

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>06/30/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>USI 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TOUCHSTONE MEDICAL IMAGING LLC</u> <u>1431 PERRONE WAY</u> <u>FRANKLIN, TN 37069</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>62-1710504</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>615-661-9200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>62-1710504</u>	2c Plan Sponsor's telephone number <u>615-661-9200</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>62-1710504</u>					
2c Plan Sponsor's telephone number <u>615-661-9200</u>					
2d Business code (see instructions) <u>621510</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/05/2021	STEPHANIE HAYNES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	164
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)	163
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 2R 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 06/30/2020		
A Name of plan USI 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TOUCHSTONE MEDICAL IMAGING LLC	D Employer Identification Number (EIN) 62-1710504	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

NATIONWIDE

62-1710504

(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?
99	NONE	5146	Yes ☒ No ☐	Yes ☒ No ☐	389	Yes ☐ No ☒

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

ALLIANCE BENEFIT GROUP

76-0342548

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	2194	Yes ☒ No ☐	Yes ☒ No ☐	329	Yes ☐ No ☒

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

LOCKTON INVESTMENT ADVISORS, LLC

20-8874282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	NONE	2444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 06/30/2020		
A Name of plan USI 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 TOUCHSTONE MEDICAL IMAGING LLC	D Employer Identification Number (EIN) 62-1710504	

Part I	Asset and Liability Statement
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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)	1867
(2) Participant contributions.....	1b(2)	7469
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	61224
(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)	2826256
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(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	2896816 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	2896816 0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(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)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	1401
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1401
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-62573
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-61172

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	89646	
(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)		89646
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)	5494	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5494
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		95140

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-156312
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		2740504

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **CAVETTI FERGUSON, PC**

(2) EIN: **13-4255527**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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?		X	
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	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0			
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)	
US RADIOLOGY 401(K) RETIREMENT PLAN	86-3626023	002	
RFH HOLDINGS 401(K) PLAN	84-3111227	001	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 06/30/2020

<div>A Name of plan USI 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 TOUCHSTONE MEDICAL IMAGING LLC</div>	<div>D Employer Identification Number (EIN) 62-1710504</div>

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div> <div>If the plan is a defined benefit plan, go to line 8.</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

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

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

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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

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

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

b The corresponding number for the second preceding plan year.....

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____



USI 401(K) PLAN

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

JUNE 30, 2020 AND DECEMBER 31, 2019

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For the period from January 1, 2020 through June 30, 2020	4
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INDEPENDENT AUDITOR'S REPORT

To the Sponsor and Participants of the
USI 401(k) Plan
Franklin, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of USI 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2020 and December 31, 2019, the related statement of changes in net assets available for benefits for the period from January 1, 2020 through June 30, 2020, 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Nationwide Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of June 30, 2020 and December 31, 2019, and for the period from January 1, 2020 through June 30, 2020, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

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

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

A handwritten signature in black ink that reads "Calvetti Ferguson". The script is cursive and fluid, with the first name "Calvetti" and the last name "Ferguson" clearly distinguishable.

Houston, Texas
March 8, 2021

USI 401(K) PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2020 AND DECEMBER 31, 2019**

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments:		
Investments at fair value	\$ -	\$ 2,826,256
Receivables:		
Employer contributions	-	1,867
Participant contributions	-	7,469
Notes receivable from participants	-	61,224
	<hr/>	<hr/>
Total receivables	-	70,560
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 2,896,816</u></u>

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

USI 401(K) PLAN**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD FROM JANUARY 1, 2020 THROUGH JUNE 30, 2020**

ADDITIONS

Additions to net assets attributed to:

Interest income on notes receivable from participants	\$ 1,401
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Total additions	1,401
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DEDUCTIONS

Deductions from net assets attributed to:

Net depreciation in fair value of investments	62,573
Benefits paid to participants	89,646
Administrative expenses	5,494

Total deductions	157,713
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Net decrease before transfers out	(156,312)
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Transfers of assets from this plan (see Note 1)	(2,740,504)
---	-------------

Net decrease	(2,896,816)
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Net assets available for benefits, beginning of year	2,896,816
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NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	\$ -
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The accompanying notes are an integral part of these financial statements.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS JUNE 30, 2020 AND DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION

The USI 401(k) Plan, plan number 002, (the “Plan”) provides retirement savings benefits to eligible employees of Touchstone Medical Imaging LLC (the “Company” or “Employer”). U.S. Imaging, Inc. (“USI”) and the Company completed a corporate transaction effective November 1, 2019 (the “Effective Date”). In connection with the corporate transaction, certain employees of USI became employees of the Company on the Effective Date. The following description of the Plan provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan’s provisions.

