Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOLIS MAMMOGRAPHY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COMPREHENSIVE BREAST CARE CENTER OF TEXAS, INC.

15601 DALLAS PKWY
STE 300
ADDISON, TX 75001

2b Employer Identification Number (EIN) 75-2291923

2c Plan Sponsor's telephone number 469-398-4121

2d Business code (see instructions) 621510

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	PAIGE TERRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	PAIGE TERRA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	1015
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	903
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1100
b Retired or separated participants receiving benefits	**6b**	8
c Other retired or separated participants entitled to future benefits	**6c**	148
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	940
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	54
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
SOLIS MAMMOGRAPHY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPREHENSIVE BREAST CARE CENTER OF TEXAS, INC.

D Employer Identification Number (EIN)
75-2291923

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	RECORDKEEPER /TPA	66306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLOBAL RETIREMENT PLAN GROUP

46-1289987

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	INVESTMENT ADVISOR	38509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE TRUST COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	CUSTODIAN	24585	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

STEVEN C. BUTLER, CPA

72-2515634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	9500	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY VIRCHOW KRAUSE, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	12630.82	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TD AMERITRADE TRUST COMPANY	19	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.	
TD BANK USA, N.A. 13-3732274	FEE FORMULA:(PE-BF-SA-I)-RS PE= PORTFOLIO EARNINGS,BF=TD BANK USA FEE, SA=SPECIAL FDIC ASSESSMENTS,I=INTEREST PAID TO PLAN,RS=REVENUE SHARING PAID	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
SOLIS MAMMOGRAPHY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPREHENSIVE BREAST CARE CENTER OF TEXAS, INC.

D Employer Identification Number (EIN)
75-2291923

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	110926
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1245628	1921568
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	569633	683550
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32739597	40601986
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	1670818

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	34554858	44988848
Liabilities			
g Benefit claims payable	1g	0	121136
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	463	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	463	121136
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	34554395	44867712

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1211032	
(B) Participants	2a(1)(B)	2878295	
(C) Others (including rollovers)	2a(1)(C)	1331243	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5420570
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6985	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	32043	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		39028
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1196991	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1196991
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6522357
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13178946
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2698432	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2698432
f Corrective distributions (see instructions)	2f		15666
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	151531	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		151531
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2865629
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10313317
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		94529
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
SOLIS MAMMOGRAPHY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPREHENSIVE BREAST CARE CENTER OF TEXAS, INC.

D Employer Identification Number (EIN)
75-2291923

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-0937408 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

SOLIS MAMMOGRAPHY 401(K) PLAN

Financial Statements and
Supplemental Schedules
With Independent Auditors' Report

December 31, 2019 and 2018

bakertilly

SOLIS MAMMOGRAPHY 401(K) PLAN

TABLE OF CONTENTS

Pages

Independent Auditors' Report 1

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018 3

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019 4

Notes to Financial Statements 5

Supplemental Schedules:

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2019 14

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2019 15

Note: Supplemental schedules, other than those listed above, are omitted because of the absence of conditions under which they are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee and Participants of the
Solis Mammography 401(k) Plan:

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by TD Ameritrade Trust Company and Charles Schwab Bank, the custodians ("Custodians") 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 Charles Schwab Bank held the Plan's investment assets and executed investment transactions as of December 31, 2019, and for the period from November 8, 2019 through December 31, 2019, and that TD Ameritrade Trust Company held the Plan's investments and executed investment transactions as of December 31, 2018, and for the period from January 1, 2019 through November 7, 2019. The Plan Administrator has obtained certifications from the Custodians as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Baker Tilly US, LLP, trading as Baker Tilly, is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. © 2020 Baker Tilly US, LLP

Other Matter – Supplemental Schedules

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019, and Schedule H, Line 4 – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Baker Tilly US, LLP

BAKER TILLY US, LLP

Plano, Texas
September 21, 2020

SOLIS MAMMOGRAPHY 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Noninterest bearing cash	$ 43,787	$ -
Investments, at fair value:		
Mutual funds of registered investment companies	40,480,570	30,640,347
Exchange traded funds	1,550,302	1,495,762
Money market fund	1,372,504	1,245,628
Self-directed brokerage account	736,719	603,488
Total investments, at fair value	44,140,095	33,985,225
Notes receivable from participants	683,550	569,633
Receivables:		
Due from broker	121,416	-
Total receivables	121,416	-
Total assets	44,988,848	34,554,858
Liabilities		
Excess contributions payable	18,232	15,380
Total liabilities	18,232	15,380
Net assets available for benefits	$ 44,970,616	$ 34,539,478

