Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1971

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)
SALTZER MEDICAL GROUP, P.A.

215 E HAWAII AVE
NAMPA, ID 83686-6011

2b Employer Identification Number (EIN)
82-0299231

2c Plan Sponsor's telephone number
208-463-3000

2d Business code (see instructions)
621111

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.	12/16/2020	JOHN KAISER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/16/2020	JOHN KAISER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	91
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	46
a(2) Total number of active participants at the end of the plan year	**6a(2)**	235
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	279
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	279
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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:
2A 2E 2G 2J 2R 3D

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

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

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

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 2 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

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.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD 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
63-0169720	69019	SD0436983	1	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

JERALD L. CORNILLES
924 16TH AVENUE SOUTH
NAMPA, ID 83651

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

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	

(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	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ COMPLY WITH STATE & FED REGULATIONS

b	Premiums paid to carrier	6b	
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) [X] 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	
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)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
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)	
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)**	
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)**	
(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)**	
(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. Specify nature of costs.			**10b**	

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

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.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD 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
63-0169720	69019	SD0452139	1	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

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	(c) Amount	**(d)** Purpose	

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

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	(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	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ COMPLY WITH STATE & FED REGULATIONS

b	Premiums paid to carrier	6b	
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) [X] 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	
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)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
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)	
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)**	
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)**	
(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)**	
(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. Specify nature of costs.			**10b**	

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

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan	**B** Three-digit plan number (PN) ▶
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SALTZER MEDICAL GROUP, P.A.	82-0299231

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

FIDUCIARY PARTNERS, INC.

3913 W PROSPECT AVE 201
APPLETON, WI 54914

39-1619761

(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?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL INVESTMENT ADVISORS

101 S CAPITOL BLVD 1800
BOISE, ID 83701

81-0139474

(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?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PINNACLE PENSION SERVICES, INC.

3101 W MAIN STREET, 100
BOISE, ID 83702

82-0433443

(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?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RATHBONE WARWICK INV MGMT

101 S CAPITOL BLVD
208-297-5445
BOISE, ID 83702

(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?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VOYA FINANCIAL, INC.

PO BOX 990067
HARTFORD, CT 06199-0067

52-1222820

(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?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE HOLDING CORPORATION

200 SOUTH 108TH AVE
OMAHA, NE 68154

82-0543156

(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?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1008495	949941
(2) Participant contributions	1b(2)	21912	43769
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8050543	375296
(2) U.S. Government securities	1c(2)	17174	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	599708	312302
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5709603	3827425
(5) Partnership/joint venture interests	1c(5)	41306	
(6) Real estate (other than employer real property)	1c(6)	1251410	
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	65276	101054
(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)	4704266	14601167
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	59844	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	21529537	20210954
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21529537	20210954

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)	995049	
	(B) Participants	2a(1)(B)	990872	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1985921
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	86717	
	(B) U.S. Government securities	2b(1)(B)	180	
	(C) Corporate debt instruments	2b(1)(C)	9540	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1422	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		97859
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	99762	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		99762
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4225192	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4475541	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-250349
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	594954	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		594954

		(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)		201945
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2730092
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3994559	
(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)		3994559
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)	26437	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	27679	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		54116
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4048675
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1318583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RIPLEY DOORN & COMPANY, P.L.L.C. (2) EIN: 82-0476132

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		190150
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018
****

OFFICE LOCATIONS

RIPLEY DOORN & COMPANY, P.L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

1140 South Allante Ave.
Boise, ID 83709
PH. (208) 375-0550

824 Dearborn St.
Caldwell, ID 83605
PH. (208) 459-3696

217 W. Georgia Ave. Suite 100
Nampa, ID 83686
PH. (208) 466-9264

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Saltzer Medical Group, P.A.
401(k) Profit Sharing Plan
Nampa, Idaho

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saltzer Medical Group, P.A. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 Fiduciary Partners, Inc. and Voya Financial, Inc., the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Fiduciary Partners, Inc. held certain Plan investment assets and executed investment transactions from October 1, 2017 to September 30, 2018, and that Voya Financial, Inc. held certain Plan investment assets and executed investment transactions from September 28, 2018 to September 30, 2019. The plan administrator has obtained certifications from the trustees as of and for the years ended September 30, 2019 and 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

Saltzer Medical Group, P.A.
401(k) Profit Sharing Plan
Nampa, Idaho

As discussed in Note 4 to the financial statements, the fair value of the Plan's investments in a partnership interest and insurance contracts had not been determined as of September 30, 2018. These investments are shown at their fair value as of September 30, 2016. Department of Labor's Rules and Regulations and accounting principles generally accepted in the United States of America require plan investments to be valued at fair values as of the end of the plan year. The effects on the financial statements and supplemental schedules of not determining the fair value of these investments as of September 30, 2018 is not determinable.

Disclaimer of Opinion

Because of the significance of the matters 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 Matters

The supplemental Schedule of Assets Held for Investment Purposes at the End of Year and Schedule of Delinquent Participant Contributions as of or for the year ended September 30, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, except for the effects of the partnership interest and insurance contracts valuations as discussed in the Basis for Disclaimer of Opinion paragraph above, 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.

