

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |

|                                                |                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                                           |                     |                                            |               |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|-------------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II</b>                                 | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                 |                                                |                   |                                           |                     |                                            |               |
| <b>1a</b>                                      | Name of plan<br><u>MID AMERICA CLINICAL LABORATORIES RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                               |                                                |                   |                                           |                     |                                            |               |
|                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>07/01/1997</u></td> </tr> </table>                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶       | <u>001</u>        | <b>1c</b> Effective date of plan          | <u>07/01/1997</u>   |                                            |               |
| <b>1b</b> Three-digit plan number (PN) ▶       | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                     |                                                |                   |                                           |                     |                                            |               |
| <b>1c</b> Effective date of plan               | <u>07/01/1997</u>                                                                                                                                                                                                                                                                                                                                                              |                                                |                   |                                           |                     |                                            |               |
| <b>2a</b>                                      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MID AMERICA CLINICAL LABORATORIES, LLC</u><br><br><u>2560 NORTH SHADELAND AVE.</u><br><u>INDIANAPOLIS, IN 46219</u>  |                                                |                   |                                           |                     |                                            |               |
|                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN)</td> <td><u>35-2014838</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td><u>317-803-0077</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td><u>621510</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) | <u>35-2014838</u> | <b>2c</b> Plan Sponsor's telephone number | <u>317-803-0077</u> | <b>2d</b> Business code (see instructions) | <u>621510</u> |
| <b>2b</b> Employer Identification Number (EIN) | <u>35-2014838</u>                                                                                                                                                                                                                                                                                                                                                              |                                                |                   |                                           |                     |                                            |               |
| <b>2c</b> Plan Sponsor's telephone number      | <u>317-803-0077</u>                                                                                                                                                                                                                                                                                                                                                            |                                                |                   |                                           |                     |                                            |               |
| <b>2d</b> Business code (see instructions)     | <u>621510</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | KARYN OYLER                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 935                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 818<br><b>6a(2)</b> 817<br><b>6b</b> 4<br><b>6c</b> 113<br><b>6d</b> 934<br><b>6e</b> 1<br><b>6f</b> 935<br><b>6g</b> 596<br><b>6h</b> 0            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2J 2K 2T 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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 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 \_\_\_\_\_

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

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

|                                                                                                                |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>MID AMERICA CLINICAL LABORATORIES RETIREMENT SAVINGS PLAN</b>                      | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                                |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MID AMERICA CLINICAL LABORATORIES, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>35-2014838</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>FIDELITY INVESTMENTS INSTITUTIONAL</b>                                                                         |
| <b>04-2647786</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(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)

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 22565                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 7919                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF AMER MUTUAL R4 - AMERICAN FUNDS<br><br>95-2566717                | 0.35%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTISAN MID CAP INV - DST ASSET MA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.40%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BARON GROWTH - DST SYSTEMS INC<br><br>43-1581814                    | 0.40%                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 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. |                                           |
| BARON GROWTH INST - DST SYSTEMS IN<br><br>43-1581814                                       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 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. |                                           |
| INVS GRTH & INC A - INVESCO INVEST<br>11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046    | 0.50%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 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. |                                           |
| PIMCO TOT RETURN ADM - DST ASSET M<br>430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WF SM CO GROWTH IS - DST ASSET MAN      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.15%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                          |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>       |                                                                    |            |
| <b>A</b> Name of plan<br><b>MID AMERICA CLINICAL LABORATORIES RETIREMENT SAVINGS PLAN</b>                      | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                                |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MID AMERICA CLINICAL LABORATORIES, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>35-2014838</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 1026107               | 914968          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 474784                | 604798          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 27662723              | 34742532        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 29163614              | 36262298        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 29163614 | 36262298 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1123126    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2178723    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 83016      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 3384865   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 19233      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 30148      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 49381     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1717595    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1717595   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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) |            | 5234868   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 10386709  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 3257541 |         |
| (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) |         | 3257541 |
| 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) | 0       |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 22565   |         |
| (4) Other .....                                                                      | 2i(4) | 7919    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 30484   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 3288025 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 7098684 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 0       |
| (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) ☒ 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: **BRADLEY ASSOCIATES**

(2) EIN: **35-1719602**

**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  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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.) .....                                          |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> 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.).....                                |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> 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?.....                                                     |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> 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?.....                                           |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> 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.) ..... |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |         |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                |                                                                    |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MID AMERICA CLINICAL LABORATORIES RETIREMENT SAVINGS PLAN</u>                      | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MID AMERICA CLINICAL LABORATORIES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-2014838</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 ..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2019  
v. 190130