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

SOLIS MAMMOGRAPHY 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019

Additions to net assets available for benefits attributed to:	
Investment income:	
Interest and dividends	$ 1,202,649
Net appreciation of fair value of investments	6,418,349
Other income	16,555
Total investment income	7,637,553
Interest on notes receivable from participants	32,043
Contributions:	
Participants	2,860,063
Company, net	1,211,192
Rollovers	1,331,243
Total contributions	5,402,498
Total additions	13,072,094
Deductions from net assets available for benefits attributed to:	
Benefits paid directly to participants	2,530,304
Administrative expenses, net	110,652
Total deductions	2,640,956
Net increase in net assets available for benefits	10,431,138
Net assets available for benefits	
Beginning of year	34,539,478
End of year	$ 44,970,616

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

1 – DESCRIPTION OF PLAN

GENERAL

Solis Mammography 401(k) Plan (the "Plan") is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was established on July 1, 2008, covering substantially all employees of Comprehensive Breast Care Center of Texas, Inc. and its affiliates (collectively, the "Company" or "Plan Administrator"). Through November 7, 2019, TD Ameritrade Trust Company ("TD Ameritrade") was the custodian of the Plan. Effective November 8, 2019, Charles Schwab Bank ("Charles Schwab") is the custodian of the Plan. Collectively, TD Ameritrade and Charles Schwab are the custodians ("Custodians"). BlueStar Retirement Services serves as the record-keeper of the Plan. The Plan is self-directed. The following description provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

ELIGIBILITY AND PARTICIPANT ACCOUNTS

Employees are immediately eligible to participate in the Plan, as there is no age or service requirement, as defined by the Plan document. Participants may modify investment elections, transfer existing account balances, and obtain information regarding investments on a daily basis. Subject to certain limitations on annual additions, each participant's account is credited with the employee salary deferrals, discretionary Company matching and profit sharing contributions, an allocation of Plan earnings or losses, and are charged with certain administrative expenses. The allocations are based on participant account balances, as defined.

CONTRIBUTIONS

The Plan is funded through employee pre-tax elective deferrals, rollover contributions, and discretionary Company matching and profit sharing contributions. A participant may elect to contribute up to 90% of his or her eligible pay subject to certain maximum limitations imposed by the Internal Revenue Code ("IRC") ($19,000 for 2019). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the Plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the IRC ($6,000 for 2019). The Plan also allows for after-tax, Roth, contributions. Rollover contributions representing distributions from other qualified defined benefit or defined contribution plans are permitted and may be made prior to meeting the eligibility requirements for participation in the Plan.

The Plan has an automatic enrollment feature. All employees will be automatically enrolled into the Plan at a rate of 4%, unless otherwise enrolled and elected. This deferral will be automatically increased by 1%, up to a maximum contribution of 6%, on each subsequent January 1.

The Plan also allows for Company discretionary matching and profit sharing contributions in amounts to be determined by the Company. During 2019, the Company made matching contributions in the amount of 70% of the first 5% of a participant's deferred compensation. No profit sharing contributions were made.

DISTRIBUTIONS TO PARTICIPANTS

Upon normal retirement age, death, disability, or termination, a participant's benefits are payable in a lump-sum amount equal to 100% of the participant's vested account balance. Employees may also make hardship withdrawals on the balance of their account related to their elective deferral contributions. Participant account balances of $5,000 or less at the time of distribution will be cashed out as a lump sum payment.

1 – DESCRIPTION OF PLAN

INVESTMENT OPTIONS

The Plan provides for participants to direct both employee contributions and Company contributions into a variety of mutual funds of registered investment companies, exchange traded funds, and a money market fund in accordance with the participant investment elections and the provisions of the Custodial agreements. The Plan also offers a self-directed brokerage account that allows participants to invest in a wide array of mutual funds of registered investment companies, common stocks, and cash and cash equivalents offered through the Custodians. Participants should refer to the Plan website for additional fund information.

VESTING

Participants are immediately vested in employee elective deferrals, qualified non-elective contributions, and rollovers, plus actual earnings or losses thereon. Vesting of discretionary, Company matching contributions and earnings, thereon, is based on years of continuous service. Participants vest 33% after one year of service and are 100% after three years of service or upon occurrence of the participant's retirement, death, or disability, as defined by the Plan document. Service with certain predecessor employers may apply to vesting.