Ripley Doom & Company, PLLC

Nampa, Idaho
November 20, 2020

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2019 AND 2018

	2019	2018
ASSETS:		
Investments at fair value	$ 19,116,190	$ 20,433,854
Receivables:		
Employer contributions	949,941	1,008,495
Participant contributions	43,769	21,912
Participant loans	101,054	65,276
Total receivables	1,094,764	1,095,683
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,210,954	$ 21,529,537

See notes to financial statements.

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018

	2019	2018
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest, dividends, and capital gain distributions	$ 398,144	$ 518,775
Net change in fair value of investments	344,605	1,317,734
Total investment income	742,749	1,836,509
Interest earned on notes receivable from participants	1,422	4,475
Contributions:		
Employer	995,049	1,019,046
Participants	471,743	244,811
Rollovers	519,129	
Total contributions	1,985,921	1,263,857
Total additions	2,730,092	3,104,841
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	3,994,559	8,251,289
Administrative expenses	54,116	133,552
Total deductions	4,048,675	8,384,841
NET INCREASE (DECREASE)	(1,318,583)	(5,280,000)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	21,529,537	26,809,537
END OF YEAR	$ 20,210,954	$ 21,529,537

See notes to financial statements.

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018

1. DESCRIPTION OF PLAN

The following description of Saltzer Medical Group, P.A. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all employees of the Company as of September 30 who were age twenty-one or older, had completed six months of service, and worked 1 hour or more during the Plan year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, the Company's Board of Directors determines the amount to be contributed to the Plan. Contributions are subject to certain limitations. Beginning October 1, 2008, participants may contribute up to 100% of pretax annual compensation as defined in the Plan up to the limits provided by the Internal Revenue Code. Participants may also, with the Plan's consent, contribute amounts representing distributions from other qualified plans.

Participant Accounts. Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution, plan earnings, and forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participants' compensation, years of service, and account balances, as defined by the Plan. Participants may select their own individual investments from twenty-six funds. Participants may also invest in any investment desired, within certain Plan and ERISA limitations, through participant-directed brokerage accounts in addition to or in place of the investment funds offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions is based on years of continuous service with the Company. A participant is 100 percent vested after six years of service.

Participant Loans. Participants may borrow from their accounts up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account value. Loan terms range from 1-5 years or up to 20 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates range from five and one-quarter percent to seven and one-quarter percent. Principal and interest is paid in equal monthly or quarterly installments over the term of the loan.

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits. Benefits are payable upon normal retirement at or after age 55, termination of employment, death or disability. On termination of service due to death, disability, termination of employment or retirement, participants may elect to receive their vested benefits in a single lump sum or in installments over a period of not more than the participant's assumed life expectancy (or the participant and the participant's beneficiary's assumed life expectancies) determined at the time of distribution.

Forfeited Accounts. At September 30, 2019 and 2018, forfeited nonvested accounts totaled $1,373 and $9,705, respectively. These amounts were used to offset employer profit sharing and safe harbor contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments

Investments, except for a partnership interest and the insurance contracts as of September 30, 2018, are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Values of the Plan's investment assets held as of September 30, 2019 and 2018 were determined by Voya Financial, Inc. See Note 4 for discussion of fair value

Administrative Expenses

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. In addition, certain administrative expenses are paid directly by the Company, and are not reflected in these financial statements.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between September 30, 2019 and November XX, 2020, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEES (UNAUDITED)

Fiduciary Partners, Inc. trustee of the Plan through September 27, 2018, and Voya Financial, Inc., trustee of the Plan beginning September 28, 2018, held the Plan's investment assets and executed transactions therein. Financial information relating to the assets is included in the accompanying financial statements and supplemental schedules and was obtained from data that has been prepared and certified to as complete and accurate by the trustees. This information, which has not been audited by independent accountants, is summarized as follows:

Net Assets

	2019	2018
Assets:		
Investments at fair value	$ 19,116,190	$ 20,433,854
Participant loans	101,054	65,276

Changes in Net Assets

Interest, dividends, and capital gain distributions	$ 398,144	$ 518,775
Net change in fair value of investments	344,605	1,317,734
Interest earned on notes receivable from participants	1,422	4,475

4. FAIR VALUE MEASUREMENTS (UNAUDITED)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted market prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs would be used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 inputs for the periods presented.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2019 and 2018.

Registered investment companies : Valued at the quoted net asset value (NAV) of shares held by the plan at year end.

Government securities, corporate bonds, corporate common stock, and publicly traded partnership interests: Valued at the closing price reported on the active market where the individual securities are traded.

Partnership interests : Valued using comparable values of property similar to the underlying partnership assets.

Real estate : Valued using comparable values of similar property.

Insurance contracts : Valued at surrender values provided by the contract issuers.

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

The following table sets forth by level within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2019 and 2018:

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
September 30, 2019			
Cash and cash equivalents	$ 337,994	$ 337,994	
Corporate bonds	312,302	312,302	
Corporate common stock	3,827,426	3,827,426	
Registered investment companies	14,638,468	14,638,468	
Total	$ 19,116,190	$ 19,116,190	$ -
September 30, 2018			
Cash and cash equivalents	$ 8,050,543	$ 8,050,543	
Government securities	17,174	17,174	
Corporate bonds	599,708	599,708	
Corporate common stock	5,709,603	5,709,603	
Partnership interests	41,306		$ 41,306
Real estate	1,251,410		1,251,410
Registered investment companies	4,704,266	4,704,266	
Insurance contracts	59,844		59,844
Total	$ 20,433,854	$ 19,081,294	$ 1,352,560

Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported in net change in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. Significant transfers out of Level 3 for the years ended September 30, 2019 and 2018 are summarized below.