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years   <input type="checkbox"/> 3-6 years   <input type="checkbox"/> 6-9 years   <input type="checkbox"/> 9-12 years   <input type="checkbox"/> 12-15 years   <input type="checkbox"/> 15-18 years   <input type="checkbox"/> 18-21 years   <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration   <input type="checkbox"/> Macaulay duration   <input type="checkbox"/> Modified duration   <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                     |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |



**Mid America Clinical Laboratories Retirement Savings Plan**  
**Financial Statements with Supplemental Information**  
**December 31, 2019 and 2018**  
**and**  
**Independent Auditor's Report**

Mid America Clinical Laboratories Retirement Savings Plan  
Financial Statements with Supplemental Information  
December 31, 2019 and 2018

**Table of Contents**

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## **Independent Auditor's Report**

To the Plan Administrator of the Mid America  
Clinical Laboratories Retirement Savings Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Mid America Clinical Laboratories Retirement Savings Plan, 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.

### **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 audits 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 4, which was certified by Fidelity Management Trust Company, 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 holds the Plan's investment assets and executes 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.

Plan Administrator of the Mid America  
Clinical Laboratories Retirement Savings Plan

**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 schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule 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 schedule, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Randy Associates". The signature is written in a cursive, flowing style.

Indianapolis, Indiana  
October 13, 2020

Mid America Clinical Laboratories Retirement Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

|                                                                                                                                             | <u>2019</u>         | <u>2018</u>         |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Assets:                                                                                                                                     |                     |                     |
| Investments at fair value                                                                                                                   | \$35,657,500        | \$28,688,830        |
| Notes receivable from participants, net of allowance for uncollectible notes of \$0 and \$2,477 at December 31, 2019 and 2018, respectively | <u>604,798</u>      | <u>474,784</u>      |
| Net assets available for benefits                                                                                                           | <u>\$36,262,298</u> | <u>\$29,163,614</u> |

The accompanying notes are an integral part of the financial statements.

Mid America Clinical Laboratories Retirement Savings Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2019 and 2018

|                                                      | <u>2019</u>                | <u>2018</u>                |
|------------------------------------------------------|----------------------------|----------------------------|
| Additions to net assets:                             |                            |                            |
| Interest and dividends                               | \$ 1,766,976               | \$ 2,162,638               |
| Net appreciation in fair value                       | <u>5,234,868</u>           | <u>(3,975,068)</u>         |
| Total investment income                              | <u>7,001,844</u>           | <u>(1,812,430)</u>         |
| Employer contributions                               | 1,123,126                  | 1,083,353                  |
| Participant contributions                            | 2,178,723                  | 2,146,318                  |
| Participant rollovers                                | <u>83,016</u>              | <u>131,140</u>             |
| Total contributions                                  | <u>3,384,865</u>           | <u>3,360,811</u>           |
| Total additions                                      | <u>10,386,709</u>          | <u>1,548,381</u>           |
| Deductions from net assets:                          |                            |                            |
| Benefits paid to participants                        | 3,257,541                  | 3,539,758                  |
| Administrative expenses                              | <u>30,484</u>              | <u>23,979</u>              |
| Total deductions                                     | <u>3,288,025</u>           | <u>3,563,737</u>           |
| Change in net assets available for benefits          | 7,098,684                  | (2,015,356)                |
| Net assets available for benefits, beginning of year | <u>29,163,614</u>          | <u>31,178,970</u>          |
| Net assets available for benefits, end of year       | <u><u>\$36,262,298</u></u> | <u><u>\$29,163,614</u></u> |

The accompanying notes are an integral  
part of the financial statements.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### 1. **Description of Plan**

The following description of the Mid America Clinical Laboratories Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan covering all employees of Mid America Clinical Laboratories, LLC (Company). Employees who have worked 1,000 hours or more in one year are eligible to receive employer matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator oversees governance of the Plan. Plan management, with guidance from the Plan trustee, determines the appropriateness of the Plan's investments and monitors investment performance.

##### **Contributions**

All employees may contribute to the Plan, on a pre-tax basis. Participant contributions are limited to the maximum amount allowed by the Internal Revenue Code. Participants age 50 or over by the end of the Plan year are allowed to make additional catch up deferrals up to the maximum amount allowed by the Internal Revenue Code. Participants direct the investments of their contributions into various investment options offered by the Plan. The Company matches 100% of the first 5% of each participant's contribution. Contributions are subject to certain statutory limitations.

