Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MSR/RAMS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
MAIN STREET RADIOLOGY AT BAYSIDE, LLC

32-25 FRANCIS LEWIS BLVD.
BAYSIDE, NY 11358

2b Employer Identification Number (EIN) 11-3545588

2c Plan Sponsor's telephone number 718-428-1500

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	TODD DILEONARDO
	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

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	337
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)**	254
a(2) Total number of active participants at the end of the plan year	**6a(2)**	265
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	68
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	333
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	333
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	316
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
MSR/RAMS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN STREET RADIOLOGY AT BAYSIDE, LLC

D Employer Identification Number (EIN)
11-3545588

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

NORTHWESTERN MUTUAL

611 E. WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50 51	ADVISOR	34500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64	RECORD KEEPER	26741	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOUGLAS LANE & ASSOCIATES, LLC

81-0698246

(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?
50 71	SERVICE PROVIDER	15503	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ENVESTNET RETIREMENT SOLUTIONS

1801 CALIFORNIA STREET
DENVER, CO 80202

(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?
50 99	SERVICE PROVIDER	14946	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BENEFIT PRACTICE

13-4144565

(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?
15 50 99	THIRD PARTY ADMIN	11800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE

82-0543156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 71	SERVICE PROVIDER	613	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
MSR/RAMS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN STREET RADIOLOGY AT BAYSIDE, LLC

D Employer Identification Number (EIN)
11-3545588

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1576	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	153611
(2) Participant contributions	1b(2)	29060	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1134430	1116558
(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)	0	136337
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9691362	12004751
(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)	463594	634870
(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)	28230479	34687154
(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	39550501	48733281
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	28243	8100
k	Total liabilities (add all amounts in lines 1g through1j)	1k	28243	8100
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	39522258	48725181

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1748101	
	(B) Participants	2a(1)(B)	1224368	
	(C) Others (including rollovers)	2a(1)(C)	23356	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2995825
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5373	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	2779	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	19852	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28004
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	162793	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48614	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		211407
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2638041	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2873580	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-235539
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	2303188	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2303188

		(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)		4686238
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9989123
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	682097	
(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)		682097
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	104103	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		104103
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		786200
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9202923
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: FRENDEL BROWN & WEISSMAN LLP **(2)** EIN: 13-2907212

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	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?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
MSR/RAMS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN STREET RADIOLOGY AT BAYSIDE, LLC

D Employer Identification Number (EIN)
11-3545588

Part I Distributions

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

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

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

EIN(s): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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)	**14a**	
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)	**14b**	
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)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

MAIN STREET RADIOLOGY, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2020



MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

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SUPPLEMENTAL SCHEDULE

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Main Street Radiology, Inc. Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Main Street Radiology, Inc. Retirement Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 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 control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility for the Financial Statements

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the financial statements.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020 and 2019 and the changes in net assets available for benefits for the year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Certified Public Accountants

New York, New York
October 8, 2021

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
ASSETS:	2020	2019
Investments at fair value	$47,944,800	$39,057,847
Receivables:		
Participants' contributions	-	29,060
Employer contributions	153,611	-
Notes receivable from participants	634,870	463,594
Total receivables	788,481	492,654
Total assets	48,733,281	39,550,501
LIABILITIES:		
Excess contributions payable	8,100	28,243
NET ASSETS AVAILABLE FOR BENEFITS	$48,725,181	$39,522,258

See accompanying independent auditors' report and notes to financial statements.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 5,639,848
Dividends	1,325,446
Interest	8,152
Total	6,973,446
Interest income on notes receivable from participants	19,852
Contributions:	
Employer	1,748,101
Rollovers	23,356
Participants	1,224,368
Total	2,995,825
Total additions	9,989,123
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	682,097
Administration expenses	104,103
Total deductions	786,200
Net increase	9,202,923
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	39,522,258
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$48,725,181

See accompanying independent auditors' report and notes to financial statements.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN

General

The following description of Main Street Radiology, Inc. Retirement Plan, ("the Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

The Plan is a participant-directed, defined contribution plan with elective deferral 401(k) arrangements. The Plan covers all full-time employees of Main St. Radiology at Bayside and Radiology Associates of Main St. (collectively "the Company" or "the Employer") who are over twenty-one years old and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Trustee oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Trustee.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined by the Plan. Participants may also contribute a minimum of 1% of Roth after-tax employee contributions. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan.