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

The following table sets forth the changes in the fair value of the Plan's Level 3 assets for the year ended September 30, 2019.

September 30, 2019	Partnership Interests	Real Estate	Insurance Contracts
Balance, beginning of year	$ 41,306	$ 1,251,410	$ 59,844
Total gains or losses (realized and unrealized) in net assets available for benefits			
Benefits paid to participants	(41,306)	(1,251,410)	(59,844)
Balance, end of year	$ -	$ -	$ -
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ -	$ -	$ -

The Plan has not determined the fair value of the investments in a partnership interest and insurance contracts as of September 30, 2018, which is a departure from accounting principles generally accepted in the United States of America and Department of Labor Rules and Regulations. These investments are reported at their September 30, 2016 fair values.

5. PLAN TERMINATION

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. Subsequent to year end, the Plan was terminated and assets were transferred to a multi-employer plan. At Plan termination, participants became 100 percent vested in their accounts.

6. TAX STATUS

The IRS has determined and informed the Company by letter dated March 31, 2014, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

7. RISKS AND UNCERTAINTIES

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

8. PLAN AMENDMENT

Effective October 1, 2017, the Plan was amended to allow for certain employees of predecessor employers to become participants in the Plan. Those employees were given credit for their service with the predecessor employers in determining if they met Plan requirements.

Effective October 1, 2018, the Plan was amended to modify eligibility requirements to one hour of service during the first six months of service. Additionally, the entry date is the first day of each calendar month. Payroll deferral elections may be changed at the beginning of each payroll period.

Effective March 31, 2019, the Plan was amended to waive all eligibility requirements for all active employees of Change Healthcare Management Company, LLC and Change Healthcare Holdings, LLC. Both entities are considered a predecessor employer in determining if participants have met Plan requirements.

9. OTHER INFORMATION

Effective May 1, 2019, formerly leased employees became employees of Saltzer Medical Group, P.A. As a result, the Plan sponsor experienced a large increase in participants for the plan year ended September 30, 2019.

10. EVENTS OCCURING AFTER REPORTING DATE

In December 2019, a novel strain of coronavirus was reported in Wuhan, China. The World Health Organization has declared the outbreak to constitute a "Public Health Emergency of International Concern." The COVID-19 outbreak is disrupting supply chains and affecting production and sales across a range of industries. Following the COVID-19 outbreak, the values of investment securities have been subject to significant volatility. At this point, the extent to which COVID-19 may impact the Company or the Plan is uncertain.

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(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 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
	DFA EMRG MKTS CORE EQTY PR INS	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	34,073
	DFA GLOBAL EQUITY PORT INST	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	3,688,831
	DFA INVSTMNT GRADE PORT INST	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	1,365,379
	VANGRD 500 INDEX FUND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	339,954
	VANGRD FTSE SOCIAL IND FD ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	1,288
	VANGRD GROWTH INDEX FUND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	1,283
	VANGRD HIGH-YD CORP FND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	192,367
	VANGRD MID-CAP INDEX FUND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	36,536
	VANGRD SM-CAP VI INDEX FND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	427
	VANGRD SMALL-CAP INDEX FND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	55,931
	VANGRD ST-TRM IND-GRD FND ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	152,245
	VANGRD TOT INT STK IN F ADM	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	103,715
	VANGRD TRGT RETIRE 2015 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	469,200
	VANGRD TRGT RETIRE 2020 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	478,471
	VANGRD TRGT RETIRE 2025 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	**	1,000,684

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(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 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
	VANGRD TRGT RETIRE 2030 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	1,964,837
	VANGRD TRGT RETIRE 2035 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	841,685
	VANGRD TRGT RETIRE 2040 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	1,294,906
	VANGRD TRGT RETIRE 2045 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	571,487
	VANGRD TRGT RETIRE 2050 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	18,710
	VANGRD TRGT RETIRE 2055 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	34,078
	VANGRD TRGT RETIRE 2060 FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	1,009
	VANGRD TRGT RETIRE INC FD INV	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	46,143
*	VOYA FIXED ACCOUNT (4450)	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	60
*	VOYA GV MNY MKT F A (HLD ACCT)	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE		**	37,302
	NON INTEREST BEARING CASH			**	268
	FDIC INSURED DEPOSIT ACCOUNT IDA02 NOT COVERED BY SIPC	INTEREST BEARING CASH		**	337,726
	APPLE INC SENIOR NOTE M/W	CORPORATE DEBT INSTRUMENTS	50.00	**	50,782
	AT&T INC SENIOR NOTE M/W	CORPORATE DEBT INSTRUMENTS	25.00	**	25,511
	BANK OF AMERICA CORP SENIOR MEDIUM TERM NOTE	CORPORATE DEBT INSTRUMENTS	25.00	**	25,829
	GENERAL MILLS INC SENIOR NOTE CALLABLE M/W	CORPORATE DEBT INSTRUMENTS	25.00	**	25,506
	JP MORGAN CHASE BANK NA SENIOR MED TERM NOTE QTRLY VAR	CORPORATE DEBT INSTRUMENTS	25.00	**	24,488
	JP MORGAN CHASE & CO. SENIOR MEDIUM TERM NOTE	CORPORATE DEBT INSTRUMENTS	20.00	**	20,465
	LINCOLN NATIONAL CORP SENIOR NOTE M/W	CORPORATE DEBT INSTRUMENTS	20.00	**	20,946
	MORGAN STANLEY SENIOR MEDIUM TERM NOTE	CORPORATE DEBT INSTRUMENTS	25.00	**	25,126
	MORGAN STANLEY SUBORDINATED MEDIUM TERM NOTE	CORPORATE DEBT INSTRUMENTS	20.00	**	21,061
	MOTORS LIQUIDATION COMPANY SENIOR NOTE M/W	CORPORATE DEBT INSTRUMENTS	40.00	**	-
	SAN LUIS ARIZ FAC DEV REV BDS CALLABLE	CORPORATE DEBT INSTRUMENTS	25.00	**	20,779
	WELLS FARGO & CO SENIOR MEDIUM TERM NOTE	CORPORATE DEBT INSTRUMENTS	25.00	**	25,278
	WELLS FARGO COMPANY SUBORDINATED MEDIUM TERM NOTE	CORPORATE DEBT INSTRUMENTS	25.00	**	26,531