Effective November 1, 2019, the Company completed the spinoff of the Plan from the USI 401(k) Plan, plan number 001, (“USI Plan 001”). In connection with the spin off, the Company adopted a new plan. As a result, following the spin-off, the Company’s employees were no longer eligible to participate in USI Plan 001.

Effective December 31, 2019 (the “Frozen Date”), the Plan is frozen as to eligibility and benefits. No new employees become eligible for participation in the Plan and no contributions were made to the Plan as of the Frozen Date. Payment of Benefits continued in accordance with the Plan adoption agreement.

Plan Merger – Effective July 1, 2020, the Plan was merged into the US Radiology 401(k) Retirement Plan (“US Radiology Plan”). OneAmerica Retirement Services LLC (“OneAmerica”) became the new custodian and record-keeper. To aid with the transition to OneAmerica, the Plan instituted a blackout period for all activity with the new custodian between June 23, 2020 and July 14, 2020. Plan assets were liquidated and transferred to the US Radiology Plan on June 30, 2020. The transfer of assets from this Plan, including notes receivables from participants, to the US Radiology Plan was \$2,132,546 and \$607,958 was transferred to the RFH Holdings 401(k) Plan (formerly known as USI 401(k) Plan, plan 001). These amounts are included within “transfers of assets from this plan” on the statement of changes in net assets available for benefits for the period from January 1, 2020 through June 30, 2020. As a result of the merger, the Plan filed a final Form 5500 as of June 30, 2020, and for the period from January 1, 2020 through June 30, 2020.

General – The Plan, which commenced effective November 1, 2019, is a defined contribution 401(k) plan that provides retirement savings benefits to eligible employees of the Company through pre-tax and Roth contributions by employees, and contributions by the Company until the Frozen Date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”).

Plan Custodian and Trustee – Nationwide Trust Company, (the “Trustee”) serves as the Trustee and custodian of the Plan. Among other duties, the Trustee receives the contributions, holds and invest the fund assets in accordance with the directions of participants, and makes disbursements as directed by the Company.

Eligibility – Prior to December 31, 2019, employees employed on November 1, 2019 by Touchstone Medical Imaging LLC or any affiliate who had adopted the Plan were eligible to participate. Employees hired after the Effective Date were eligible to participate in the Plan after the employee had reached 18 years of age, completed three months of service, and were not employed by the USI line of business.

Participant Accounts – Each participant’s account is credited with the participant’s contributions and the Company’s matching contributions as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS JUNE 30, 2020 AND DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION – continued

Vesting – Participants are always 100% vested with respect to all elective contributions and related earnings. Employer matching contributions and related earnings vest as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the Prime rate, as defined. Principal and interest are paid ratably through payroll deductions and are due in equal installments not less frequently than quarterly.

Pursuant to the Coronavirus Aid, Relief, and Economic Security (CARES) Act enacted in March 2020, Plan participants could request a delay of note repayments for repayments that occurred between March 27, 2020 and December 31, 2020. If a delay was granted, the participant's note was re-amortized and included any interest accrued during the period of delay. The ability to request a delay in note repayments under the CARES Act ceased as of December 31, 2020.

