

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>06/30/1972</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>002</u>	1c	Effective date of plan	<u>06/30/1972</u>			
1b	Three-digit plan number (PN) ▶	<u>002</u>								
1c	Effective date of plan	<u>06/30/1972</u>								
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u> <u>6 NESHAMINY INTERPLEX SUITE 207</u> <u>TREVOSE, PA 19053</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>22-1917247</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>609-585-8800</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>621111</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>22-1917247</u>	2c	Plan Sponsor's telephone number	<u>609-585-8800</u>	2d	Business code (see instructions)	<u>621111</u>
2b	Employer Identification Number (EIN)	<u>22-1917247</u>								
2c	Plan Sponsor's telephone number	<u>609-585-8800</u>								
2d	Business code (see instructions)	<u>621111</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	RACHEL DESSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 183
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 148 6a(2) 148 6b 6 6c 34 6d 188 6e 0 6f 188 6g 188 6h 9
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 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0990450	68225	PT856	3	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	245482

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	2850
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	3471
Specify nature of costs ▶ DIRECT COSTS OF MAINTAINING THE POLICY		

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
 (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier ACCORDIA LIFE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0175020	61689	IL005	2	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	45733

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	1074
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	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 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71	RECORDKEEPER	2044	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY SMITH BARNEY

26-4310632

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	55	48337
(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.	
NATIONAL FINANCIAL SERVICES LLC 04-3523567	0	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
AB HIGH INCOME A- ALLIANCEBERNSTEIN 18 RUE EUGNE RUPPERT LUXEMBOURG, LUXEMBOURG 352 LU	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
BLK RK GLOBAL A-BNY MELLON INV SER PO BOX 9793 PROVIDENCE, RI 02940	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 (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.	
COLUMBIA BALANCED-COLUMBIA MGMT INV PO BOX 219104 KANSAS CITY, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
BNYM INTL BOND A BNY MELLON TRANSF DREYFUS TRANSFER INC NEW YORK, NY 10166	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
EV ATL CAP SMID-CP A BNY MELLON PO BOX 9793 PROVIDENCE, RI 02940	.025%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
FKLN RISING DIVS A-FKLN TEMPL 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT 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.	
HTFD DIV & GRTH R4- HARTFORD ADMIN 41-0679409	.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT 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 EQL WT S&P500 A- INVESCO 11 GREENWAY PLAZA HOUSTON, TX 77046	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 (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT 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.	
IVY INTL CORE EQ A-WI SVC CO PO BOX 29217 SHAWNEE MISSION, KS 66201	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM CORE PLUS BOND A-DST ASSET MGR P.O. BOX 219432 KANSAS CITY, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM SMART RET INC A-ASSET MANAGER P.O. BOX 219432 KANSAS CITY, MO 64121	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 (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.	
JPM SMART RET 2020 A-DST ASSET MGR PO BOX 219432 KANSAS CITY, MO 64121	0.25%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM SMART RET 2025 A-ASSET MGR P.O. BOX 219432 KANSAS CITY, MO 64121	0.25%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM SMART RET 2030 P.O. BOX 219432 KANSAS CITY, MO 64121	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 (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.	
JPM SMART RET 2035 P.O. BOX 219432 KANSAS CITY, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM SMART RET 2040 P.O. BOX 219432 KANSAS CITY, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM SMART RET 2045 P.O. BOX 219432 KANSAS CITY, MO 64121	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 (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.	
JPM SMART RET 2050 PO BOX 219432 KANSAS CITY, MO 64121	0.25%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM SMART RET 2055 PO BOX 219432 KANSAS CITY, MO 64121	0.25%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
JPM US SMALL CO A PO BOX 219432 KANSAS CITY, MO 64121	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 (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.	
MFS GLOIBAL EQUITY R3 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
MFS MID CAP VALUE R3 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
I O DEVELOP MKT A INVESCO INV SVC 11 GREENWAY PLAZA HOUSTON, TX 77046	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 (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.	
I O GROWTH A INVESCO INV SVC 11 GREENWAY PLAZA HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
I O INTL SMMID CO A INVESCO INV SVC 11 GREENWAY PLAZA HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
INVESCO DIVERSIFIED DIV INT 11 GREENWAY PLAZA HOUSTON, TX 77046	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 (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.
PIM RE REAL RET A PO BOX 219432 KANSAS CITY, MO 64121	0.20%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
PUTNUM HIGH YIELD ADV A 04-2539562	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.
TRP US BOND ENH INX 52-2269240	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
VRS SMALL CAP GRTH A 4249 EASTON WAY COLUMBUS, OH 43219	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
BAIRD AGGREGATE BOND FUND INSTL 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
FMI COMMON STOCK FUND 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	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 (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.	
BAIRD SHORT TERM BD FD INST 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.02%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
HARDING LOEVNER EMERG MKTS PORT PO BOX 4766 CHICAGO, IL 60680	0.40%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
METROPOLITAN WEST TOT RET BND C 865 SOUTH FIGUEROA LOS ANGELES, CA 90017	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
PARNASSUS CORE EQUITY INVESTOR ONE MKT STREET STEUART TOWER SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
PRIMECAP ODYSSEY GROWTH FUND 2020 E FINANCIAL WAY GLENDDORA, CA 91741	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
ROYCE SPECIAL EQUITY INVST 745 FIFTH AVE SUITE 2400 NEW YORK, NY 10151	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
AMERICAN WASHINGTON MUTUAL INVST 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
AMERICAN AMCAP FUND CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
FMI INTERNATIONAL 777 E WISCONSIN AVE MILWAUKEE, WI 53202	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 (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.	
FRANKLIN HIGH INCOMEFD CL A1 100 FOUNTAIN PKWY ST PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
HARDING LOEVNER ITL EQUITY PORT IN PO BOX 4766 CHICAGO, IL 60680	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
TWEEDY BROWNE GLOBAL VALUE FUND ONE STATION PLACE 5TH FLOOR STAMFORD, CT 06902	\$25.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
AMERICAN CENTURY INFLN ADJ BOND INV 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
WASATCH CORE GROWTH 505 WAKARA WAY SALT LAKE CITY, UT 84108	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
AMG YACHTMAN FUND I 600 STEAMBOAT ROAD GREENWICH, CT 06830	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 (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.
HARBOR BOND INST 111 S WACKER DR CHICAGO, IL 60606	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
MATTHEWS PACIFIC TIGER FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
T ROWE PRICE REAL ESTATE FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
AMERICAN BALANCED CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
BROWN CAPITAL MGMT SMALL COMP INV 1290 BROADWAY STE 1100 DENVER, CO 80203	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
JENSEN QUALITY GROWTH FD CL J 811 E WISCONSIN AVE 8TH FLOOR MILWAUKEE, WI 53202	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 (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.
MATTHEWS ASIA DIVIDEND FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
PARNASSUS MID CAP ONE MARKET STREET SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
PRIMECAP ODYSSEY STOCK FUND 2020 E FINANCIAL WAY SUITE 100 GLEN DORA, CA 91741	0.08%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
AMERICAN EUROPACIFIC GROWTH CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
FMI LARGE CAP FUND 777 E WISCONSIN AVE MK WI T4M MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
AMERICAN GROWTH FUND OF AMERICA 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	\$18.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR CHICAGO, IL 60606	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
AMERICAN NEW WORLD CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
PRIMECAP ODYSSEY AGGRESSIVE GROWTH 2020 E FINANCIAL WAY STE 100 GLEN DORA, CA 91741	0.08%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.
LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON ST 8TH FLO BOSTON, MA 02116	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
TEMPLETON GLOBAL BOND CLASS A 100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	\$16.00