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(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
	ABBVIE INC COM	COMMON STOCKS	150.00	**	11,358
	ADOBE INC COM	COMMON STOCKS	150.00	**	41,438
	AIM IMMUNOTECH INC COM	COMMON STOCKS	1364.00	**	1,039
	ALIBABA GROUP HOLDING LTD ADR	COMMON STOCKS	57.00	**	9,532
	ALLIANZGI EQY & CONV INCOME FD COM	COMMON STOCKS	1880.00	**	40,589
	ALPHABET INC COM CL C	COMMON STOCKS	20.00	**	24,380
	ALPS ETF TRUST ALERIAN MLP ETF	COMMON STOCKS	2265.00	**	20,702
	AMAZON COM INC COM	COMMON STOCKS	25.00	**	43,398
	AMC NETWORKS INC COM CL A	COMMON STOCKS	150.00	**	7,374
	AMC NETWORKS INC COM CL A	COMMON STOCKS	150.00	**	7,374
	AMGEN INC COM	COMMON STOCKS	50.00	**	9,676
	AMGEN INC COM	COMMON STOCKS	75.00	**	14,513
	APACHE CORP COM	COMMON STOCKS	200.00	**	5,120
	APPLE INC COM	COMMON STOCKS	185.00	**	41,434
	APPLE INC COM	COMMON STOCKS	75.00	**	16,798
	AT&T INC COM	COMMON STOCKS	200.00	**	7,568
	AT&T INC COM	COMMON STOCKS	890.00	**	33,678
	AT&T INC COM	COMMON STOCKS	150.00	**	5,676
	BAIDU INC ADR	COMMON STOCKS	65.00	**	6,679
	BAKER HUGHES A GE COM CL A	COMMON STOCKS	60.00	**	1,392
	BANK OF AMERICA CORPORATION COM	COMMON STOCKS	400.00	**	11,668
	BELLICUM PHARMACEUTICALS COM	COMMON STOCKS	1000.00	**	1,050
	BLACKROCK DIVIDEND COM	COMMON STOCKS	4330.00	**	39,749
	BLACKROCK ENH CAP & INC FD INC COM	COMMON STOCKS	2185.00	**	35,310
	BLACKROCK SCIENCE & TECH TR SHS	COMMON STOCKS	1015.00	**	32,480
	BLACKSTONE GROUP INC COM CL A	COMMON STOCKS	705.00	**	34,432
	BP ADR SPONSORED	COMMON STOCKS	635.00	**	24,124
	BRISTOL-MYERS SQUIBB CO COM	COMMON STOCKS	305.00	**	15,467
	CARLYLE GROUP L P COM UTS LTD PTN	COMMON STOCKS	1000.00	**	25,560
	CATERPILLAR INC COM	COMMON STOCKS	50.00	**	6,316
	CELGENE CORP COM	COMMON STOCKS	100.00	**	9,930
	CERNER CORP COM	COMMON STOCKS	200.00	**	13,634
	CISCO SYSTEMS INC COM	COMMON STOCKS	400.00	**	19,764
	CITIGROUP INC COM	COMMON STOCKS	180.00	**	12,434
	CLEARSIGN COMBUSTION CORP COM	COMMON STOCKS	2000.00	**	2,460
	COHEN & STEERS INFRESTRUCTURE COM	COMMON STOCKS	1435.00	**	39,089
	COLUMBIA BANKING SYSTEMS INC COM	COMMON STOCKS	40.00	**	1,476
	COMPASS DIVERSIFIED HOLDINGS SH BEN INT	COMMON STOCKS	525.00	**	10,348
	COSTCO WHOLESALE CORP COM	COMMON STOCKS	115.00	**	33,133
	CUMMINS INC COM	COMMON STOCKS	50.00	**	8,134
	CVS HEALTH CORPORATION COM	COMMON STOCKS	235.00	**	14,821