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) 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 100% vested in their voluntary contributions, Company's matching, rollover accounts, and earnings thereon.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### 1. Description of Plan (Continued)

##### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.5%, which are commensurate with local prevailing rates as determined periodically by the Plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions.

##### Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual, or more frequent, installments over a period of time. For termination of services due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump sum distribution.

#### 2. Summary of Significant Accounting Policies

##### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

##### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

##### Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. 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. See Note 3 for discussion of fair value measurements.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### **2. Summary of Significant Accounting Policies (Continued)**

##### **Investment Valuation and Income Recognition (Continued)**

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

##### **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. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, an allowance for uncollectible notes of \$0 and \$2,477, respectively, has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

##### **Payment of Benefits**

Benefits are recorded when paid. At the statements of net assets available for benefits date, no participants have elected to withdraw from the Plan whose benefits were not paid prior to December 31, 2019 and 2018.

##### **Administrative Expenses**

The expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. However, expenses for additional services including new loan set up fees, annual loan maintenance fees, short term sale fees, and express mail service delivery fees are paid by participants using Plan assets.

##### **Date of Management's Review**

Subsequent events were evaluated through October 13, 2020, which is the date the financial statements were available to be issued.

#### **3. Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Plan management determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

# Mid America Clinical Laboratories Retirement Savings Plan

## Notes to Financial Statements

### 3. Fair Value Measurements (Continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were used as Level 1 inputs were available for all assets.

#### Level 1 Fair Value Measurements

The fair values of the money market fund and the mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

#### Level 2 Fair Value Measurements

There are no plan assets requiring the use of Level 2 inputs for the years presented.

#### Level 3 Fair Value Measurements

There are no plan assets requiring the use of Level 3 inputs for the years presented.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

|                           |                     | Fair Value Measurements at Reporting Date Using:                              |                                                           |                                                             |
|---------------------------|---------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
|                           |                     | Quoted Prices<br>In Active<br>Markets For<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>December 31, 2019</b>  | <u>Fair Value</u>   |                                                                               |                                                           |                                                             |
| Money market fund         | \$ 914,968          | \$ 914,968                                                                    | \$ -                                                      | \$ -                                                        |
| Mutual funds              | <u>34,742,532</u>   | <u>34,742,532</u>                                                             | <u>-</u>                                                  | <u>-</u>                                                    |
| Investments at fair value | <u>\$35,657,500</u> | <u>\$35,657,500</u>                                                           | <u>\$ -</u>                                               | <u>\$ -</u>                                                 |

Mid America Clinical Laboratories Retirement Savings Plan

Notes to Financial Statements

**3. Fair Value Measurements (Continued)**

|                           |                     | Fair Value Measurements at Reporting Date Using:                              |                                                           |                                                             |
|---------------------------|---------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
|                           |                     | Quoted Prices<br>In Active<br>Markets For<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>December 31, 2018</b>  | <u>Fair Value</u>   |                                                                               |                                                           |                                                             |
| Money market fund         | \$ 1,026,107        | \$ 1,026,107                                                                  | \$ -                                                      | \$ -                                                        |
| Mutual funds              | <u>27,662,723</u>   | <u>27,662,723</u>                                                             | <u>-</u>                                                  | <u>-</u>                                                    |
| Investments at fair value | <u>\$28,688,830</u> | <u>\$28,688,830</u>                                                           | <u>\$ -</u>                                               | <u>\$ -</u>                                                 |

**4. Information Prepared and Certified by Trustee**

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

| <b>Investments at fair value</b> | <u>2019</u>         | <u>2018</u>           |
|----------------------------------|---------------------|-----------------------|
| Money market fund                | \$ 914,968          | \$ 1,026,107          |
| Mutual funds                     | <u>34,742,532</u>   | <u>27,662,723</u>     |
| Investments at fair value        | <u>\$35,657,500</u> | <u>\$28,688,830</u>   |
| <br><b>Investment income</b>     | <br><u>2019</u>     | <br><u>2018</u>       |
| Investment income                | <u>\$ 7,001,844</u> | <u>\$ (1,812,430)</u> |

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### 5. Investments

During the years ended December 31, 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by:

|                                | 2019               | 2018                 |
|--------------------------------|--------------------|----------------------|
| Money market fund              | \$ -               | \$ -                 |
| Mutual funds                   | 5,234,868          | (3,975,068)          |
| Net appreciation in fair value | <u>\$5,234,868</u> | <u>\$(3,975,068)</u> |

#### 6. Party-In-Interest Transactions

Certain Plan investments are shares of a money market fund and mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by participants for additional services, including new loan set up fees, annual loan maintenance fees, short term sale fees, and express mail delivery service fees amounted to \$30,484 and \$23,979 for the years ended December 31, 2019 and 2018, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### 7. 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.