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.
AMERICAN CENTURY EQUITY INCOME 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
AMERICAN MUTUAL FUND CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
ARTISAN GLOBAL VALUE FND INVT SHARE 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
AMERICAN FUNDAMENTAL INVESTO RD 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	\$18.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS 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.	
LAZARD EMERGING MKTS EQUITY OPEN 30 ROCKEFELLER PLAZA 57TH FLOOR NEW YORK, NY 10112	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
T ROWE PRICE INT DISCOVERY FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
STERLING CAPITAL STRATTON SM CP VAL 434 FAYETTEVILLE ST RALEIGH, NC 27601	0.12%	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	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 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC		D Employer Identification Number (EIN) 22-1917247

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	11934	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1468198	1546211
(2) Participant contributions.....	1b(2)	-637	25750
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2577513	2317499
(2) U.S. Government securities	1c(2)	13810	103554
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	24173	25427
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	2230355	3077290
(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)	158531	142467
(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)	30738593	39098486
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	232766	235336
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	37455236	46572020

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	37455236	46572020
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1824307	
(B) Participants	2a(1)(B)	1147182	
(C) Others (including rollovers)	2a(1)(C)	223533	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3195022
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	42465	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	600	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7488	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50553
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	28304	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2393599	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2421903
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2909537	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2849430	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		60107
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	749481	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		749481

		(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)		4327008
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10804074

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1682894	
(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)		1682894
f Corrective distributions (see instructions)	2f		
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)	3471	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	925	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4396
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1687290

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9116784
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) ☒ 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: SC&H ATTEST SERVICES PC

(2) EIN: 52-1743645

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

A Name of plan <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u>	D Employer Identification Number (EIN) <u>22-1917247</u>

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

- 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 _____

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C.
EMPLOYEE PROFIT SHARING PLAN**

**Financial Statements
Together with Independent Auditors' Report**

**As of December 31, 2019 and 2018 and
For the Year Ended December 31, 2019**



INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing Plan
and its Participants:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental 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 this supplemental schedule.

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.

SC&H Asset Services, P.C.

September 30, 2020

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2019</i>	<i>2018</i>
Assets		
Non-Interest Bearing Cash	\$ -	\$ 11,934
Investments, at Fair Value	44,857,592	35,817,210
Receivables		
Notes receivable from participants	142,467	158,531
Participant contributions receivable	25,750	-
Company contributions receivable	1,546,211	1,467,561
Total Receivables	1,714,428	1,626,092
Total Assets	46,572,020	37,455,236
Liabilities	-	-
Net Assets Available for Benefits	\$ 46,572,020	\$ 37,455,236

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

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

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

Changes in Net Assets Available for Benefits Attributable to:

Contributions	
Participants	\$ 1,147,182
Company	1,824,307
Rollovers	223,533
<hr/>	
Total Contributions	3,195,022
Investment Income	
Interest and dividends	2,464,910
Net appreciation in fair value of investments	5,134,637
Increase in cash surrender value of life insurance policies	2,017
<hr/>	
Total Investment Income	7,601,564
Interest Income on Notes Receivable from Participants	7,488
Benefits Paid to Participants	(1,682,894)
Administrative Expenses	(4,396)
<hr/>	
Net Increase in Net Assets Available for Benefits	9,116,784
Net Assets Available for Benefits:	
Beginning of Year	37,455,236
<hr/>	
End of Year	\$ 46,572,020
<hr/>	

The accompanying notes are an integral part of this financial statement.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

1. DESCRIPTION OF THE PLAN

The following description of the Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which was established effective June 30, 1972 by Radiology Affiliates of Central New Jersey, P.C. (the Company). The Plan covers all eligible employees of the Company who have attained 21 years of age. All employees of the Company are eligible to participate in the Plan except for residents of Puerto Rico, employees covered by a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations, leased employees, and nonresident aliens with no income from a U.S. source. Eligible employees may participate in the Plan upon completion of one year with 1,000 hours of service. Once eligibility requirements are attained, participants may begin to contribute on the first day of the year or six months after (i.e. January 1st or July 1st). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was most recently amended and restated in April 2019 to remove flat dollar employee deferrals.

Participant Contributions

Participants may contribute up to 75% of their annual W-2 compensation, as defined by the Plan, not to exceed the maximum allowable contributions under the Internal Revenue Code (the Code). The maximum allowable pre-tax contribution totaled \$19,000 for the year ended December 31, 2019. Participants may also elect a portion of their deferrals as a Roth contribution. If they elect to make Roth deferrals, the amount of their contribution will be included in income for tax purposes, and the income tax withholding amounts will be deducted from the remainder of their pay, not from the Roth deferral amount. Employees who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled \$6,000 for the year ended December 31, 2019. Participants are permitted to make rollover contributions into the Plan.