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(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
	DASSAULT SYSTEMES ADR SPONSORED	COMMON STOCKS	50.00	**	7,083
	DMG BLOCKCHAIN SOLUTIONS INC COM	COMMON STOCKS	4000.00	**	712
	DUKE ENERGY CORP COM	COMMON STOCKS	100.00	**	9,586
	DUKE ENERGY CORP COM	COMMON STOCKS	100.00	**	9,586
	EDITAS MEDICINE INC COM	COMMON STOCKS	500.00	**	11,370
	ELLSWORTH GROWTH AND INCOME FU COM	COMMON STOCKS	3625.00	**	38,026
	ENERGY TRANSFER LP COM UT LTD PTN	COMMON STOCKS	1735.00	**	22,694
	ENTERPRISE PRODS PARTNERS L P COM	COMMON STOCKS	540.00	**	15,433
	ETF MANAGERS TRUST PRIME MODILE PAY ETF	COMMON STOCKS	270.00	**	12,585
	EXXON MOBIL CORPORATION COM	COMMON STOCKS	350.00	**	24,714
	F5 NETWORK INC COM	COMMON STOCKS	50.00	**	7,021
	FACEBOOK INC COM CL A	COMMON STOCKS	57.00	**	10,151
	FEDEX CORP COM	COMMON STOCKS	85.00	**	12,373
	FIRST TRUST EXCH TRADED FUND 2 CLOUD COMPUTING ETF	COMMON STOCKS	500.00	**	28,210
	FIRST TRUST SPECIALTY FINANCE COM BEN INTR	COMMON STOCKS	1000.00	**	6,200
	FISERV INC COM	COMMON STOCKS	642.00	**	66,505
	FLAHERTY & CRUMRINE/CLAYMORE P COM	COMMON STOCKS	1460.00	**	30,587
	FMC CORP COM	COMMON STOCKS	100.00	**	8,768
	FORD MOTOR CO COM	COMMON STOCKS	600.00	**	5,496
	FORD MOTOR CO COM	COMMON STOCKS	3345.00	**	30,640
	FORD MOTOR CO COM	COMMON STOCKS	400.00	**	3,664
	GABELLI GLOBAL GOLD NATURAL RE COM SH BEN INT	COMMON STOCKS	2000.00	**	8,700
	GENERAL ELECTRIC CO COM	COMMON STOCKS	150.00	**	1,341
	GENERAL ELECTRIC CO COM	COMMON STOCKS	300.00	**	2,682
	GENERAL ELECTRIC L.P. UNIT LTD PARTN	COMMON STOCKS	945.00	**	20,289
	GERON CORP COM	COMMON STOCKS	5000.00	**	6,650
	GILEAD SCIENCES INC COM	COMMON STOCKS	75.00	**	4,754
	GILEAD SCIENCES INC COM	COMMON STOCKS	75.00	**	4,754
	GLAXOSMITHKLINE ADR SPONSORED	COMMON STOCKS	505.00	**	21,553
	GLOBAL X FDS GLOBX SUPDV US ETF	COMMON STOCKS	850.00	**	20,035
	HECLA MINING CO COM	COMMON STOCKS	3315.00	**	5,834
	HERSHEY COMPANY COM	COMMON STOCKS	75.00	**	11,624
	HERSHEY COMPANY COM	COMMON STOCKS	75.00	**	11,624
	HOLLYFRONTIER CORPORATION COM	COMMON STOCKS	100.00	**	5,364
	HORIZONS MARIJUANA LIFE SCIEN UNIT CL A ETF	COMMON STOCKS	500.00	**	4,478
	ILLUMINA INC COM	COMMON STOCKS	50.00	**	15,211
	INTEL CORP COM	COMMON STOCKS	320.00	**	16,490
	INTEL CORP COM	COMMON STOCKS	200.00	**	10,306
	INTEL CORP COM	COMMON STOCKS	100.00	**	5,153
	INVESCO EXCHANGE TRADED FUND T PFD ETF	COMMON STOCKS	2465.00	**	37,024
	ISHARES TRUST CORE MSCI TOTAL ETF	COMMON STOCKS	75.00	**	4,332