Payment of Benefits – Participants may elect payment of benefits upon retirement, death, disability, or termination of employment. Participants or beneficiaries are entitled to receive a lump sum amount equal to the vested value of the participant's account. Participants may defer receipt of distribution until a later date unless their account balance is \$5,000 or less. If the vested account balance is \$5,000 or less, the Company will direct the Trustee to distribute the vested account balance to the participant, without consent, into an IRA for their benefit. Distribution of vested account balances of at least \$5,000 may be deferred by retired employees until age 72, at which time required minimum distributions under ERISA must begin. The age at which required minimum distributions must begin was increased from 70½ to 72 pursuant to the Setting Every Community Up for Retirement Enhancement ("SECURE") Act enacted in December 2019. In addition, pursuant to the CARES Act, participants who were currently receiving required minimum distributions were offered the option to waive their 2020 payment, and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived. The ability to request special waivers with respect to required minimum distributions under the CARES Act ceased as of December 31, 2020.

A participant may withdraw all or a portion of their vested account balance in the event of a financial hardship, as defined by the Plan. The Plan also permits participants to request up to \$100,000 in coronavirus-related distributions, with repayment terms of up to three years, in accordance with the CARES Act. The ability to request coronavirus-related distributions under the CARES Act ceased as of December 31, 2020. Additionally, in-service withdrawals are permitted upon attainment of age 59 ½.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2020 AND DECEMBER 31, 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates – The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments purchased, sold, and held during the period.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2020 and December 31, 2019. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan Agreement.

Payment of Benefits – Benefits payments are recorded when paid.

Administrative Expenses – Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in the net depreciation of fair value of investments. Certain expenses incurred by, or attributable to, a specific participant will be paid from that participant's account. Plan expenses could include, but are not limited to, costs to process loans and distributions.

Recent Accounting Pronouncements – In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, including the removal, modification, and addition of certain disclosure requirements. The updated guidance is effective for fiscal years beginning after December 15, 2019, with early adoption permitted.

The Plan adopted ASU 2018-13 and the adoption of this standard did not have a material impact on the Plan's financial statements or related disclosures.

Subsequent Events – The Plan has evaluated subsequent events through March 8, 2021, the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

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

NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2020 AND DECEMBER 31, 2019

NOTE 3 – FAIR VALUE MEASUREMENTS – continued

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.
- Level 2** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** Inputs in the valuation methodology are unobservable and significant to the fair value measurement.

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 June 30, 2020 and December 31, 2019.

Mutual funds Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified within level 1 of the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2020 and December 31, 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at Fair Value as of June 30, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ -	\$ -	\$ -	\$ -
Investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Investments at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,826,256	\$ -	\$ -	\$ 2,826,256
Investments at fair value	<u>\$ 2,826,256</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,826,256</u>

NOTE 4 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Trustee, therefore these transactions qualify as party-in-interest transactions as defined by ERISA. All investment fund earnings or losses posted to each Plan participant's account are net of investment management fees charged by each investment fund under the Plan. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS JUNE 30, 2020 AND DECEMBER 31, 2019

NOTE 4 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS – continued

The Plan has notes receivable from participants as of December 31, 2019. As a result, these receivables and all related transactions qualify as party-in-interest transactions. These transactions are exempt from being prohibited transactions by ERISA.

NOTE 5 – PLAN TERMINATION

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

NOTE 6 – TAX STATUS

The Company adopted a standardized volume submitter type plan (the “Volume Submitter Plan”) sponsored by Alliance Benefit Group of Houston Inc. The IRS informed the volume submitter sponsor by letter dated September 30, 2014 that the Volume Submitter Plan, as then designed, was in compliance with the applicable requirements of Section 401 of the IRC, and that the related trust was a tax exempt as of the financial statement date. The Plan has not filed individually with the IRS for a letter regarding the Plan’s qualified tax status; however, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. As such, there has been no provision for income taxes made in the Plan’s financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2020 and December 31, 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 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. Because of 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.

During 2020, the global outbreak of COVID-19, which was declared a pandemic by the World Health Organization on March 11, 2020, has led to significant volatility in financial markets. The ultimate impact of COVID-19 on the Plan, which may be material, is uncertain and will depend on future developments.

