern Small Cap Value	1VSMAX	Vanguard Small Cap Index Adm
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1FXAIX	Fidelity 500 Index
1PRGFX	T. Rowe Price Growth Stock	1TILIX	TIAA-CREF Large-Cap Gr Idx Instl
1TILVX	TIAA-CREF Large-Cap Value Idx Inst	1AGDYX	AB High Income Advisor
1BAGIX	Baird Aggregate Bond Inst	1BSBIX	Baird Short-Term Bond Inst
1DODIX	Dodge & Cox Income	1FTRBX	Federated Total Return Bond Fund IS
1LHYVX	Lord Abbett High Yield R6	1IUGXX	Invesco Premier US Government Money Inst

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year