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	ISHARES TRUST CORE S&P MCP ETF	COMMON STOCKS	378.00	**	73,041
	ISHARES TRUST CORE S&P SCP ETF	COMMON STOCKS	405.00	**	31,525
	ISHARES TRUST CORE S&P TTL STK ETF	COMMON STOCKS	100.00	**	6,707
	ISHARES TRUST INTRM GOV CR ETF	COMMON STOCKS	200.00	**	22,644
	ISHARES TRUST MBS ETF	COMMON STOCKS	200.00	**	21,660
	ISHARES TRUST MSCI EMG MKT ETF	COMMON STOCKS	118.00	**	4,823
	ISHARES TRUST MSCI EMG MKT ETF	COMMON STOCKS	400.00	**	16,348
	ISHARES TRUST MSCI MIN VOL ETF	COMMON STOCKS	380.00	**	24,358
	ISHARES TRUST NASDAQ BIOTECH ETF	COMMON STOCKS	300.00	**	29,850
	ISHARES TRUST S&P 500 GRWT ETF	COMMON STOCKS	135.00	**	24,304
	JD.COM INC ADR	COMMON STOCKS	265.00	**	7,476
	JOHNSON & JOHNSON COM	COMMON STOCKS	100.00	**	12,938
	JOHNSON & JOHNSON COM	COMMON STOCKS	50.00	**	6,469
	JP MORGAN CHASE & CO COM	COMMON STOCKS	145.00	**	17,065
	KIMBERLY CLARK CORP COM	COMMON STOCKS	50.00	**	7,103
	KIMBERLY CLARK CORP COM	COMMON STOCKS	50.00	**	7,103
	KRAFT HEINZ CO COM	COMMON STOCKS	66.00	**	1,844
	KRAFT HEINZ CO COM	COMMON STOCKS	33.00	**	922
	L3 HARRIS TECHNOLOGIES INC COM	COMMON STOCKS	65.00	**	13,562
	LIGHTBRIDGE CORPORATION COM	COMMON STOCKS	2600.00	**	1,877
	LIVENT CORPORATION COM	COMMON STOCKS	93.00	**	622
	LOCKHEED MARTIN CORP COM	COMMON STOCKS	40.00	**	15,602
	LOCKHEED MARTIN CORP COM	COMMON STOCKS	25.00	**	9,752
	MCCORMICK & COMPANY INC COM	COMMON STOCKS	75.00	**	11,723
	MERCADOLIBRE INC COM	COMMON STOCKS	75.00	**	41,342
	MERCK & CO INC COM	COMMON STOCKS	150.00	**	12,627
	MICRON TECHNOLOGY INC COM	COMMON STOCKS	4000.00	**	171,400
	MICROSOFT CORP COM	COMMON STOCKS	150.00	**	20,855
	MICROSOFT CORP COM	COMMON STOCKS	50.00	**	6,952
	MICROSOFT CORP COM	COMMON STOCKS	150.00	**	20,855
	MOLECULIN BIOTECH INC COM	COMMON STOCKS	5000.00	**	5,550
	MODELEZ INTL INC COM CL A	COMMON STOCKS	100.00	**	5,532
	MOSAIC CO COM	COMMON STOCKS	350.00	**	7,175
	MOSAIC CO COM	COMMON STOCKS	100.00	**	2,050
	NAUTILUS MINERALS INC COM	COMMON STOCKS	60000.00	**	120
	NEWMONT GOLDCORP CORPORATION COM	COMMON STOCKS	82.00	**	3,109
	NIKE INC COM CL B	COMMON STOCKS	125.00	**	11,740
	NUCOR CORP COM	COMMON STOCKS	50.00	**	2,546
	NUVEEN DOW 30 DYNAMIC OVERWRIT SHS	COMMON STOCKS	2220.00	**	39,560
	NUVEEN QUALITY PFD INCOME FUND COM	COMMON STOCKS	3060.00	**	30,141
	NVIDIA CORP COM	COMMON STOCKS	50.00	**	8,704

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 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
	NXP SEMICONDUCTORS N V COM	COMMON STOCKS	100.00	**	10,912
	OBSIDIAN ENERGY LTD COM	COMMON STOCKS	214.00	**	179
	OCCIDENTAL PETROLEUM CORP COM	COMMON STOCKS	430.00	**	19,122
	ONCOSEC MEDICAL INCORPORATED COM	COMMON STOCKS	1800.00	**	3,546
	ORACLE CORP COM	COMMON STOCKS	175.00	**	9,630
	PAYPAL HOLDINGS INC COM	COMMON STOCKS	225.00	**	23,308
	PAYPAL HOLDINGS INC COM	COMMON STOCKS	100.00	**	10,359
	PAYPAL HOLDINGS INC COM	COMMON STOCKS	100.00	**	10,359
	PEPSICO INC COM	COMMON STOCKS	100.00	**	13,710
	PEPSICO INC COM	COMMON STOCKS	50.00	**	6,855
	PFIZER INC COM	COMMON STOCKS	250.00	**	8,983
	PROCTER & GAMBLE CO COM	COMMON STOCKS	100.00	**	12,438
	PROCTER & GAMBLE CO COM	COMMON STOCKS	50.00	**	6,219
	PROSHARES TRUST S&P 500 DV ARIST ETF	COMMON STOCKS	75.00	**	5,369
	QUALCOMM INC COM	COMMON STOCKS	100.00	**	7,628
	QUALCOMM INC COM	COMMON STOCKS	200.00	**	15,256
	QUALITY INCOME REALTY FUND INC COM	COMMON STOCKS	1270.00	**	20,130
	RBB FUND INC MFAF SMALL CAP GROWTH ETF	COMMON STOCKS	100.00	**	2,250
	REAVES UTILITY INCOME FD COM SH BEN INT	COMMON STOCKS	1050.00	**	38,535
	ROYAL DUTCH SHELL ADR SPONSORED	COMMON STOCKS	420.00	**	24,717
	ROYCE VALUE TRUST INC COM	COMMON STOCKS	1260.00	**	17,338
	SALESFORCE.COM INC COM	COMMON STOCKS	100.00	**	14,844
	SCHLUMBERGER LIMITED COM	COMMON STOCKS	153.00	**	5,228
	SCHLUMBERGER LIMITED COM	COMMON STOCKS	100.00	**	3,417
	SCHWAB STRATEFIC TR US DIVIDEND EQ ETF	COMMON STOCKS	220.00	**	12,052
	SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCKS	300.00	**	17,760
	SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCKS	100.00	**	5,920
	SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCKS	310.76	**	18,397
	SELECT SECTOR SPDR TRUST SBI INT-UTILS ETF	COMMON STOCKS	100.00	**	6,474
	SELECT SECTOR SPDR TRUST TECHNOLOGY ETF	COMMON STOCKS	70.00	**	5,637
	SELLAS LIFE SCIENCES GROUP INC COM	COMMON STOCKS	9000.00	**	1,089
	SHOPIFY INC COM CL A	COMMON STOCKS	50.00	**	15,583
	SIERRA WIRELESS INC COM	COMMON STOCKS	200.00	**	2,140
	SOUTHERN CO COM	COMMON STOCKS	200.00	**	12,354
	SPDR S&P MIDCAP 400 ETF TR UTSER1 S&PDCRP ETF	COMMON STOCKS	50.00	**	17,624
	SPDR S&P500 ETF TRUST TR UNIT ETF	COMMON STOCKS	926.00	**	274,809
	SPDR SERIES TRUST BLOOMBERG BRCLYS ETF	COMMON STOCKS	47.00	**	5,111
	SPDR SERIES TRUST WELLS FG PFD ETF	COMMON STOCKS	845.00	**	37,315
	SPROTT FOCUS TRUST INC COM	COMMON STOCKS	2520.00	**	16,985
	SPROTT PHYSICAL GOLD AND SILVE TR UNIT	COMMON STOCKS	1100.00	**	15,587
	SPROTT PHYSICAL GOLF AND SILVE TR UNIT	COMMON STOCKS	1700.00	**	24,089