NOTE 8 – INFORMATION CERTIFIED BY TRUSTEE

As permitted by the rules and regulations of the DOL with respect to reporting and disclosure under ERISA, the Plan’s Custodian has certified to the Plan’s Administrator that the following data included in the accompanying financial statements as of June 30, 2020 and December 31, 2019, and for the period from January 1, 2020 through June 30, 2020 are complete and accurate:

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2020 AND DECEMBER 31, 2019

NOTE 8 – INFORMATION CERTIFIED BY TRUSTEE – continued

	June 30, 2020	December 31, 2019
Investments at fair value	\$ -	\$ 2,826,256

For the Period From January 1, 2020 to June 30, 2020

Net depreciation in fair value of investments	\$ (62,573)
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The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements.

* * * * *



Calvetti Ferguson

USI 401(K) PLAN

**FINANCIAL STATEMENTS,
INDEPENDENT AUDITOR'S REPORT,
AND SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2019

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INDEPENDENT AUDITOR'S REPORT

To the Sponsor and Participants of the
USI 401(k) Plan
Franklin, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of USI 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, the related statement of changes in net assets available for benefits for the period from November 1, 2019 (inception) through December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Nationwide Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2019, and for the period from November 1, 2019 (inception) through December 31, 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

A handwritten signature in black ink that reads "Calvetti Ferguson". The script is cursive and fluid, with the first letters of each name being capitalized and prominent.

Houston, Texas
March 8, 2021

USI 401(K) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2019**

ASSETS

Investments:

Investments, at fair value	\$ 2,826,256
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Receivables:

Employer contributions	1,867
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Participant contributions	7,469
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Notes receivable from participants	<u>61,224</u>
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Total receivables	<u>70,560</u>
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NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,896,816</u></u>
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The accompanying notes are an integral part of these financial statements.

USI 401(K) PLAN**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD FROM NOVEMBER 1, 2019 (INCEPTION) THROUGH DECEMBER 31, 2019**

ADDITIONS

Additions to net assets attributed to:

Investment Income:

Net appreciation in fair value of investments	\$	6,298
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Interest income on notes receivable from participants		446
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Contributions:

Employer		7,847
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Participants		31,388
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Total contributions		<u>39,235</u>
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Total additions		<u>45,979</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Administrative expenses		<u>935</u>
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Total deductions		<u>935</u>
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Net increase before transfers of assets to this plan		45,044
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Transfers of assets to this plan (see Note 1)		2,851,772
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Net increase		2,896,816
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Net assets available for benefits, from inception (November 1, 2019)		<u>-</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	\$	<u>2,896,816</u>
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The accompanying notes are an integral part of these financial statements.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION

The USI 401(k) Plan, plan number 002, (the “Plan”) provides retirement savings benefits to eligible employees of Touchstone Medical Imaging LLC (the “Company” or “Employer”). U.S. Imaging, Inc. (“USI”) and the Company completed a corporate transaction effective November 1, 2019 (the “Effective Date”). In connection with the corporate transaction, certain employees of USI became employees of the Company on the Effective Date. The following description of the Plan provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan’s provisions.

Effective November 1, 2019, the Company completed the spinoff of the Plan from the USI 401(k) Plan, plan number 001, (“USI Plan 001”). In connection with the spin off, the Company adopted a new plan. As a result, following the spin-off, the Company’s employees were no longer eligible to participate in USI Plan 001. The amounts transferred into the Plan from USI Plan 001, which total \$2,851,772, are included as “Transfers of assets to this plan” on the statement of changes in net assets available for benefits for the period from November 1, 2019 (inception) through December 31, 2019.

Effective December 31, 2019 (the “Frozen Date”), the Plan is frozen as to eligibility and benefits. No new employees can become eligible for participation in the Plan and no contributions can be made to the Plan as of the Frozen Date. Payment of benefits continues in accordance with the Plan adoption agreement.

General – The Plan, which commenced effective November 1, 2019, is a defined contribution 401(k) plan that provides retirement savings benefits to eligible employees of the Company through pre-tax and Roth contributions by employees, and contributions by the Company until the Frozen Date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”).

Plan Custodian and Trustee – Nationwide Trust Company (the “Trustee”) serves as the Trustee and custodian of the Plan. Among other duties, the Trustee receives the contributions, holds and invest the fund assets in accordance with the directions of participants, and makes disbursements as directed by the Company.