#### 8. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 30, 1998, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### **8. Tax Status (Continued)**

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

#### **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.

## Supplemental Information

Mid America Clinical Laboratories Retirement Savings Plan

Schedule of Assets (Held at End of Year)

December 31, 2019

Schedule: Schedule H, Line 4i  
Employer Identification Number: 35-2014838  
Three-digit Plan Number 001

| (a) | (b)                                                      | (c)                                                                                                                      | (d)  | (e)               |
|-----|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------|-------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of<br>Investment<br>Including Maturity<br>Date, Rate of<br>Interest, Collateral,<br>Par<br>or Maturity Value | Cost | Current<br>Value  |
|     | Money Market Fund                                        |                                                                                                                          |      |                   |
| *   | Money Market Trust Retirement<br>Portfolio               | 914,968 Shares                                                                                                           |      | <u>\$ 914,968</u> |
|     | Mutual Funds                                             |                                                                                                                          |      |                   |
| *   | Pimco Total Return Adm Fund                              | 92,253 Shares                                                                                                            |      | 953,901           |
| *   | Baron Growth Inst Fund                                   | 24,747 Shares                                                                                                            |      | 2,120,597         |
| *   | American Mutual R4                                       | 32,104 Shares                                                                                                            |      | 1,392,017         |
| *   | Loomis Bond N Fund                                       | 23,118 Shares                                                                                                            |      | 319,496           |
| *   | WF Advantage Small Co Growth Fund                        | 19,081 Shares                                                                                                            |      | 1,057,658         |
| *   | Puritan Fund                                             | 62,563 Shares                                                                                                            |      | 1,423,297         |
| *   | Capital and Income Fund                                  | 40,231 Shares                                                                                                            |      | 412,372           |
| *   | Value Fund                                               | 56,757 Shares                                                                                                            |      | 628,304           |
| *   | Real Estate Inv Portfolio                                | 8,006 Shares                                                                                                             |      | 359,729           |
| *   | Fidelity Blue Chip Growth Fund                           | 42,293 Shares                                                                                                            |      | 4,566,402         |
| *   | Fidelity Real Estate Index Fund                          | 2,198 Shares                                                                                                             |      | 37,233            |
| *   | Low Priced Stock Fund                                    | 12,399 Shares                                                                                                            |      | 620,445           |
| *   | Fidelity International Discovery Fund                    | 41,144 Shares                                                                                                            |      | 1,862,586         |
| *   | Large Cap Stock Fund                                     | 77,366 Shares                                                                                                            |      | 2,595,641         |
| *   | Fidelity Extended Market Index Fund                      | 1,832 Shares                                                                                                             |      | 119,217           |
| *   | Fidelity International Index Fund                        | 3,747 Shares                                                                                                             |      | 160,960           |
| *   | Select Natural Resources Portfolio                       | 6,063 Shares                                                                                                             |      | 160,488           |
| *   | Fidelity U.S. Bond Index Fund                            | 74,713 Shares                                                                                                            |      | 889,827           |
| *   | Fidelity 500 Index Fund                                  | 20,029 Shares                                                                                                            |      | 2,243,668         |
| *   | Fidelity Freedom Income K Fund                           | 1,791 Shares                                                                                                             |      | 20,951            |
| *   | Fidelity Freedom 2005 K Fund                             | 979 Shares                                                                                                               |      | 12,176            |
| *   | Fidelity Freedom 2010 K Fund                             | 1,133 Shares                                                                                                             |      | 17,665            |
| *   | Fidelity Freedom 2015 K Fund                             | 60,175 Shares                                                                                                            |      | 773,847           |
| *   | Fidelity Freedom 2020 K Fund                             | 93,933 Shares                                                                                                            |      | 1,521,709         |
| *   | Fidelity Freedom 2025 K Fund                             | 281,762 Shares                                                                                                           |      | 4,029,192         |
| *   | Fidelity Freedom 2030 K Fund                             | 99,539 Shares                                                                                                            |      | 1,771,801         |
| *   | Fidelity Freedom 2035 K Fund                             | 88,307 Shares                                                                                                            |      | 1,330,795         |