Company Contributions

The Company may, at its discretion, elect to match a portion of the eligible participant's contributions on a Plan year basis. For the year ended December 31, 2019, the Company provided a discretionary matching contribution of 50% of participant contributions up to 4% of their eligible compensation, which totaled \$299,830.

The Company also makes safe harbor non-elective contributions to eligible participants. For the year ended December 31, 2019, employees received a safe harbor match of 3% of their eligible compensation, which totaled \$539,812.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

1. DESCRIPTION OF THE PLAN – cont’d.

Company Contributions – cont’d.

Employees are also eligible to receive non-elective profit sharing contributions made at the discretion of the Board of Directors each year upon satisfaction of the eligibility requirements, as defined by the Plan. Profit sharing contributions are allocated pro rata based on each employee’s compensation in relation to the compensation of all participants eligible to receive the contribution.

Participants must be employed by the Company on the last day of the year to receive the non-elective profit sharing contribution. For the year ended December 31, 2019, the Company contributed \$984,665 as qualified non-elective profit sharing contributions.

Participant Accounts

Each participant’s account is participant-directed and is credited with the participant’s contributions, withdrawals, and allocations of Company contributions, plan earnings and administrative expenses in accordance with the investment options selected by the participant. Any earnings, losses, and administrative expenses are allocated to participant accounts based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant’s account.

Vesting

Participants are immediately vested in their contributions, safe harbor contributions, and discretionary matching contributions made by the Company, plus earnings thereon. For Company discretionary matching contributions made prior to December 21, 2012 and non-elective profit sharing contributions, vesting was based on years of continuous service, as defined by the Plan, according to the following graduated vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	25%
3	50%
4	75%
5	100%

Participants become fully vested in their Company contributions upon attainment of normal retirement age, total disability or death.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

1. DESCRIPTION OF THE PLAN – cont'd.

Forfeitures

Forfeitures of Company contributions may be used to pay administrative expenses or reduce future Company contributions. Forfeitures become available to the Plan as of the earlier of the last day of the Plan year in which a former employee incurs five consecutive one-year breaks in service or a distribution of the participant's entire vested account balance occurs. Forfeitures available as of December 31, 2019 and 2018 totaled \$15,790 and \$19,437, respectively. Forfeitures totaling \$74,840 were used to reduce Company contributions for the year ended December 31, 2019.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed \$50,000, without regard to the intended use of the funds. The minimum note amount is \$1,000 and each participant may not exceed two loans outstanding at a given time. The notes are collateralized by the participant's vested account balance and are accounted for as a specific investment of the borrowing participant's account. Note repayments are to be made at least quarterly with interest based on rates comparable to those offered by financial institutions at the time of note origination. Notes for reasons other than the purchase of a primary residence are to be repaid within five years. Notes used to purchase a primary residence are to be repaid over a ten year period.

Payment of Benefits

Upon termination of service due to death, disability, retirement (age 65), early retirement (55 years of age and 6 years of service) or attainment of age 59 ½, a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions from the Plan are payable in the form of a lump sum payment or installment payments; however, distributions of accounts with balances less than \$1,000 must be in the form of a lump-sum distribution. Prior to retirement, distributions from the Plan are payable in the form of a lump sum payment. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. As of December 31, 2019 and 2018, there were no net assets of the Plan allocated to the accounts of participants who had elected to withdraw from the Plan that had not received such distributions as of year-end.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid by the Trustee with assets of the Plan unless the Company, at its discretion, elects to pay them. During the year ended December 31, 2019, the Company paid the majority of direct expenses related to the Plan's operations. Administrative expenses totaling \$4,396 were paid directly from the Plan for the year ended December 31, 2019. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in financial instruments that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term and materially affect the amounts reported in the statements of net assets available for benefits.

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 as received. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a 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 ASC 820 are described below:

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

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont’d.

Fair Value Measurement – cont’d.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- 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 upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

Interest bearing cash: Shares of a money market portfolio are valued using amortized cost which approximates fair value.

Interests in registered investment companies: Valued at the closing price of the shares held by the Plan at year-end. Funds are traded on an active market.

Self-directed funds: Valued at the closing price of shares held by the Plan at year-end. Individual securities within the accounts are traded on an active market.

Cash surrender value of life insurance policies: Cash surrender values of life insurance policies are valued at their redemption values.

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. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2019 and 2018.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont’d.

Fair Value Measurement – cont’d.

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
Interest bearing cash	\$ 503,736	\$ -	\$ -	\$ 503,736
Interests in registered investment companies	22,840,742	-	-	22,840,742
Self-directed funds	21,277,778	-	-	21,277,778
Cash surrender value of life insurance policies	-	235,336	-	235,336
Total investments, at fair value	\$ 44,622,256	\$ -	\$ -	\$ 44,857,592

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
Interest bearing cash	\$ 579,088	\$ -	\$ -	\$ 579,088
Interests in registered investment companies	17,122,217	-	-	17,122,217
Self-directed funds	17,883,139	-	-	17,883,139
Cash surrender value of life insurance policies	-	232,766	-	232,766
Total investments, at fair value	\$ 35,584,444	\$ 232,766	\$ -	\$ 35,817,210

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

Recently Issued Accounting Pronouncement and Accounting Changes

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 eliminates, amends and adds disclosure requirements relating to fair value reporting. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019 for all entities, with early adoption permitted only for eliminated and modified disclosure requirements. All changes should be prospectively applied to all periods presented. Management has not elected to early adopt ASU 2018-13 during the year ended December 31, 2019 and is currently evaluating its future effect on the financial statements.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through September 30, 2020, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except as disclosed in Note 8.

3. INVESTMENTS

All investment information (excluding cash surrender value of life insurance policies on the statements of net assets available for benefits and the related change in value on the statement of changes in net assets available for benefits) disclosed in the accompanying financial statements and supplemental schedule, including assets held as of December 31, 2019 and 2018, and interest and dividend income and net appreciation in fair value of investments for the year ended December 31, 2019, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan, Fidelity Management Trust Company.

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (Fidelity), the Trustee of the Plan. The fair value of the life insurance policies are not certified.