FORFEITURES

Forfeitures of terminated participants' non-vested accounts are used to pay administrative expenses or reduce Company contributions. At December 31, 2019 and 2018, there were forfeitures available in the amount of $35,189 and $17,594, respectively. These amounts are reported as a component of net assets available for benefits. For the year ended December 31, 2019, forfeitures in the amount of $1,307 and $24,631 were used to reduce Company contributions and pay Plan expenses, respectively.

REVENUE SHARING ACCOUNT

Revenue sharing accounts are used to pay administrative expenses or are reallocated to participant accounts. For the year ended December 31, 2019, revenue sharing contributions to the Plan totaled $16,555 and are recorded as "Other income" on the Statement of Changes in Net Assets Available for Benefits. These funds were used to pay administrative expenses for the year ended December 31, 2019.

NOTES RECEIVABLE FROM PARTICIPANTS

Borrowings are available to all participants. Notes receivable from participants are limited to a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance, subject to certain restrictions as defined by the Internal Revenue Service ("IRS"). The notes receivable from participants are secured by the vested balance in the participant's account and bear interest at the prime rate plus 1%. Terms range from one to five years, unless for the purchase of a primary residence. Repayments are made through payroll deductions or direct payment to the Custodians and are reinvested in the participant accounts according to individual investment elections. As of December 31, 2019, maturity dates on notes receivable range from October 2020 through January 2049, and notes bear interest at rates of 4.25% to 6.5%. As of December 31, 2018, maturity dates on notes receivable range from August 2019 through July 2024, and notes bear interest at rates of 4.25% to 6.25%.

1 – DESCRIPTION OF PLAN

ADMINISTRATIVE EXPENSES

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

PLAN TERMINATION

Although the Company expects to continue the Plan, the Company may terminate the Plan at any time subject to the provisions of ERISA. In the event the Plan is terminated, each of the participants will have a non-forfeitable 100% vested interest in his or her account balance, including all Company contributions, subject to payment of liquidation costs and expenses.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements have been prepared under the accrual method in accordance with United States generally accepted accounting principles ("U.S. GAAP").

ESTIMATES AND ASSUMPTIONS

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, changes therein, and associated disclosures. Accordingly, actual results may vary from the estimates used in preparing the accompanying financial statements.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported 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. 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. The income or loss earned on participant accounts is allocated on a daily basis using the previous day's ending account balance. Net appreciation (depreciation) of fair market value includes the Plan's gains and losses on the investments bought and sold, as well as held during the year.

BENEFITS

Benefits are recorded when paid.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon terms of the Plan document or note policy of the Plan.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

RECLASSIFICATION

Certain investment amounts included in the prior year financial statements have been reclassified to conform with the current year financial statement presentation.

RECENT ACCOUNTING PRONOUNCEMENTS

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. ASU No. 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, Fair Value Measurement. The amendments are based on the concepts in the FASB Concepts Statement, Conceptual Framework for Financial Reporting—Chapter 8: Notes to Financial Statements, which the Board finalized on August 28, 2018. ASU No. 2018-13 is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. Management is currently assessing the impact that ASU No. 2018-13 will have on the Plan's financial statements.

3 – FAIR VALUE MEASUREMENTS

INVESTMENT VALUATION AND LEVELING

FASB Accounting Standards Codification ("ASC") Topic 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Significant observable inputs other than quoted prices in active markets for which inputs to the valuation methodology include:

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

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

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

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

3 – FAIR VALUE MEASUREMENTS

In establishing a fair value hierarchy for the Plan's investments in accordance with ASC 820, the following value methodologies were used for each type of investment:

Mutual funds of registered investment companies, exchange traded funds, and money market fund: Valued at net asset value ("NAV") or quoted market prices of shares held by the Plan at year end.