Mid America Clinical Laboratories Retirement Savings Plan

Schedule of Assets (Held at End of Year)

December 31, 2019

(Continued)

Schedule: Schedule H, Line 4i  
Employer Identification Number: 35-2014838  
Three-digit Plan Number 001

| (a) | (b)                                                      | (c)                                                                                                                      | (d)  | (e)                        |
|-----|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------|----------------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of<br>Investment<br>Including Maturity<br>Date, Rate of<br>Interest, Collateral,<br>Par<br>or Maturity Value | Cost | Current<br>Value           |
| *   | Fidelity Freedom 2040 K Fund                             | 61,541 Shares                                                                                                            |      | 651,100                    |
| *   | Fidelity Freedom 2045 K Fund                             | 107,777 Shares                                                                                                           |      | 1,295,485                  |
| *   | Fidelity Freedom 2050 K Fund                             | 42,540 Shares                                                                                                            |      | 514,736                    |
| *   | Fidelity Freedom 2055 K Fund                             | 45,293 Shares                                                                                                            |      | 625,503                    |
| *   | Fidelity Inflation-Protected Bond<br>Index Fund          | 10,902 Shares                                                                                                            |      | 109,894                    |
| *   | Fidelity Freedom 2060 K Fund                             | 11,572 Shares                                                                                                            |      | 143,840                    |
|     | Total mutual funds                                       |                                                                                                                          |      | <u>34,742,532</u>          |
|     | Participant loans                                        | 4.25%-6.5%                                                                                                               | -0-  | <u>604,798</u>             |
|     | Investments at fair value                                |                                                                                                                          |      | <u><u>\$36,262,298</u></u> |

\* Party-in-interest

Column (d) is blank as all investments are participant directed.

Aggregate annual maturities of participant loans at December 31 are:

|            | Participant<br>Loans    |
|------------|-------------------------|
| 2020       | \$198,581               |
| 2021       | 157,746                 |
| 2022       | 122,590                 |
| 2023       | 89,314                  |
| 2024       | 36,567                  |
| Thereafter | -                       |
|            | <u><u>\$604,798</u></u> |



**Mid America Clinical Laboratories Retirement Savings Plan**  
**Financial Statements with Supplemental Information**  
**December 31, 2019 and 2018**  
**and**  
**Independent Auditor's Report**

Mid America Clinical Laboratories Retirement Savings Plan  
Financial Statements with Supplemental Information  
December 31, 2019 and 2018

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## **Independent Auditor's Report**

To the Plan Administrator of the Mid America  
Clinical Laboratories Retirement Savings Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Mid America Clinical Laboratories Retirement Savings Plan, 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.

### **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 audits 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 4, which was certified by Fidelity Management Trust Company, 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 holds the Plan's investment assets and executes 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.

Plan Administrator of the Mid America  
Clinical Laboratories Retirement Savings Plan

**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 schedule of assets (held at end of year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule 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 schedule, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Randy Associates". The signature is written in a cursive, flowing style.

Indianapolis, Indiana  
October 13, 2020

Mid America Clinical Laboratories Retirement Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

|                                                                                                                                             | <u>2019</u>         | <u>2018</u>         |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Assets:                                                                                                                                     |                     |                     |
| Investments at fair value                                                                                                                   | \$35,657,500        | \$28,688,830        |
| Notes receivable from participants, net of allowance for uncollectible notes of \$0 and \$2,477 at December 31, 2019 and 2018, respectively | <u>604,798</u>      | <u>474,784</u>      |
| Net assets available for benefits                                                                                                           | <u>\$36,262,298</u> | <u>\$29,163,614</u> |

The accompanying notes are an integral part of the financial statements.