Employer Contributions

As per the Plan documents, the Company may decide to make matching contributions to the Plan at its own discretion. For the year ended December 31, 2020, the Company made contributions to the Plan of $1,748,101.

Rollover Contributions

A participant may, with the consent of the Plan Administrator, make a rollover contribution to the Plan at any time. Rollover contributions are assets transferred to the Plan from a qualified savings plan in which employees participated prior to their employment by the Employer.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching contributions, as well as allocations of the Company's profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. 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.

NOTE 1 - DESCRIPTION OF THE PLAN - Continued

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service, or upon death, or termination because of disability. The vesting schedule of the Company's contribution is stated as follows:

Years of Service	Percentage
Less than 2	0
2 but less than 3	20
3 but less than 4	40
4 but less than 5	60
5 but less than 6	80
6 or more	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. Loan terms may not exceed five years unless made for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest rates ranging from 4.25% to 6.50%. Principal and interest are either deducted from the participant's account or paid ratably through payroll deductions.

Payment of Benefits

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

Forfeited Accounts

As of December 31, 2020 and 2019, forfeited non-vested accounts totaled $78,168 and $23,092, respectively. These accounts are used to pay for administrative expenses and to reduce future Company contributions. For the years 2020 and 2019, the forfeitures used were $26,499 and $83,372, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from these 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and the Custodian. 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 an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains (losses) on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. No allowance for credit loss has been recorded as of December 31, 2020 and 2019.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants in 2021.

Expenses

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Reclassifications

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

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described below:

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

Level 2 - Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets,

b. Quoted prices for identical or similar assets or liabilities in inactive markets,

c. Inputs other than quoted prices that are observable for the asset or liability,

d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

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

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

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, 2020 and 2019.

Money Market Fund

Valued at unadjusted quoted market prices, which represent the net asset value of the shares owned by the Plan at year end.

Common Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

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 SEC. 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.

Exchange Traded Funds (ETFs)

These are marketable securities that track a basket of assets similar to an index fund. Unlike mutual funds, these are traded similar to common stocks. They are valued at the closing price reported on the active market where the individual ETFs are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019.

	Assets at fair value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$32,321,821	$ -	$ -	$32,321,821
Brokerage account	15,622,979			15,622,979
Totals	$47,944,800	$ -	$ -	$47,944,800

	Assets at fair value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$26,092,194	$ -	$ -	$26,092,194
Brokerage account	12,965,653			12,965,653
Totals	$39,057,847	$ -	$ -	$39,057,847

NOTE 4 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Ascensus Trust Company, the Custodian of the Plan, provides certain administration and record-keeping services to the Plan. Fees paid by the Plan for administration and record-keeping amounted to $26,741 for the year ended December 31, 2020.

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 the Employee Retirement Income Security Act of 1974. In the event of Plan termination, participants would become 100% vested in their Company's contributions.

NOTE 6 - TAX STATUS

The Plan uses a volume submitter profit-sharing plan sponsored by CCH Incorporated Company dba FtWilliam.com (CCH). CCH submitted that plan to the Internal Revenue Service (IRS) and received an opinion letter from the IRS, dated March 31, 2014, concluding that the form of the plan satisfied the qualification requirements under the applicable sections of the Internal Revenue Code (IRC). Because the Company has not deviated from the form of that document, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal, state or local authorities. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 - CARES ACT

The COVID-19 outbreak in the United States continues to cause business disruption through mandated and voluntary closings of multiple business segments. This rapidly changing pandemic has generated significant uncertainty in the global economy and volatility in financial markets. Due to the ongoing economic uncertainty and volatility caused by COVID-19, the resulting financial impact to the Plan cannot be reasonably estimated.