		2019		2018
Investment values certified by the Trustee:	\$	44,622,256	\$	35,584,444
<hr/>				
		2019		2018
Information not certified by the Trustee:				
Cash surrender value of life insurance policies	\$	235,336	\$	232,766

4. SELF-DIRECTED FUNDS

The Plan offers a self-directed program to participants allowing them to invest their account balances in any investment, as permitted by the Plan and in accordance with ERISA. Under this type of arrangement, participants can direct investments into the self-directed program in addition to, or in lieu of, the various investment alternatives offered by the Plan. The Plan's investment in self-directed accounts, consisting principally of interests in registered investment companies, cash and common stock, totaled \$21,277,778 and \$17,883,139 as of December 31, 2019 and 2018, respectively. Interest and dividends on self-directed funds totaled \$632,784 for the year ended December 31, 2019. Net unrealized and realized income on self-directed funds totaled \$2,977,878 for the year ended December 31, 2019.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

5. PLAN TERMINATION

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

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments Institutional Operations Company, Inc., who acts as Custodian for the Plan. The Custodian is a related entity to the Trustee. The Plan loans funds to its participants according to the applicable provisions of the Plan agreement. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

7. INCOME TAX STATUS

The Plan has adopted a standardized prototype plan which received a favorable opinion letter from the Internal Revenue Service dated July 23, 2014, stating that the Plan is qualified in accordance with applicable sections of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan was amended and restated subsequent to receiving the opinion letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business taxable income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2019 and 2018.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2019 and 2018 For the Year Ended December 31, 2019

8. SUBSEQUENT EVENTS

In December 2019, a novel strain of coronavirus (“COVID-19”) was reported in Wuhan, China. The World Health Organization has declared COVID-19 to constitute a “Public Health Emergency of International Concern”. Subsequent to year-end, COVID-19 began to spread throughout the United States. Efforts to contain COVID-19, including restrictions mandated by the Federal and various state governments, have caused non-essential business to close or operate remotely. As of the report date, the Plan has experienced an immediate impact from COVID-19 due to the volatility of the financial markets. The future extent of the impact of COVID-19 on the Plan’s operations, including but not limited to, further market volatility and future certain Company contributions to the Plan will depend on future developments, including the duration and spread of the outbreak which is unknown at this time.

Subsequent to year-end, the Company initiated the process to merge the Plan with the Radiology Partners, Inc. 401(k) Plan (RP Plan). On August 17, 2020, the Company transferred all assets and individual participant balances to the RP Plan.

SUPPLEMENTAL SCHEDULE PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	* Fidelity Government Money Market DM	Interest bearing cash	xx	\$ 503,736
	AllianceBernstein High Income Fund A	Interest in registered investment companies	xx	311,170
	Blackrock Global Allocation A	Interest in registered investment companies	xx	185,377
	BNY Mellon International Bond Fund A	Interest in registered investment companies	xx	111,628
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies	xx	994,086
	* Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies	xx	665,295
	* Fidelity Advisor New Insights A	Interest in registered investment companies	xx	1,744,408
	* Fidelity Advisor Strategic Income A	Interest in registered investment companies	xx	591,696
	* Fidelity Advisor Utilities A	Interest in registered investment companies	xx	140,181
	Franklin Rising Dividends Fund A	Interest in registered investment companies	xx	669,541
	Hartford Dividend & Growth R4	Interest in registered investment companies	xx	768,806
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies	xx	1,455,349
	Ivy International Core Equities A	Interest in registered investment companies	xx	78,066
	J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies	xx	723,482
	J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies	xx	1,898,632
	J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies	xx	2,118,173
	J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies	xx	841,373
	J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies	xx	712,512
	J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies	xx	3,341,509
	J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies	xx	528,945
	J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies	xx	928,371
	J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies	xx	255,030
	J.P. Morgan Smart Retirement Income A	Interest in registered investment companies	xx	1,332,413
	J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies	xx	397,954
	MFS Global Equity Fund R3	Interest in registered investment companies	xx	687,510
	MFS Mid Cap Value Fund	Interest in registered investment companies	xx	159,075
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies	xx	212,498
	Oppenheimer International Small-Mid Co Fund A	Interest in registered investment companies	xx	145,718
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies	xx	272,245
	Putnam High Yield Advantage A	Interest in registered investment companies	xx	108,827
	T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies	xx	305,329
	Victory RS Small Cap Growth Fund A	Interest in registered investment companies	xx	155,543
				22,840,742

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Aim Diversified Dividend Investor C1	Self-directed funds	xx	353,253
	Alibaba Group Hldg Ltd	Self-directed funds	xx	73,599
	Alphabet Inc Cap Stk C1 C	Self-directed funds	xx	6,685
	Altria Group Inc Nfs Llc Is A	Self-directed funds	xx	755
	Amazon.Com Inc Nfs Llc Is A Market	Self-directed funds	xx	415,764
	American Amcap Fund Class F	Self-directed funds	xx	63,742
	American Balanced Class F	Self-directed funds	xx	84,813
	American Century Equity Income	Self-directed funds	xx	102,552
	American Century Inflation Adj Treas	Self-directed funds	xx	63,715
	American Europacific Growth Class F	Self-directed funds	xx	52,276
	American Mutual Fund Class F	Self-directed funds	xx	102,910
	American New World Class F	Self-directed funds	xx	56,685
	American Washington Mutual Investors Fid Fund	Self-directed funds	xx	103,233
	Amg Yacktman Fund Service Class	Self-directed funds	xx	100,707
	Annaly Mortgage Management Inc	Self-directed funds	xx	167,636
	Antares Pharma Inc	Self-directed funds	xx	5,170
	Apollo Invt Corp Com Sh Ben Int	Self-directed funds	xx	11,628
	Apple Computer Inc Nfs Llc Is A Market	Self-directed funds	xx	235,784
	Apple Inc Note	Self-directed funds	xx	25,427
	Artisan Global Value Fd Invt Shares	Self-directed funds	xx	52,083
	AT&T Inc Com	Self-directed funds	xx	612
	Baird Aggregate Bond Fund Instl	Self-directed funds	xx	155,873
	Baird Short Term Bond Fund Instl	Self-directed funds	xx	155,772
	Banco Santander Cent Hispanao S A	Self-directed funds	xx	11,614
	Bank of America Corp	Self-directed funds	xx	100,943
	Barings BDC Inc Com	Self-directed funds	xx	25,168
	Bausch Health Companies Inc Com	Self-directed funds	xx	2,094
	Berkshire Hathaway Inc Dell C1 B New	Self-directed funds	xx	31,710
	Beyond Meat Inc Com	Self-directed funds	xx	20,412
	Blackrock Kelso Cap Corporation	Self-directed funds	xx	62,377
	Boeing Co Nfs Is a Specialist	Self-directed funds	xx	11,402
	Brown Capital Mgt Small Company Inv	Self-directed funds	xx	40,004
	Chimera Invt Corp Com New	Self-directed funds	xx	34,504
	China Unicom Ltd Spons Adr	Self-directed funds	xx	3,129
	Citigroup Inc Com New	Self-directed funds	xx	79,077
	Cognex Corp	Self-directed funds	xx	21,295
	Consolidated Edison Hldg Co Inc	Self-directed funds	xx	22,174
	Corning Inc Nfs Is A Specialist	Self-directed funds	xx	7,381
	Discover Finl Svcs	Self-directed funds	xx	13,571
	Disney Walt Co Del (Holding Company)	Self-directed funds	xx	29,938
	Dodge & Cox Income	Self-directed funds	xx	300,369
	Dodge & Cox Internatl Stock Fund	Self-directed funds	xx	495,771