Mid America Clinical Laboratories Retirement Savings Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2019 and 2018

|                                                      | <u>2019</u>                | <u>2018</u>                |
|------------------------------------------------------|----------------------------|----------------------------|
| Additions to net assets:                             |                            |                            |
| Interest and dividends                               | \$ 1,766,976               | \$ 2,162,638               |
| Net appreciation in fair value                       | <u>5,234,868</u>           | <u>(3,975,068)</u>         |
| Total investment income                              | <u>7,001,844</u>           | <u>(1,812,430)</u>         |
| Employer contributions                               | 1,123,126                  | 1,083,353                  |
| Participant contributions                            | 2,178,723                  | 2,146,318                  |
| Participant rollovers                                | <u>83,016</u>              | <u>131,140</u>             |
| Total contributions                                  | <u>3,384,865</u>           | <u>3,360,811</u>           |
| Total additions                                      | <u>10,386,709</u>          | <u>1,548,381</u>           |
| Deductions from net assets:                          |                            |                            |
| Benefits paid to participants                        | 3,257,541                  | 3,539,758                  |
| Administrative expenses                              | <u>30,484</u>              | <u>23,979</u>              |
| Total deductions                                     | <u>3,288,025</u>           | <u>3,563,737</u>           |
| Change in net assets available for benefits          | 7,098,684                  | (2,015,356)                |
| Net assets available for benefits, beginning of year | <u>29,163,614</u>          | <u>31,178,970</u>          |
| Net assets available for benefits, end of year       | <u><u>\$36,262,298</u></u> | <u><u>\$29,163,614</u></u> |

The accompanying notes are an integral  
part of the financial statements.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### **1. Description of Plan**

The following description of the Mid America Clinical Laboratories Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan covering all employees of Mid America Clinical Laboratories, LLC (Company). Employees who have worked 1,000 hours or more in one year are eligible to receive employer matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator oversees governance of the Plan. Plan management, with guidance from the Plan trustee, determines the appropriateness of the Plan's investments and monitors investment performance.

##### **Contributions**

All employees may contribute to the Plan, on a pre-tax basis. Participant contributions are limited to the maximum amount allowed by the Internal Revenue Code. Participants age 50 or over by the end of the Plan year are allowed to make additional catch up deferrals up to the maximum amount allowed by the Internal Revenue Code. Participants direct the investments of their contributions into various investment options offered by the Plan. The Company matches 100% of the first 5% of each participant's contribution. Contributions are subject to certain statutory limitations.

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) 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 100% vested in their voluntary contributions, Company's matching, rollover accounts, and earnings thereon.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### 1. Description of Plan (Continued)

##### **Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.5%, which are commensurate with local prevailing rates as determined periodically by the Plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions.

##### **Payment of Benefits**

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual, or more frequent, installments over a period of time. For termination of services due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump sum distribution.

#### 2. Summary of Significant Accounting Policies

##### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

##### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

##### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. 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. See Note 3 for discussion of fair value measurements.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### 2. Summary of Significant Accounting Policies (Continued)

##### Investment Valuation and Income Recognition (Continued)

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

##### 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. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, an allowance for uncollectible notes of \$0 and \$2,477, respectively, has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

##### Payment of Benefits

Benefits are recorded when paid. At the statements of net assets available for benefits date, no participants have elected to withdraw from the Plan whose benefits were not paid prior to December 31, 2019 and 2018.

##### Administrative Expenses

The expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. However, expenses for additional services including new loan set up fees, annual loan maintenance fees, short term sale fees, and express mail service delivery fees are paid by participants using Plan assets.

##### Date of Management's Review

Subsequent events were evaluated through October 13, 2020, which is the date the financial statements were available to be issued.

#### 3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Plan management determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

Mid America Clinical Laboratories Retirement Savings Plan

Notes to Financial Statements

**3. Fair Value Measurements (Continued)**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were used as Level 1 inputs were available for all assets.

**Level 1 Fair Value Measurements**

The fair values of the money market fund and the mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

**Level 2 Fair Value Measurements**

There are no plan assets requiring the use of Level 2 inputs for the years presented.

**Level 3 Fair Value Measurements**

There are no plan assets requiring the use of Level 3 inputs for the years presented.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

|                           |                     | Fair Value Measurements at Reporting Date Using:                              |                                                           |                                                             |
|---------------------------|---------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
|                           |                     | Quoted Prices<br>In Active<br>Markets For<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>December 31, 2019</b>  | <u>Fair Value</u>   |                                                                               |                                                           |                                                             |
| Money market fund         | \$ 914,968          | \$ 914,968                                                                    | \$ -                                                      | \$ -                                                        |
| Mutual funds              | <u>34,742,532</u>   | <u>34,742,532</u>                                                             | <u>-</u>                                                  | <u>-</u>                                                    |
| Investments at fair value | <u>\$35,657,500</u> | <u>\$35,657,500</u>                                                           | <u>\$ -</u>                                               | <u>\$ -</u>                                                 |