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 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
	SQUARE INC COM CL A	COMMON STOCKS	165.00	**	10,222
	SYSCO CORP COM	COMMON STOCKS	100.00	**	7,940
	TENCENT HOLDINGS LIMITED ADR UNSPONSORED	COMMON STOCKS	200.00	**	8,326
	THE ALKALINE WATER CO INC COM	COMMON STOCKS	2000.00	**	2,940
	TILT HOLDINGS INC COM	COMMON STOCKS	1000.00	**	225
	VANECK VECTORS ETF TRUST PFD SECS EX FINL ETF	COMMON STOCKS	1815.00	**	36,845
	VANGUARD DIV APP ETF	COMMON STOCKS	210.00	**	25,112
	VANGUARD FTSE DEV MKT ETF	COMMON STOCKS	258.11	**	10,603
	VANGUARD FTSE DEV MKT ETF	COMMON STOCKS	3969.44	**	163,065
	VANGUARD FTSE EMR MKT ETF	COMMON STOCKS	1612.41	**	64,916
	VANGUARD GROWTH ETF	COMMON STOCKS	100.00	**	16,628
	VANGUARD GROWTH ETF	COMMON STOCKS	303.44	**	50,455
	VANGUARD HEALTH CAR ETF	COMMON STOCKS	76.29	**	12,793
	VANGUARD HIGH DIV YLD ETF	COMMON STOCKS	299.73	**	26,595
	VANGUARD INF TECH ETF	COMMON STOCKS	151.47	**	32,650
	VANGUARD INTERMED TERM ETF	COMMON STOCKS	150.00	**	13,200
	VANGUARD MCAP GR IDXVIP ETF	COMMON STOCKS	90.00	**	13,330
	VANGUARD MID CAP ETF	COMMON STOCKS	15.00	**	2,514
	VANGUARD MID CAP ETF	COMMON STOCKS	100.00	**	16,760
	VANGUARD MID CAP ETF	COMMON STOCKS	126.87	**	21,264
	VANGUARD REAL ESTATE ETF	COMMON STOCKS	423.35	**	39,477
	VANGUARD S&P 500 ETF SHS	COMMON STOCKS	193.15	**	52,651
	VANGUARD S&P 500 ETF SHS	COMMON STOCKS	75.00	**	20,445
	VANGUARD SHRT TRM CORP BD ETF	COMMON STOCKS	50.00	**	4,053
	VANGUARD SHRT TRM CORP BD ETF	COMMON STOCKS	266.40	**	21,591
	VANGUARD SMALL CP ETF	COMMON STOCKS	126.82	**	19,516
	VANGUARD SMALL CP ETF	COMMON STOCKS	100.00	**	15,389
	VANGUARD SML CP GRW ETF	COMMON STOCKS	65.00	**	11,833
	VANGUARD UTILITIES ETF	COMMON STOCKS	18.00	**	2,586
	VENTAS INC COM	COMMON STOCKS	100.00	**	7,303
	VENTAS INC COM	COMMON STOCKS	50.00	**	3,652
	VERIZON COMMUNICATIONS COM	COMMON STOCKS	150.00	**	9,054
	VERIZON COMMUNICATIONS COM	COMMON STOCKS	150.00	**	9,054
	VERIZON COMMUNICATIONS COM	COMMON STOCKS	525.00	**	31,689
	VISA INC COM CL A	COMMON STOCKS	200.00	**	34,402
	VISA INC COM CL A	COMMON STOCKS	75.00	**	12,901
	VIVO CANNABIS INC COM	COMMON STOCKS	3000.00	**	835
	WABTEC CORP COM	COMMON STOCKS	1.00	**	72
	WALMART INC COM	COMMON STOCKS	100.00	**	11,868
	WALT DISNEY COMPANY (THE) COM	COMMON STOCKS	90.00	**	11,729
	WELLS FARGO ADVANTAGE INCOME O WF INC OPPTY FD	COMMON STOCKS	12723.37	**	104,841