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Dodge & Cox Stock	Self-directed funds	xx	50,820
	Edwards Lifesciences Corp	Self-directed funds	xx	186,632
	El Pollo Loco Holdings Inc Com	Self-directed funds	xx	11,355
	Exxon Mobil Corp Nfs Is A Specialist	Self-directed funds	xx	45,751
	Facebook Inc Class A	Self-directed funds	xx	235,011
*	Fidelity 500 Index Institutional Premium	Self-directed funds	xx	821,061
*	Fidelity Cash Reserves	Self-directed funds	xx	1,248,438
*	Fidelity Contrafund	Self-directed funds	xx	224,750
*	Fidelity Extended Market Index Instl Premium	Self-directed funds	xx	533,237
*	Fidelity Floating Rate High Income	Self-directed funds	xx	107,738
*	Fidelity Inflation-Protected Bond Index Instl Prem	Self-directed funds	xx	24,456
*	Fidelity Int'l Enhanced Index Fund	Self-directed funds	xx	11,358
*	Fidelity Low Duration Bond Factor	Self-directed funds	xx	50,761
*	Fidelity Low Priced Stock	Self-directed funds	xx	50,722
*	Fidelity New Markets Income	Self-directed funds	xx	27,557
*	Fidelity Short Term Bond	Self-directed funds	xx	155,116
*	Fidelity Small Cap Index Instl Premium	Self-directed funds	xx	54,638
*	Fidelity Small Cap Retirement	Self-directed funds	xx	4,779
*	Fidelity Stock Selector Mid Cap Fund	Self-directed funds	xx	7,406
*	Fidelity Total Bond	Self-directed funds	xx	285,386
*	Fidelity Total Market Index Instl Premium Class	Self-directed funds	xx	444,136
*	Fidelity US Bond Index Instl Premium	Self-directed funds	xx	1,628,152
	Fmi Common Stock Fund	Self-directed funds	xx	51,162
	Fmi International	Self-directed funds	xx	51,238
	Fmi Large Cap Fund	Self-directed funds	xx	414,705
	Foot Locker Inc	Self-directed funds	xx	4,640
	Ford Mtr Co Del Com	Self-directed funds	xx	9,300
	Franklin Age High Income Class A	Self-directed funds	xx	26,794
	Fundamental Investors	Self-directed funds	xx	42,409
	General Electric Co Nfs Is A Specialist	Self-directed funds	xx	4,931
	Gilead Sciences Inc	Self-directed funds	xx	25,855
	Global X Fds Global X Ftse Greece 20 Etf	Self-directed funds	xx	6,078
	Global X Funds Future Analytics	Self-directed funds	xx	8,950
	Glu Mobile Inc	Self-directed funds	xx	6,050
	Goldman Sachs Group Inc	Self-directed funds	xx	45,854
	Gopro Inc. Class A	Self-directed funds	xx	955
	Grayscale Bitcoin Trust	Self-directed funds	xx	5,217
	Growth Fund Of America Class A	Self-directed funds	xx	118,981
	Gsi Technology Inc	Self-directed funds	xx	709
	Harbor Bond	Self-directed funds	xx	250,664
	Harding Loevner Emerging Mkt Port	Self-directed funds	xx	27,040
	Harding Loevner Internatl Eq Inv Cl	Self-directed funds	xx	51,599
	Home Depot Inc Nfs Is A Specialist	Self-directed funds	xx	76,433