Mid America Clinical Laboratories Retirement Savings Plan

Notes to Financial Statements

**3. Fair Value Measurements (Continued)**

|                           |                     | Fair Value Measurements at Reporting Date Using:                              |                                                           |                                                             |
|---------------------------|---------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
|                           |                     | Quoted Prices<br>In Active<br>Markets For<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>December 31, 2018</b>  | <u>Fair Value</u>   |                                                                               |                                                           |                                                             |
| Money market fund         | \$ 1,026,107        | \$ 1,026,107                                                                  | \$ -                                                      | \$ -                                                        |
| Mutual funds              | <u>27,662,723</u>   | <u>27,662,723</u>                                                             | <u>-</u>                                                  | <u>-</u>                                                    |
| Investments at fair value | <u>\$28,688,830</u> | <u>\$28,688,830</u>                                                           | <u>\$ -</u>                                               | <u>\$ -</u>                                                 |

**4. Information Prepared and Certified by Trustee**

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

| <b>Investments at fair value</b> | <u>2019</u>         | <u>2018</u>           |
|----------------------------------|---------------------|-----------------------|
| Money market fund                | \$ 914,968          | \$ 1,026,107          |
| Mutual funds                     | <u>34,742,532</u>   | <u>27,662,723</u>     |
| Investments at fair value        | <u>\$35,657,500</u> | <u>\$28,688,830</u>   |
| <br><b>Investment income</b>     | <br><u>2019</u>     | <br><u>2018</u>       |
| Investment income                | <u>\$ 7,001,844</u> | <u>\$ (1,812,430)</u> |

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### 5. Investments

During the years ended December 31, 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by:

|                                | 2019               | 2018                 |
|--------------------------------|--------------------|----------------------|
| Money market fund              | \$ -               | \$ -                 |
| Mutual funds                   | 5,234,868          | (3,975,068)          |
| Net appreciation in fair value | <u>\$5,234,868</u> | <u>\$(3,975,068)</u> |

#### 6. Party-In-Interest Transactions

Certain Plan investments are shares of a money market fund and mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by participants for additional services, including new loan set up fees, annual loan maintenance fees, short term sale fees, and express mail delivery service fees amounted to \$30,484 and \$23,979 for the years ended December 31, 2019 and 2018, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### 7. 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.

#### 8. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 30, 1998, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

## Mid America Clinical Laboratories Retirement Savings Plan

### Notes to Financial Statements

#### **8. Tax Status (Continued)**

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

#### **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.

## Supplemental Information

Mid America Clinical Laboratories Retirement Savings Plan

Schedule of Assets (Held at End of Year)

December 31, 2019

Schedule: Schedule H, Line 4i  
Employer Identification Number: 35-2014838  
Three-digit Plan Number 001