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 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
	WESTLEAF INC COM	COMMON STOCKS	1000.00	**	238
	WHEATON PRECIOUS METALS CORP COM	COMMON STOCKS	150.00	**	3,936
	WILLIAMS COMPANIES INC COM	COMMON STOCKS	100.00	**	2,406
	AMERICAN FUNDS AMCAP A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	1715.44	**	54,105
	AMERICAN FUNDS CAPITAL WORLD GROWTH & INC A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	426.87	**	20,631
	AMERICAN FUNDS FUNDAMENTAL INVESTORS A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	855.15	**	50,497
	AMERICAN FUNDS MUTUAL A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	710.43	**	30,243
	AMERICAN FUNDS NEW CONOMY A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	928.90	**	41,354
	AMERICAN FUNDS NEW PERSPECTIVE A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	913.36	**	40,663
	BLUEROCK TOTAL INCOME + REAL ESTATE A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	1000.67	**	30,010
	DIMENSIONAL FUND ADVISORS US LG CAP VALUE INST	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	2741.23	**	99,671
	DIMENSIONAL FUND ADVISORS US TGTED VALUE INST	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	7246.68	**	159,065
	DIMENSIONAL FUND ADVISORS WORLD EX US CORE EQTY INST	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	24890.88	**	267,826
	FIDELITY INVESTMENTS ADVISOR DIVERSIFIED INTL INST	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	807.39	**	18,449
	FRANKLIN TEMPLETON INVESTMENTS DYNATECH A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	2045.59	**	169,456
	FRANKLIN TEMPLETON INVESTMENTS GROWTH OPP A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	1496.90	**	58,409
	FRANKLIN TEMPLETON INVESTMENTS INCOME A1	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	7118.02	**	16,371
	FRANKLIN TEMPLETON INVESTMENTS RISING DIVS A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	317.56	**	21,534

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 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
	FRANKLIN TEMPLETON INVESTMENTS SM CAP GROWTH A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	2894.12	**	59,648
	GRIFFIN CAPITAL INST ACCESS REAL ESTATE A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	1172.00	**	32,054
	LORD ABBETT FUNDS ULTRA SHORT BOND A	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	2002.00	**	20,060
	NORTHERN LIGHTS TR SWAN DEFINED RISK I	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	2273.59	**	29,443
	VANECK FUNDS CM COMMODITY INDEX Y	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	5779.82	**	26,009
	VANGUARD BAL INDEX ADMIRAL	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	365.63	**	13,715
	VANGUARD SHORT TERM BOND INDEX ADMIRAL	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	12530.05	**	132,693
	VANGUARD SHORT TERM INVMT GRADE ADMIRAL	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	12383.72	**	133,001
	VANGUARD TOTAL BOND MKT INDEX ADMIRAL	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	9166.82	**	101,935
	VANGUARD TOTAL STOCK MKT INDEX ADMIRAL	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	3721.56	**	273,535
	VANGUARD WINDSOR II INVESTOR	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, NO COLLATERAL, PAR OR MATURITY VALUE IS NOT APPLICABLE	206.11	**	7,488
*	PARTICIPANT LOANS	PARTICIPANT LOANS	VAR. INTEREST RATES		101,054

* DENOTES PARTY IN INTEREST

** COST INFORMATION IS NOT REQUIRED FOR PARTICIPANT-DIRECTED INVESTMENTS AND, THEREFORE, IS NOT INCLUDED

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
(ATTACHMENT TO SCHEDULE H, LINE 4a)
SEPTEMBER 30, 2019

		Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 32,565			$ 32,565		
2,410			2,410		
36,268			36,268		
36,301			36,301		
9,847			9,847		
10,119			10,119		
52,512			52,512		
10,128			10,128		

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos 1210 - 0110
1210 - 0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1971

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)
SALTZER MEDICAL GROUP, P.A.

215 E HAWAII AVE

NAMPA ID 83686-6011

2b Employer Identification Number (EIN) 82-0299231

2c Plan Sponsor's telephone number 208-463-3000

2d Business code (see instructions) 621111

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	Signature of plan administrator	Date 12/4/2020	Enter name of individual signing as plan administrator JOHN KAISER
SIGN HERE	Signature of employer/plan sponsor	Date 12/4/2020	Enter name of individual signing as employer or plan sponsor JOHN KAISER
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	**91**
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	**46**
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	**235**
b	Retired or separated participants receiving benefits	**6b**	**0**
c	Other retired or separated participants entitled to future benefits	**6c**	**44**
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	**279**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	**0**
f	Total. Add lines **6d** and **6e**	**6f**	**279**
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	**279**
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	**12**
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 Characteristic Codes in the instructions:

2A 2E 2G 2J 2R 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Federal Statements

SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
		SEE ATTACHMENT	$	$

Federal Statements

SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING

Plan: 001

General Footnote

Description

THE RETURN IS BEING AMENDED TO INCLUDE THE AUDITOR'S REPORT. IT WAS ORIGINALLY BELIEVED THAT THE AUDITORS REPORT WAS NOT REQUIRED TO BE ATTACHED PURSUANT TO 29 CFR 2520.104-50. SUBSEQUENT TO THE ORIGINAL FILING, IT WAS DETERMINED THAT THE PLAN DID NOT MEET THE NECESSARY REQUIRMENTS UNDER 29 CFR 2520.104-50 AND HAS THEREFORE AMENDED THE FORM 5500 TO INCLUDE THE AUDITORS REPORT.