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Instl Advisor CI Leveraged Co Stock	Self-directed funds	xx	46,545
	Intel Corp NFS LLC Is A Market	Self-directed funds	xx	6,213
	Invesco QQQ Tr Unit Series 1	Self-directed funds	xx	197,727
	IRobot Corp Com	Self-directed funds	xx	23,796
	Ishares Comex Gold Trust Ishares Etf	Self-directed funds	xx	41,978
	Ishares Inc Msci Eafe Minimum	Self-directed funds	xx	3,725
	Ishares Inc Msci Emerging Mkts	Self-directed funds	xx	26,972
	Ishares Inc Msci Japan Etf New	Self-directed funds	xx	13,329
	Ishares Tr Ftse Xinhau Hk China 25	Self-directed funds	xx	18,773
	Ishares Tr Lehman U S Aggregate Bd Fd	Self-directed funds	xx	143,020
	Ishares Tr Nasdaq Biotechnology Index	Self-directed funds	xx	21,692
	Ishares Tr S&P 500 Index Fd	Self-directed funds	xx	202,025
	Ishares Tr S&P Euro Plus 350 Index	Self-directed funds	xx	15,027
	Ishares Tr S&P US Pfd Stk Index Fd	Self-directed funds	xx	5,402
	Ishares Trust Core Msci Eafe Etf	Self-directed funds	xx	14,517
	Ishares Trust Core Msci Europe	Self-directed funds	xx	385,877
	Ishares Trust Core Divid Growth Etf	Self-directed funds	xx	122,424
	Ishares Trust Core Short-Term Us Bd Etf	Self-directed funds	xx	106,833
	Ishares Trust Core Total USD Bd Mkt Etf	Self-directed funds	xx	22,207
	J P Morgan Chase & Co	Self-directed funds	xx	34,850
	J P Morgan Chase Bank NA Columbus CD	Self-directed funds	xx	250,025
	Jensen Portfolio, Inc.	Self-directed funds	xx	410,209
	Johnson & Johnson Nfs Is A Specialist	Self-directed funds	xx	83,531
	Kinder Morgan Inc Delaware Com	Self-directed funds	xx	9,760
	Las Vegas Sands Corp	Self-directed funds	xx	11,737
	Lazard Emerging Mkts Open Class	Self-directed funds	xx	49,175
	Loomis Sayles Bond Retail Shares	Self-directed funds	xx	296,988
	Matthews Asia Pacific Equity Income Fd	Self-directed funds	xx	39,264
	Matthews Pacific Tiger Fund	Self-directed funds	xx	37,960
	Mcdonalds Corp Nfs Is A Specialist	Self-directed funds	xx	49,066
	Metropolitan West Total Return Bond	Self-directed funds	xx	298,676
	Microsoft Corp NFS LLC Is A Market	Self-directed funds	xx	32,349
	Morgan Stanley Bank N A Utah CD	Self-directed funds	xx	40,120
	Netflix.Com, Inc.	Self-directed funds	xx	137,517
	New Oriental Ed & Technology Group Inc	Self-directed funds	xx	30,313
	Nvidia Corp Nfs Llc Is A Market	Self-directed funds	xx	86,051
	Oakmark Internat'l	Self-directed funds	xx	51,208
	Organovo Hldgs Inc Com	Self-directed funds	xx	711
	Parnassus Equity Income Portfolio	Self-directed funds	xx	102,621
	Parnassus Mid Cap	Self-directed funds	xx	50,869
	Paychex Inc Nfs Llc Is A Market	Self-directed funds	xx	40,700
	Pimco High Income Fd Com Shs	Self-directed funds	xx	48,722
	Ppl Corp	Self-directed funds	xx	93,651

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Primecap Odyssey Aggressive Growth Fund	Self-directed funds	xx	51,442
	Primecap Odyssey Growth Fund	Self-directed funds	xx	10,480
	Primecap Odyssey Sto Ck Fund	Self-directed funds	xx	45,292
	Qs Energy Inc Com Npv	Self-directed funds	xx	3,298
	Red Rock Resorts Inc Cl A	Self-directed funds	xx	24,165
	Royal Carribean Cruises Ltd	Self-directed funds	xx	18,691
	Royce Special Equity	Self-directed funds	xx	41,932
	Santander Bank National Association CD	Self-directed funds	xx	250,050
	Schwab S & P 500 Index Fd-Select Shs	Self-directed funds	xx	55,975
	Sector Spdr Tr Shs Ben Int Consumer	Self-directed funds	xx	32,595
	Sector Spdr Tr Shs Ben Int Energy	Self-directed funds	xx	8,547
	Sector Spdr Tr Shs Ben Int Financial	Self-directed funds	xx	48,308
	Sector Spdr Tr Shs Ben Int Utilities	Self-directed funds	xx	12,601
	Select Sector Spdr Tr RI Est Sel Sec	Self-directed funds	xx	23,316
	Shake Shack Inc Cl A	Self-directed funds	xx	5,957
	Sirius Xm Holdings, Inc. Com	Self-directed funds	xx	42,900
	Snap Inc Cl A	Self-directed funds	xx	4,899
	Sonos Inc Com	Self-directed funds	xx	6,248
	Spdr Dow Jones Indl Average Etf Tr Unit	Self-directed funds	xx	202,421
	Spdr Ser Tr Kbw Regl Bkg Etf	Self-directed funds	xx	26,213
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	Sterling Capital Stratton Sm Cp Val I	Self-directed funds	xx	245,285
	Stratasys LTD Com	Self-directed funds	xx	11,124
	Synchrony Financial Com	Self-directed funds	xx	12,690
	T Rowe Price Intl Discovery Fund	Self-directed funds	xx	49,096
	T Rowe Price Real Estate Fund	Self-directed funds	xx	44,673
	Templeton Global Bond Class A	Self-directed funds	xx	48,540
	Tesla Motors, Inc. Com	Self-directed funds	xx	243,468
	Three D Systems Corp New	Self-directed funds	xx	1,750
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	Under Armour Inc Cl A	Self-directed funds	xx	37,152
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	United States Steel Corp	Self-directed funds	xx	4,675
	United States Treas Bills Zero Cpn	Self-directed funds	xx	103,555
	Vaneck Vectors Etf Tr Russia Etf	Self-directed funds	xx	9,988

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

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	Vanguard Bd Index Fd Inc Total Bd Market	Self-directed funds	xx	176,039
	Vanguard Dividend Growth Investor Cl	Self-directed funds	xx	171,008
	Vanguard Emerging Markets Stock Index	Self-directed funds	xx	6,156
	Vanguard Energy	Self-directed funds	xx	24,867
	Vanguard Fixed Inc High Yield Corp	Self-directed funds	xx	294,466
	Vanguard Gnma	Self-directed funds	xx	155,869
	Vanguard Growth Index	Self-directed funds	xx	101,728
	Vanguard High Div Yld Idx Admiral Shs	Self-directed funds	xx	88,186
	Vanguard Index Fds Formerly Vanguard	Self-directed funds	xx	47,584
	Vanguard Index Fds Vanguard Small Cap	Self-directed funds	xx	7,058
	Vanguard Index Tr Vanguard Total Stk	Self-directed funds	xx	1,447,044
	Vanguard Intermediate Term	Self-directed funds	xx	53,607
	Vanguard Intl Equity Index Fd Inc	Self-directed funds	xx	64,046
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	Vanguard Short Term Corporate	Self-directed funds	xx	106,970
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	Vanguard Specialized Portfolios Div	Self-directed funds	xx	41,102
	Vanguard Target Retirement 2030 Inv	Self-directed funds	xx	306,852
	Vanguard Total Bond Market Admiral	Self-directed funds	xx	269,013
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	Visa Inc Com Cl A	Self-directed funds	xx	112,740
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	Wheaton Precious Metals Corp Com	Self-directed funds	xx	17,993
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2019