Self-directed brokerage account: Valued at the NAV or quoted market prices of mutual fund or stock shares held by the brokerage account at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. The Plan believes its valuation methods are appropriate and consistent with other market participants; even so, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Level 1	Level 2	Level 3	Total
Mutual funds of registered investment companies	$ 40,480,570	$ -	$ -	$ 40,480,570
Exchange traded funds	1,550,302	-	-	1,550,302
Money market fund	1,372,504	-	-	1,372,504
Self-directed brokerage account	736,719	-	-	736,719
Total investments at fair value	$ 44,140,095	$ -	$ -	$ 44,140,095

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

	Level 1	Level 2	Level 3	Total
Mutual funds of registered investment companies	$ 30,640,347	$ -	$ -	$ 30,640,347
Exchange traded funds	1,495,762	-	-	1,495,762
Money market fund	1,245,628	-	-	1,245,628
Self-directed brokerage account	603,488	-	-	603,488
Total investments at fair value	$ 33,985,225	$ -	$ -	$ 33,985,225

4 – FINANCIAL INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS (UNAUDITED)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by Charles Schwab Bank and TD Ameritrade Trust Company, the Custodians and party-in-interest, as defined by ERISA, as of December 31, 2019 and 2018, and for the year ended December 31, 2019, except for comparing such information certified by the Custodians to information included in the Plan's financial statements and supplemental schedules. This information consists of the following:

	2019	2018
Mutual funds of registered investment companies	$ 40,480,570	$ 30,640,347
Exchange traded funds	1,550,302	1,495,762
Money market fund	1,372,504	1,245,628
Self-directed brokerage account	736,719	603,488
Total investments	$ 44,140,095	$ 33,985,225
Notes receivable from participants	$ 683,550	$ 569,633
Interest and dividends	$ 1,202,649	
Interest on notes receivable from participants	$ 32,043	
Other income	$ 16,555	
Net appreciation of fair value of investments	$ 6,418,349	

5 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interests are defined under DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Company, and certain others. As such, transactions conducted by TD Ameritrade, Charles Schwab, BlueStar Retirement Services, the Company, and participant notes receivable qualify as party-in-interest transactions.

6 – RISKS AND UNCERTAINTIES

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

7 – TAX STATUS OF THE PLAN

The Plan is based on a prototype plan developed by BlueStar Retirement Services Inc. which received a favorable opinion letter dated March 31, 2014, from the IRS stating that the prototype plan constitutes a qualified plan under Section 401 of the IRC. The Plan Administrator believes the Plan, as adopted and amended, is operating within the guidelines of the IRC and continues to be tax exempt. Accordingly, no provision for federal income taxes has been provided in the accompanying financial statements.

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8 – DELINQUENT CONTRIBUTIONS

During 2018, employee withholdings in the amount of $94,529 were late in being transferred to the Plan. The delays were unintentional. During 2020, the Company corrected these remittances following DOL guidelines.

9 – EXCESS CONTRIBUTION PAYABLE

The Plan failed discrimination testing for the years ended December 31, 2019 and 2018. As a result, excess contributions payable are recorded as liabilities in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, and as a reduction to contributions in the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019.

10 – RECONCILIATION TO THE 2019 FORM 5500

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

	2019	2018
Net assets available for benefits per the financial statements	$ 44,970,616	$ 34,539,478
Add: excess contributions payable	18,232	15,380
Less: distributions payable per Form 5500	(121,136)	-
Less: prepayments on notes receivable from participants	-	(463)
Net assets available for benefits per the Form 5500	$ 44,867,712	$ 34,554,395

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2019:

Net decrease in net assets available for benefits per the financial statements	$ 10,431,138
Add: excess contributions payable as of December 31, 2019	18,232
Less: excess contributions payable as of December 31, 2018	(15,380)
Less: distributions payable per Form 5500	(121,136)
Less: prepayments on notes receivable from participants	463
Net decrease in net assets available for benefits per the Form 5500	$ 10,313,317

11 – SUBSEQUENT EVENTS

The Plan has evaluated events or transactions occurring after December 31, 2019, the Statements of Net Assets Available for Benefits date, through September 21, 2020, the date the financial statements were issued, and determined no such events or transactions which would impact our financial statements for the year ended December 31, 2019, other than as follows:

In March 2020, the World Health Organization categorized the outbreak of the SARS-CoV-2 coronavirus ("COVID-19") as a pandemic. The COVID-19 outbreak occurred globally causing significant fluctuations in financial markets in the U.S. and internationally. The extent of the impact on the Plan's net assets, including the fair value of investment securities and related net investment income or loss, as well as future contributions, will depend on the duration and continued spread of the COVID-19 outbreak and any other further economic developments. Plan management is unable at this time to estimate the full impact on the Plan's financial statements.