| (a) | (b)                                                             | (c)                                                                                                                             | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Description of<br>Investment<br>Including Maturity<br>Date, Rate of<br>Interest, Collateral,<br>Par<br><u>or Maturity Value</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Money Market Fund                                               |                                                                                                                                 |             |                          |
| *   | Money Market Trust Retirement<br>Portfolio                      | 914,968 Shares                                                                                                                  |             | <u>\$ 914,968</u>        |
|     | Mutual Funds                                                    |                                                                                                                                 |             |                          |
| *   | Pimco Total Return Adm Fund                                     | 92,253 Shares                                                                                                                   |             | 953,901                  |
| *   | Baron Growth Inst Fund                                          | 24,747 Shares                                                                                                                   |             | 2,120,597                |
| *   | American Mutual R4                                              | 32,104 Shares                                                                                                                   |             | 1,392,017                |
| *   | Loomis Bond N Fund                                              | 23,118 Shares                                                                                                                   |             | 319,496                  |
| *   | WF Advantage Small Co Growth Fund                               | 19,081 Shares                                                                                                                   |             | 1,057,658                |
| *   | Puritan Fund                                                    | 62,563 Shares                                                                                                                   |             | 1,423,297                |
| *   | Capital and Income Fund                                         | 40,231 Shares                                                                                                                   |             | 412,372                  |
| *   | Value Fund                                                      | 56,757 Shares                                                                                                                   |             | 628,304                  |
| *   | Real Estate Inv Portfolio                                       | 8,006 Shares                                                                                                                    |             | 359,729                  |
| *   | Fidelity Blue Chip Growth Fund                                  | 42,293 Shares                                                                                                                   |             | 4,566,402                |
| *   | Fidelity Real Estate Index Fund                                 | 2,198 Shares                                                                                                                    |             | 37,233                   |
| *   | Low Priced Stock Fund                                           | 12,399 Shares                                                                                                                   |             | 620,445                  |
| *   | Fidelity International Discovery Fund                           | 41,144 Shares                                                                                                                   |             | 1,862,586                |
| *   | Large Cap Stock Fund                                            | 77,366 Shares                                                                                                                   |             | 2,595,641                |
| *   | Fidelity Extended Market Index Fund                             | 1,832 Shares                                                                                                                    |             | 119,217                  |
| *   | Fidelity International Index Fund                               | 3,747 Shares                                                                                                                    |             | 160,960                  |
| *   | Select Natural Resources Portfolio                              | 6,063 Shares                                                                                                                    |             | 160,488                  |
| *   | Fidelity U.S. Bond Index Fund                                   | 74,713 Shares                                                                                                                   |             | 889,827                  |
| *   | Fidelity 500 Index Fund                                         | 20,029 Shares                                                                                                                   |             | 2,243,668                |
| *   | Fidelity Freedom Income K Fund                                  | 1,791 Shares                                                                                                                    |             | 20,951                   |
| *   | Fidelity Freedom 2005 K Fund                                    | 979 Shares                                                                                                                      |             | 12,176                   |
| *   | Fidelity Freedom 2010 K Fund                                    | 1,133 Shares                                                                                                                    |             | 17,665                   |
| *   | Fidelity Freedom 2015 K Fund                                    | 60,175 Shares                                                                                                                   |             | 773,847                  |
| *   | Fidelity Freedom 2020 K Fund                                    | 93,933 Shares                                                                                                                   |             | 1,521,709                |
| *   | Fidelity Freedom 2025 K Fund                                    | 281,762 Shares                                                                                                                  |             | 4,029,192                |
| *   | Fidelity Freedom 2030 K Fund                                    | 99,539 Shares                                                                                                                   |             | 1,771,801                |
| *   | Fidelity Freedom 2035 K Fund                                    | 88,307 Shares                                                                                                                   |             | 1,330,795                |

Mid America Clinical Laboratories Retirement Savings Plan

Schedule of Assets (Held at End of Year)

December 31, 2019

(Continued)

Schedule: Schedule H, Line 4i  
Employer Identification Number: 35-2014838  
Three-digit Plan Number 001

| (a) | (b)                                                      | (c)                                                                                                                   | (d)  | (e)                        |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------|----------------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity<br>Date, Rate of<br>Interest, Collateral,<br>Par<br>or Maturity Value | Cost | Current<br>Value           |
| *   | Fidelity Freedom 2040 K Fund                             | 61,541 Shares                                                                                                         |      | 651,100                    |
| *   | Fidelity Freedom 2045 K Fund                             | 107,777 Shares                                                                                                        |      | 1,295,485                  |
| *   | Fidelity Freedom 2050 K Fund                             | 42,540 Shares                                                                                                         |      | 514,736                    |
| *   | Fidelity Freedom 2055 K Fund                             | 45,293 Shares                                                                                                         |      | 625,503                    |
| *   | Fidelity Inflation-Protected Bond<br>Index Fund          | 10,902 Shares                                                                                                         |      | 109,894                    |
| *   | Fidelity Freedom 2060 K Fund                             | 11,572 Shares                                                                                                         |      | 143,840                    |
|     | Total mutual funds                                       |                                                                                                                       |      | <u>34,742,532</u>          |
|     | Participant loans                                        | 4.25%-6.5%                                                                                                            | -0-  | <u>604,798</u>             |
|     | Investments at fair value                                |                                                                                                                       |      | <u><u>\$36,262,298</u></u> |

\* Party-in-interest

Column (d) is blank as all investments are participant directed.

Aggregate annual maturities of participant loans at December 31 are:

|            | Participant<br>Loans    |
|------------|-------------------------|
| 2020       | \$198,581               |
| 2021       | 157,746                 |
| 2022       | 122,590                 |
| 2023       | 89,314                  |
| 2024       | 36,567                  |
| Thereafter | -                       |
|            | <u><u>\$604,798</u></u> |