Eligibility – Employees employed on November 1, 2019 by Touchstone Medical Imaging LLC or any affiliate who has adopted the Plan are eligible to participate. Employees hired after the Effective Date are eligible to participate in the Plan after the employee has reached 18 years of age, completed three months of service, and are not employed by the USI line of business. Eligible employees are permitted to enter the Plan on the first day of the Plan year or first day of the seventh month of the Plan year coinciding with or next following the date eligibility requirements are satisfied.

Participant Contributions – Prior to the Frozen Date, all eligible participants could elect to defer, on a pre-tax or Roth basis, up to 100% of their compensation through payroll deductions. Participant contributions are subject to certain limitations under the IRC, and each participant’s annual contribution shall not exceed the maximum amount allowed for deferral under the IRC, which is \$19,000 for 2019. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions of up to \$6,000 for 2019. Participants direct the investment of their contributions into various investment options offered by the Plan.

Rollover Contributions – Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Employer Contributions – The Company may make discretionary matching contributions per pay period, to be determined by the Employer. During 2019, the Employer made discretionary matching contributions to all eligible participants in an amount equal to 25% of the employee’s contribution.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION – continued

Participant Accounts – Each participant's account is credited with the participant's contributions, the Company's matching contributions, and allocations of Plan earnings, and charged with an allocation of the Plan's administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are always 100% vested with respect to all elective contributions and related earnings. Employer matching contributions and related earnings vest as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the Prime rate, as defined. Principal and interest are paid ratably through payroll deductions and are due in equal installments not less frequently than quarterly.

Payment of Benefits – Participants may elect payment of benefits upon retirement, death, disability, or termination of employment. Participants or beneficiaries are entitled to receive a lump sum amount equal to the vested value of the participant's account. Participants may defer receipt of distribution until a later date unless their account balance is \$5,000 or less. If the vested account balance is \$5,000 or less, the Company will direct the Custodian to distribute the vested account balance to the participant, without consent, into an IRA for their benefit.

A participant may withdraw all or a portion of their vested account balance in the event of a financial hardship, as defined by the Plan. Additionally, in-service withdrawals are permitted upon attainment of age 59 ½.

Forfeitures – Participants who terminate employment with the Company prior to full vesting forfeit the non-vested portion of the Company's contributions. Forfeitures may be used to reduce employer match or pay Plan administrative expenses. At December 31, 2019, forfeited non-vested accounts totaled \$0.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates – The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

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

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan Agreement.

Payment of Benefits – Benefits payments are recorded when paid.

Administrative Expenses – Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in the net depreciation of fair value of investments. Certain expenses incurred by, or attributable to, a specific participant will be paid from that participant's account. Plan expenses could include, but are not limited to, costs to process loans and distributions.

Recent Accounting Pronouncements – In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, including the removal, modification, and addition of certain disclosure requirements. The updated guidance is effective for fiscal years beginning after December 15, 2019, with early adoption permitted. The Plan has elected to not early adopt ASU 2018-13 and does not expect the ASU to have a material impact on its financial statements or disclosures.

Subsequent Events – The Plan has evaluated subsequent events through March 8, 2021, the date the financial statements were available to be issued. See Note 9.

NOTE 3 – FAIR VALUE MEASUREMENTS

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

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.
- Level 2** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** Inputs in the valuation methodology are unobservable and significant to the fair value measurement.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2019

NOTE 3 – FAIR VALUE MEASUREMENTS – continued

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 December 31, 2019.

Mutual funds Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified within level 1 of the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,826,256	\$ -	\$ -	\$ 2,826,256
Investments at fair value	\$ 2,826,256	\$ -	\$ -	\$ 2,826,256

NOTE 4 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Custodian; as such, these transactions qualify as party-in-interest transactions as defined by ERISA. All investment fund earnings or losses posted to each Plan participant’s account are net of investment management fees charged by each investment fund under the Plan. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Plan has notes receivable from participants as of December 31, 2019. As a result, these receivables and all related transactions qualify as party-in-interest transactions. These transactions are exempt from being prohibited transactions by ERISA.