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*	Fidelity Government Money Market DM	Interest bearing cash	xx	\$ 503,736
	AllianceBernstein High Income Fund A	Interest in registered investment companies	xx	311,170
	Blackrock Global Allocation A	Interest in registered investment companies	xx	185,377
	BNY Mellon International Bond Fund A	Interest in registered investment companies	xx	111,628
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies	xx	994,086
*	Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies	xx	665,295
*	Fidelity Advisor New Insights A	Interest in registered investment companies	xx	1,744,408
*	Fidelity Advisor Strategic Income A	Interest in registered investment companies	xx	591,696
*	Fidelity Advisor Utilities A	Interest in registered investment companies	xx	140,181
	Franklin Rising Dividends Fund A	Interest in registered investment companies	xx	669,541
	Hartford Dividend & Growth R4	Interest in registered investment companies	xx	768,806
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies	xx	1,455,349
	Ivy International Core Equities A	Interest in registered investment companies	xx	78,066
	J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies	xx	723,482
	J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies	xx	1,898,632
	J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies	xx	2,118,173
	J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies	xx	841,373
	J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies	xx	712,512
	J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies	xx	3,341,509
	J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies	xx	528,945
	J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies	xx	928,371
	J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies	xx	255,030
	J.P. Morgan Smart Retirement Income A	Interest in registered investment companies	xx	1,332,413
	J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies	xx	397,954
	MFS Global Equity Fund R3	Interest in registered investment companies	xx	687,510
	MFS Mid Cap Value Fund	Interest in registered investment companies	xx	159,075
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies	xx	212,498
	Oppenheimer International Small-Mid Co Fund A	Interest in registered investment companies	xx	145,718
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies	xx	272,245
	Putnam High Yield Advantage A	Interest in registered investment companies	xx	108,827
	T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies	xx	305,329
	Victory RS Small Cap Growth Fund A	Interest in registered investment companies	xx	155,543
				<u>22,840,742</u>

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	Aim Diversified Dividend Investor C1	Self-directed funds	xx	353,253
	Alibaba Group Hldg Ltd	Self-directed funds	xx	73,599
	Alphabet Inc Cap Stk C1 C	Self-directed funds	xx	6,685
	Altria Group Inc Nfs Llc Is A	Self-directed funds	xx	755
	Amazon.Com Inc Nfs Llc Is A Market	Self-directed funds	xx	415,764
	American Amcap Fund Class F	Self-directed funds	xx	63,742
	American Balanced Class F	Self-directed funds	xx	84,813
	American Century Equity Income	Self-directed funds	xx	102,552
	American Century Inflation Adj Treas	Self-directed funds	xx	63,715
	American Europacific Growth Class F	Self-directed funds	xx	52,276
	American Mutual Fund Class F	Self-directed funds	xx	102,910
	American New World Class F	Self-directed funds	xx	56,685
	American Washington Mutual Investors Fid Fund	Self-directed funds	xx	103,233
	Amg Yacktman Fund Service Class	Self-directed funds	xx	100,707
	Annaly Mortgage Management Inc	Self-directed funds	xx	167,636
	Antares Pharma Inc	Self-directed funds	xx	5,170
	Apollo Invt Corp Com Sh Ben Int	Self-directed funds	xx	11,628
	Apple Computer Inc Nfs Llc Is A Market	Self-directed funds	xx	235,784
	Apple Inc Note	Self-directed funds	xx	25,427
	Artisan Global Value Fd Invt Shares	Self-directed funds	xx	52,083
	AT&T Inc Com	Self-directed funds	xx	612
	Baird Aggregate Bond Fund Instl	Self-directed funds	xx	155,873
	Baird Short Term Bond Fund Instl	Self-directed funds	xx	155,772
	Banco Santander Cent Hispanao S A	Self-directed funds	xx	11,614
	Bank of America Corp	Self-directed funds	xx	100,943
	Barings BDC Inc Com	Self-directed funds	xx	25,168
	Bausch Health Companies Inc Com	Self-directed funds	xx	2,094
	Berkshire Hathaway Inc Dell C1 B New	Self-directed funds	xx	31,710
	Beyond Meat Inc Com	Self-directed funds	xx	20,412
	Blackrock Kelso Cap Corporation	Self-directed funds	xx	62,377
	Boeing Co Nfs Is a Specialist	Self-directed funds	xx	11,402
	Brown Capital Mgt Small Company Inv	Self-directed funds	xx	40,004
	Chimera Invt Corp Com New	Self-directed funds	xx	34,504
	China Unicom Ltd Spons Adr	Self-directed funds	xx	3,129
	Citigroup Inc Com New	Self-directed funds	xx	79,077
	Cognex Corp	Self-directed funds	xx	21,295
	Consolidated Edison Hldg Co Inc	Self-directed funds	xx	22,174
	Corning Inc Nfs Is A Specialist	Self-directed funds	xx	7,381
	Discover Finl Svcs	Self-directed funds	xx	13,571
	Disney Walt Co Del (Holding Company)	Self-directed funds	xx	29,938
	Dodge & Cox Income	Self-directed funds	xx	300,369
	Dodge & Cox Internatl Stock Fund	Self-directed funds	xx	495,771