On March 27, 2020, the U.S. federal government passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The Plan has implemented certain changes allowable under the CARES Act, which include permitting eligible Plan participants to request penalty-free distributions of up to $100,000 before December 31, 2020 for qualifying reasons associated with the COVID-19 pandemic, permitting suspension of loan payments due through December 31, 2020, and permitting individuals to stop receiving 2020 required minimum distributions. The Plan issued $251,000 in COVID-19 distributions in 2020.

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 8, 2021, the date on which the financial statements were available to be issued, and has concluded that no events or transactions took place, which require disclosure herein.

SUPPLEMENTAL SCHEDULE

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 11-3545588 PLAN NO: 001

DECEMBER 31, 2020

(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
	TDAM Money Market Portfolio	Money Market Fund	**	$1,252,895
	DFA US Targeted Value I	Mutual Fund	**	293,981
	DFA Emerging Markets Value Portfolio	Mutual Fund	**	10,950
	DFA International Value Portfolio III	Mutual Fund	**	48,297
	DFA Emerging Markets Core Equity Portfolio	Mutual Fund	**	11,172
	DFA International Small Cap Value Portfolio	Mutual Fund	**	34,625
	DFA International Small Company Portfolio	Mutual Fund	**	19,034
	DFA U.S. High Relative Profitability Portfolio	Mutual Fund	**	222,301
	DFA Emerging Markets Sustainability Core 1 Portfolio	Mutual Fund	**	31,554
	DFA International Small Cap Growth Portfolio	Mutual Fund	**	82,772
	DFA U.S. Micro Cap Portfolio	Mutual Fund	**	33,590
	DFA U.S. Small Cap Value Portfolio	Mutual Fund	**	2,104
	PIMCO Commodity Real Return Strategy Fund Class A	Mutual Fund	**	96,514
	PIMCO Income Fund Class A	Mutual Fund	**	213,634
	Payden Global Low Duration Fund	Mutual Fund	**	91,046
	Invesco Oppenheimer Discovery Mid-Cap Growth Fund I	Mutual Fund	**	30,717
	Franklin Convertible Securities Fund Class R6	Mutual Fund	**	263,395
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	**	50,357
	Vanguard Emerging Markets Stock Index Funds Admiral Shares	Mutual Fund	**	86,990
	Vanguard Value Index Fund ETF	Mutual Fund	**	46,836
	Vanguard FTSE Social Index Fund Admiral Shares	Mutual Fund	**	140,793
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	31,344
	Vanguard Short-Term Bond Index Admiral Shares	Mutual Fund	**	308,459
	Vanguard Real Estate Index Fund	Mutual Fund	**	257,442
	Vanguard Value Index Fund Admiral Shares	Mutual Fund	**	174,868
	MFS New Discovery Value Fund Class R6	Mutual Fund	**	623,319
	Oppenheimer Global Fund	Mutual Fund	**	130,881
	Oppenheimer Global Opportunities Fund	Mutual Fund	**	4,193,736
	American Funds Capital Income Builder R6	Mutual Fund	**	1,205,919
	American Funds Growth Fund R6	Mutual Fund	**	2,054,501
	PIMCO Income Institutional Fund	Mutual Fund	**	346,567
	PIMCO Low Duration ESG Fund	Mutual Fund	**	11,124
	T.Rowe Price International Stock Fund	Mutual Fund	**	201,239
	TCW Emerging Markets Income Fund	Mutual Fund	**	27,923
	Vanguard 500 Index Admiral Shares	Mutual Fund	**	1,792,786
	Vanguard Mid-Cap Value Index Admiral Shares	Mutual Fund	**	16,672
	Vanguard Money Market Reserves	Mutual Fund	**	301,858
	Vanguard High Dividend Yield ETF	Mutual Fund	**	1,892,363
	Vanguard LifeStrategy Growth Fund	Mutual Fund	**	15,825
	Vanguard LifeStrategy Moderate Growth	Mutual Fund	**	3,432,049
	Sub-total forward			20,082,432