NOTE 5 – PLAN TERMINATION

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

NOTE 6 – TAX STATUS

The Company adopted a standardized volume submitter type plan (the “Volume Submitter Plan”) sponsored by Alliance Benefit Group of Houston Inc. The IRS informed the volume submitter sponsor by letter dated September 30, 2014 that the Volume Submitter Plan, as then designed, was in compliance with the applicable requirements of Section 401 of the IRC, and that the related trust was a tax exempt as of the financial statement date. The Plan has not filed individually with the IRS for a letter regarding the Plan’s qualified tax status; however, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. As such, there has been no provision for income taxes made in the Plan’s financial statements.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2019

NOTE 6 – TAX STATUS – continued

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 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. Because of 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.

NOTE 8 – INFORMATION CERTIFIED BY TRUSTEE

As permitted by the rules and regulations of the DOL with respect to reporting and disclosure under ERISA, the Plan's Trustee has certified to the Plan's Administrator that the following data included in the accompanying financial statements and supplemental schedule as of December 31, 2019, and for the period from November 1, 2019 (inception) through December 31, 2019 are complete and accurate:

<i>December 31, 2019</i>	
Investments, at fair value	\$ 2,826,256
<i>For the Period From November 1, 2019 (Inception) to December 31, 2019</i>	
Net appreciation in fair value of investments	\$ 6,298

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

NOTE 9 – SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the COVID-19 pandemic has affected and may continue to affect the market price of Plan assets. The potential economic impact brought by COVID-19 and the duration thereof are difficult to assess or predict and will depend on future developments that are highly uncertain.

The Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), which was signed into law on March 27, 2020, and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), establish certain operational changes that may be made to the Plan. Among others, allowing certain eligible individuals to receive coronavirus-related relief for loan repayment, permitting coronavirus-related distributions to a qualified individual from January 1, 2020 to December 30, 2020, up to a limit of \$100,000, suspending required minimum distributions, and delaying the commencement date for required minimum distributions. These and other optional features within the acts were adopted by Plan management and were implemented as deemed appropriate. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

USI 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2019

NOTE 9 – SUBSEQUENT EVENTS – continued

Effective July 1, 2020, the Plan was merged into the US Radiology 401(k) Retirement Plan (“US Radiology Plan”). OneAmerica Retirement Services LLC (“OneAmerica”) became the new custodian and record-keeper. To aid with the transition to OneAmerica, the Plan instituted a blackout period for all activity with the new custodian between June 23, 2020 and July 14, 2020. Plan assets were liquidated and transferred to the US Radiology Plan on June 30, 2020. The transfer of assets from this Plan to the US Radiology Plan, including notes receivables from participants, was \$2,132,546. \$607,958 was transferred to the RFH Holdings 401(k) Plan (formerly known as USI 401(k) Plan, plan 001). These amounts are included within “transfers of assets from this plan” on the statement of changes in net assets available for benefits for the period from January 1, 2020 through June 30, 2020. As a result of the merger, the Plan filed a final Form 5500 as of June 30, 2020 and for the period from January 1, 2020 through June 30, 2020.