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Dodge & Cox Stock	Self-directed funds	xx	50,820
	Edwards Lifesciences Corp	Self-directed funds	xx	186,632
	El Pollo Loco Holdings Inc Com	Self-directed funds	xx	11,355
	Exxon Mobil Corp Nfs Is A Specialist	Self-directed funds	xx	45,751
	Facebook Inc Class A	Self-directed funds	xx	235,011
*	Fidelity 500 Index Institutional Premium	Self-directed funds	xx	821,061
*	Fidelity Cash Reserves	Self-directed funds	xx	1,248,438
*	Fidelity Contrafund	Self-directed funds	xx	224,750
*	Fidelity Extended Market Index Instl Premium	Self-directed funds	xx	533,237
*	Fidelity Floating Rate High Income	Self-directed funds	xx	107,738
*	Fidelity Inflation-Protected Bond Index Instl Prem	Self-directed funds	xx	24,456
*	Fidelity Int'l Enhanced Index Fund	Self-directed funds	xx	11,358
*	Fidelity Low Duration Bond Factor	Self-directed funds	xx	50,761
*	Fidelity Low Priced Stock	Self-directed funds	xx	50,722
*	Fidelity New Markets Income	Self-directed funds	xx	27,557
*	Fidelity Short Term Bond	Self-directed funds	xx	155,116
*	Fidelity Small Cap Index Instl Premium	Self-directed funds	xx	54,638
*	Fidelity Small Cap Retirement	Self-directed funds	xx	4,779
*	Fidelity Stock Selector Mid Cap Fund	Self-directed funds	xx	7,406
*	Fidelity Total Bond	Self-directed funds	xx	285,386
*	Fidelity Total Market Index Instl Premium Class	Self-directed funds	xx	444,136
*	Fidelity US Bond Index Instl Premium	Self-directed funds	xx	1,628,152
	Fmi Common Stock Fund	Self-directed funds	xx	51,162
	Fmi International	Self-directed funds	xx	51,238
	Fmi Large Cap Fund	Self-directed funds	xx	414,705
	Foot Locker Inc	Self-directed funds	xx	4,640
	Ford Mtr Co Del Com	Self-directed funds	xx	9,300
	Franklin Age High Income Class A	Self-directed funds	xx	26,794
	Fundamental Investors	Self-directed funds	xx	42,409
	General Electric Co Nfs Is A Specialist	Self-directed funds	xx	4,931
	Gilead Sciences Inc	Self-directed funds	xx	25,855
	Global X Fds Global X Ftse Greece 20 Etf	Self-directed funds	xx	6,078
	Global X Funds Future Analytics	Self-directed funds	xx	8,950
	Glu Mobile Inc	Self-directed funds	xx	6,050
	Goldman Sachs Group Inc	Self-directed funds	xx	45,854
	Gopro Inc. Class A	Self-directed funds	xx	955
	Grayscale Bitcoin Trust	Self-directed funds	xx	5,217
	Growth Fund Of America Class A	Self-directed funds	xx	118,981
	Gsi Technology Inc	Self-directed funds	xx	709
	Harbor Bond	Self-directed funds	xx	250,664
	Harding Loevner Emerging Mkt Port	Self-directed funds	xx	27,040
	Harding Loevner Internatl Eq Inv Cl	Self-directed funds	xx	51,599
	Home Depot Inc Nfs Is A Specialist	Self-directed funds	xx	76,433

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Instl Advisor Cl Leveraged Co Stock	Self-directed funds	xx	46,545
	Intel Corp NFS LLC Is A Market	Self-directed funds	xx	6,213
	Invesco QQQ Tr Unit Series 1	Self-directed funds	xx	197,727
	IRobot Corp Com	Self-directed funds	xx	23,796
	Ishares Comex Gold Trust Ishares Etf	Self-directed funds	xx	41,978
	Ishares Inc Msci Eafe Minimum	Self-directed funds	xx	3,725
	Ishares Inc Msci Emerging Mkts	Self-directed funds	xx	26,972
	Ishares Inc Msci Japan Etf New	Self-directed funds	xx	13,329
	Ishares Tr Ftse Xinhau Hk China 25	Self-directed funds	xx	18,773
	Ishares Tr Lehman U S Aggregate Bd Fd	Self-directed funds	xx	143,020
	Ishares Tr Nasdaq Biotechnology Index	Self-directed funds	xx	21,692
	Ishares Tr S&P 500 Index Fd	Self-directed funds	xx	202,025
	Ishares Tr S&P Euro Plus 350 Index	Self-directed funds	xx	15,027
	Ishares Tr S&P US Pfd Stk Index Fd	Self-directed funds	xx	5,402
	Ishares Trust Core Msci Eafe Etf	Self-directed funds	xx	14,517
	Ishares Trust Core Msci Europe	Self-directed funds	xx	385,877
	Ishares Trust Core Divid Growth Etf	Self-directed funds	xx	122,424
	Ishares Trust Core Short-Term Us Bd Etf	Self-directed funds	xx	106,833
	Ishares Trust Core Total USD Bd Mkt Etf	Self-directed funds	xx	22,207
	J P Morgan Chase & Co	Self-directed funds	xx	34,850
	J P Morgan Chase Bank NA Columbus CD	Self-directed funds	xx	250,025
	Jensen Portfolio, Inc.	Self-directed funds	xx	410,209
	Johnson & Johnson Nfs Is A Specialist	Self-directed funds	xx	83,531
	Kinder Morgan Inc Delaware Com	Self-directed funds	xx	9,760
	Las Vegas Sands Corp	Self-directed funds	xx	11,737
	Lazard Emerging Mkts Open Class	Self-directed funds	xx	49,175
	Loomis Sayles Bond Retail Shares	Self-directed funds	xx	296,988
	Matthews Asia Pacific Equity Income Fd	Self-directed funds	xx	39,264
	Matthews Pacific Tiger Fund	Self-directed funds	xx	37,960
	Mcdonalds Corp Nfs Is A Specialist	Self-directed funds	xx	49,066
	Metropolitan West Total Return Bond	Self-directed funds	xx	298,676
	Microsoft Corp NFS LLC Is A Market	Self-directed funds	xx	32,349
	Morgan Stanley Bank N A Utah CD	Self-directed funds	xx	40,120
	Netflix.Com, Inc.	Self-directed funds	xx	137,517
	New Oriental Ed & Technology Group Inc	Self-directed funds	xx	30,313
	Nvidia Corp Nfs Llc Is A Market	Self-directed funds	xx	86,051
	Oakmark Internat'l	Self-directed funds	xx	51,208
	Organovo Hldgs Inc Com	Self-directed funds	xx	711
	Parnassus Equity Income Portfolio	Self-directed funds	xx	102,621
	Parnassus Mid Cap	Self-directed funds	xx	50,869
	Paychex Inc Nfs Llc Is A Market	Self-directed funds	xx	40,700
	Pimco High Income Fd Com Shs	Self-directed funds	xx	48,722
	Ppl Corp	Self-directed funds	xx	93,651

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	United States Treas Bills Zero Cpn	Self-directed funds	xx	103,555
	Vaneck Vectors Etf Tr Russia Etf	Self-directed funds	xx	9,988

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