Plan management approved a resolution to adopt certain provisions of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") during 2020, including the following:

- Allowing participants to take distributions of up to $100,000 from the Plan;
- Increasing new notes receivable available borrowings of up to $100,000 through September 23, 2020 unless otherwise extended;
- Providing for the deferment of payments on existing notes receivable through December 31, 2020;
- Deferring minimum required distributions.

SUPPLEMENTAL SCHEDULES

SOLIS MAMMOGRAPHY 401(K) PLAN
EIN # 20-3255987, Plan Number 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Money Market Fund:		
*	Charles Schwab Bank	Charles Schwab Bank Savings Money Market Fund	**$ 1,372,504**
	Mutual Funds of Registered Investment Companies:		
	AllianceBernstein	AllianceBernstein Large Cap Growth Advantage Fund	4,384,877
	American Beacon Advisors	American Beacon Small Cap Value Institutional Fund	163,541
	Baron Funds	Baron Growth Institutional Fund	775,468
	BlackRock	BlackRock Floating Rate Income Fund (I)	128,258
	Brown Advisory	Brown Advisory Small-Cap Growth Fund (I)	325,747
	Columbia Threadneedle Investments	Columbia Overseas Value Fund (R5)	63,561
	Delaware Funds	Delaware Value Fund (I)	924,348
	Fidelity Investments	Fidelity 500 Index Fund (IPre)	3,571,953
	Fidelity Investments	Fidelity Extended Market Index Fund (IPr)	368,176
	Fidelity Investments	Fidelity Government Income Fund	537,008
	Fidelity Investments	Fidelity Real Estate Investment Portfolio Fund	587,289
	Fidelity Investments	Fidelity Worldwide Fund	1,064,066
	The Hartford	Hartford International Growth Fund (Y)	207,206
	PIMCO	PIMCO Income Fund (I)	856,012
	T. Rowe Price	T. Rowe Price Personal Strategy Balanced Fund	53,670
	T. Rowe Price	T. Rowe Price Personal Strategy Growth Fund	667,632
	T. Rowe Price	T. Rowe Price Personal Strategy Income Fund	232,286
	Vanguard	Vanguard Long-Term Investment Grade Admiral Fund	369,946
	Vanguard	Vanguard Target Retirement 2015 Investment Fund	147,814
	Vanguard	Vanguard Target Retirement 2020 Investment Fund	3,616,460
	Vanguard	Vanguard Target Retirement 2025 Investment Fund	3,264,102
	Vanguard	Vanguard Target Retirement 2030 Investment Fund	5,446,518
	Vanguard	Vanguard Target Retirement 2035 Investment Fund	3,198,548
	Vanguard	Vanguard Target Retirement 2040 Investment Fund	3,268,197
	Vanguard	Vanguard Target Retirement 2045 Investment Fund	1,686,429
	Vanguard	Vanguard Target Retirement 2050 Investment Fund	1,971,544
	Vanguard	Vanguard Target Retirement 2055 Investment Fund	551,711
	Vanguard	Vanguard Target Retirement 2060 Investment Fund	131,344
	Vanguard	Vanguard Target Retirement Income Investment Fund	830,999
	Victory Capital Management Inc.	Victory Sycamore Established Value (I)	929,426
	Voya	Voya High Yield Bond Fund (I)	156,434
		Total mutual funds of registered investment companies	**40,480,570**
	Exchange Traded Funds:		
	iShares	iShares Barclays TIPS Bond Fund	186,546
	iShares	iShares MSCI EAFE Small-Cap ETF Fund	50,286
	SPDR State Street Global Advisors	SPDR Barclays Capital Convertible Secs	94,120
	SPDR State Street Global Advisors	SPDR Gold Shares	54,834
	Vanguard	Vanguard FTSE Developed Markets ETF Fund	446,171
	Vanguard	Vanguard FTSE Emerging Markets ETF Fund	408,693
	Vanguard	Vanguard Small Cap ETF Fund	309,652
		Total exchange traded funds	**1,550,302**
	Self-Directed Brokerage Account		
*	Charles Schwab Bank	Schwab Self-Directed Account	**736,719**
	Participant loans		
*	Plan participants	Participant loans with interest rates from 4.25% to 6.5% and maturity dates of October 2020 to January 2049	**683,550**
	Total		**$ 44,823,645**

* A party-in-interest as defined by ERISA.
Column (d) cost information omitted for participant-directed investments.