* * * * *

SUPPLEMENTAL INFORMATION

USI 401(K) PLAN
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2019**

 EIN: 62-1710504
Plan #002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
	J.P. Morgan	JPMorgan Strategic Income Opports Class R5	(i)	\$ 17,939
	American Beacon	American Beacon International Equity Class R5	(i)	43,276
	Lazard	Lazard International Strategic Equity Inst	(i)	42,704
	BlackRock	BlackRock High Yield Bond Portfolio Class K	(i)	250
	BlackRock	BlackRock Total Return Class K	(i)	153
	Dimensional Fund	DFA Emerging Markets Core Equity Inst	(i)	40,452
	Dimensional Fund	DFA Global Real Estate Securities Inst	(i)	23,883
	Dimensional Fund	DFA US Core Equity II Inst	(i)	3,767
	Thornburg	Thornburg International Value Class R6	(i)	43,141
*	Nationwide	Nationwide Geneva Small Cap Growth Inst Svc	(i)	8,231
	BlackRock	BlackRock Strategic Income Opportunities I	(i)	162
	Columbia	Columbia Select Large Cap Growth Fund Inst 2 Class	(i)	534
	Vanguard	Vanguard Total International Stock Index Admiral	(i)	39,581
	Vanguard	Vanguard Explorer Admiral	(i)	22,174
	Vanguard	Vanguard Small Cap Value Index Admiral	(i)	76
	Vanguard	Vanguard US Growth Admiral	(i)	29,932
	Lord Abbett	Lord Abbett Developing Growth Class R5	(i)	180,596
	Lord Abbett	Lord Abbett High Yield Class R5	(i)	23,132
	Dimensional Fund	DFA US Large Cap Value Inst	(i)	41,462
	Dimensional Fund	DFA US Target Value Inst	(i)	24,592
	Janus Henderson	Janus Henderson Small Cap Val Class N	(i)	6,020
	MFS	MFS Mid Cap Value Fund R6	(i)	26,360
	U.S. Government	Federal Government Obligations Premir	(i)	4,905
	PGIM	PGIM Total Return Bond Class R6	(i)	38,710
	DWS	DWS CROCI US Class S	(i)	31,328
	Ivy Pictet	Ivy Pictet Emerging Markets Local Currency Debt Class I	(i)	15,646
	J.P. Morgan	JPMorgan Equity Income Class R5	(i)	38,131
*	Nationwide	Nationwide Loomis All Cap Growth Class R6	(i)	34,488
	PGIM	PGIM Short Term Corporate Bond Class R6	(i)	82,580
	Fidelity	Fidelity 500 Index	(i)	73,638
	Fidelity	Fidelity International Index	(i)	689
	Fidelity	Fidelity US Bond Index	(i)	31,110
	Fidelity	Fidelity Advisor Real Estate Class I	(i)	28,679
*	Nationwide	Nationwide Investor Destinations Aggressive Class R6	(i)	78,059
*	Nationwide	Nationwide Investor Destinations Conservative Class R6	(i)	684
*	Nationwide	Nationwide Investor Destinations Moderately Conservative Class R6	(i)	36,982
*	Nationwide	Nationwide Investor Destinations Moderately Aggressive Class R6	(i)	89,629
*	Nationwide	Nationwide Investor Destinations Moderate Class R6	(i)	214,061
	Invesco	Invesco Mid Cap Core Equity Class R5	(i)	15,292
	Invesco	Invesco Emerging Markets Class R5	(i)	47,876
	Harbor International	Harbor International Growth Inst	(i)	766
	Morgan Stanley	Morgan Stanley Inst Fund Discovery Class I	(i)	171,636
	Neuberger Berman	Neuberger Berman Genesis Inst	(i)	20,147
*	Nationwide	Nationwide Mellon Dynamic US Core Class R6	(i)	3,007
	Invesco	Invesco Oppenheimer International Growth Class Y	(i)	107,006

USI 401(K) PLAN
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2019**

 EIN: 62-1710504
Plan #002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pioneer	Pioneer Select Mid Cap Growth Class Y	(i)	11,928
	PIMCO	PIMCO Real Return Inst	(i)	25,658
	Principal	Principal High Yield Inst	(i)	209,588
	American Funds	American Funds the Bond Fund of America Class R6	(i)	18,512
	American Funds	American Funds the New Economy Class R6	(i)	80,373
	Vanguard	Vanguard Dividend Growth Investor	(i)	243,087
	Vanguard	Vanguard Target Retirement 2050 Investor	(i)	187,418
	Vanguard	Vanguard Target Retirement 2040 Investor	(i)	1,445
	Vanguard	Vanguard Target Retirement 2035 Investor	(i)	82,709
	Vanguard	Vanguard Target Retirement 2030 Investor	(i)	117,358
	Vanguard	Vanguard Target Retirement 2045 Investor	(i)	9,047
	Vanguard	Vanguard Target Retirement 2025 Investor	(i)	11,752
	Vanguard	Vanguard Target Retirement 2015 Investor	(i)	43,915
		Total mutual funds		2,826,256
*	Participant Loans	Due biweekly, bearing interest at 5.25% to 7.00%, various maturity dates through 2024, secured by participant's vested balance.	-0-	61,224
	Total			\$ 2,887,480

(i) Cost basis for participant-directed investments is not required.

* A party-in-interest as defined by ERISA