SOLIS MAMMOGRAPHY 401(K) PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN # 20-3255987, Plan Number 001

For the Year Ended December 31, 2019

Total That Constitutes Nonexempt Prohibited Transactions						
Participant Contributions Transferred Late to the Plan	Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld					
$ 94,529	X	$ 94,529	$ -	$ -	$ -
$ 94,529		$ 94,529	$ -	$ -	$ -

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOLIS MAMMOGRAPHY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Comprehensive Breast Care Center of Texas, Inc.

15601 Dallas Pkwy
Ste 300
Addison TX 75001

2b Employer Identification Number (EIN)
75-2291923

2c Plan Sponsor's telephone number
469-398-4121

2d Business code (see instructions)
621510

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Paige Terra	10/14/20	Paige Terra
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Paige Terra	10/14/20	Paige Terra
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► SOLIS Mammography 401(k) Plan

Employer Identification Number:► 75-2291923

For plan year (beginning/ending):► 01/01/2019-12/31/2019 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Charles Schwab	AllianceBernstein Large Cap Growth Adv	4,384,877	
	Charles Schwab	American Beacon Small Cp Val Inst	163,541	
	Charles Schwab	Baron Growth Instl	775,468	
	Charles Schwab	BlackRock Floating Rate Income Fund (I)	128,258	
	Charles Schwab	Brown Advisory Small-Cap Growth Fund (I)	325,747	
	Charles Schwab	Columbia Overseas Value Fund (R5)	63,561	
	Charles Schwab	Delaware Value Fund (I)	924,348	
	Charles Schwab	Fidelity 500 Index Fund (IPre)	3,571,953	
	Charles Schwab	Fidelity Extended Market Index Fund (IPr	368,176	
	Charles Schwab	Fidelity Government Income Fund	537,008	
	Charles Schwab	Fidelity Real Estate Investment Port	587,289	
	Charles Schwab	Fidelity Worldwide Fund	1,064,066	
	Charles Schwab	Hartford International Growth Fund (Y)	207,206	
	Charles Schwab	iShares Barclays TIPS Bond	186,546	
	Charles Schwab	iShares MSCI EAFE Small-Cap ETF	50,286	
	Charles Schwab	PIMCO Income Fund (I)	856,012	
	Charles Schwab	Schwab Bank Savings	1,372,504	
	Charles Schwab	Schwab Self-Directed Investment	736,718	
	Charles Schwab	Schwab Un-Invested Cash	43,787	
	Charles Schwab	SPDR Barclays Capital Convertible Secs	94,120	
	Charles Schwab	SPDR Gold Shares	54,834	
	Charles Schwab	T. Rowe Price Personal Strat Balanced	53,670	
	Charles Schwab	T. Rowe Price Personal Strat Growth	667,632	
	Charles Schwab	T. Rowe Price Personal Strat Income	232,286	
	Charles Schwab	Vanguard FTSE Developed Markets ETF	446,171	
	Charles Schwab	Vanguard FTSE Emerging Markets ETF	408,693	
	Charles Schwab	Vanguard Long-Term Investment Grade Adm	369,946	
	Charles Schwab	Vanguard Small Cap ETF	309,654	
	Charles Schwab	Vanguard Target Retirement 2015 Inv	147,814	
	Charles Schwab	Vanguard Target Retirement 2020 Inv	3,616,460	
	Charles Schwab	Vanguard Target Retirement 2025 Inv	3,264,102	
	Charles Schwab	Vanguard Target Retirement 2030 Inv	5,544,912	
	Charles Schwab	Vanguard Target Retirement 2035 Inv	3,199,917	
	Charles Schwab	Vanguard Target Retirement 2040 Inv	3,268,197	
	Charles Schwab	Vanguard Target Retirement 2045 Inv	1,708,083	
	Charles Schwab	Vanguard Target Retirement 2050 Inv	1,971,544	
	Charles Schwab	Vanguard Target Retirement 2055 Inv	551,711	
	Charles Schwab	Vanguard Target Retirement 2060 Inv	131,343	
	Charles Schwab	Vanguard Target Retirement Income Inv	830,999	
	Charles Schwab	Victory Sycamore Established Value (I)	929,426	
	Charles Schwab	Voya High Yield Bond Fund (I)	156,436	
	Participant Loans	Various Interest Rates	683,550	