**Cost omitted for participant-directed investments

(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
	Sub-total forwarded			$20,082,432
	Vanguard High-Yield Corporate Admiral Shares	Mutual Fund	**	286,253
	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	**	1,775,316
	Vanguard Short-Term Inflation-Protected Securities Index Fund	Mutual Fund	**	432,990
	Vanguard Real Estate Index Admiral Shares	Mutual Fund	**	25,453
	Vanguard S&P Mid-Cap 400 ETF	Mutual Fund	**	2,705,114
	Vanguard S&P Small-Cap 600 ETF	Mutual Fund	**	321,141
	Vanguard Small-Cap Index Admiral Shares	Mutual Fund	**	39,554
	Vanguard Target Retirement 2015 Fund Investor Shares	Mutual Fund	**	82,979
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Fund	**	52,949
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Fund	**	108,685
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Fund	**	3,490,469
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Fund	**	627,391
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Fund	**	1,329,908
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Fund	**	979,851
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Fund	**	853,314
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	544,055
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	489,933
	Vanguard Total Bond Market Index Admiral Shares	Mutual Fund	**	1,352,609
	Vanguard Total International Bond Index Admiral Shares	Mutual Fund	**	64,951
	Vanguard Balanced Index Admiral Shares	Mutual Fund	**	215,696
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	79,006
	Air Lease Corporation	Common Stock	**	15,547
	Alcon Inc.	Common Stock	**	6,598
	Alibaba Group Holding Limited	Common Stock	**	23,273
	Alphabet Inc. Class A	Common Stock	**	930,652
	Alphabet Inc. Class C	Common Stock	**	43,797
	Amazon.com Inc.	Common Stock	**	1,690,347
	Amgen, Inc.	Common Stock	**	24,084
	APA Corp.	Common Stock	**	3,193
	Sub-total forward			38,677,540

**Cost omitted for participant-directed investments

(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
	Sub-total forwarded			$38,677,540
	Apple Inc.	Common Stock	**	290,002
	American Express Company	Common Stock	**	12,091
	AES Corporation	Common Stock	**	19,270
	American Tower Corporation	Common Stock	**	4,489
	ARK Genomic Revolution ETF	Common Stock	**	9,326
	AT&T Inc.	Common Stock	**	143,800
	Bank of America Corporation	Common Stock	**	42,695
	Barrick Gold Corporation	Common Stock	**	9,112
	Berkshire Hathaway Inc.	Common Stock	**	34,780
	BP plc	Common Stock	**	30,780
	Bristol-Myers Squibb Co.	Common Stock	**	28,155
	Broadbridge Financial Solutions, Inc	Common Stock	**	11,490
	Broadcom Inc.	Common Stock	**	87,570
	Charter Communications, Inc.	Common Stock	**	23,154
	Chevron Corporation	Common Stock	**	12,667
	China Mobile Limited ADR	Common Stock	**	99,890
	Chubb Limited	Common Stock	**	26,936
	Citigroup Inc.	Common Stock	**	12,332
	Coca-Cola Company/The	Common Stock	**	19,194
	Constellation Brands, Inc.	Common Stock	**	54,935
	CVS Health Corporation	Common Stock	**	27,320
	Danaher Corp.	Common Stock	**	33,321
	Delta Air Lines, Inc.	Common Stock	**	24,126
	Diageo plc	Common Stock	**	31,762
	Elanco Animal Health Incorporated	Common Stock	**	13,802
	Electronic Arts Inc.	Common Stock	**	25,130
	EOG Resources, Inc.	Common Stock	**	9,974
	Exxon Mobil Corporation	Common Stock	**	82,440
	Equinix, Inc.	Common Stock	**	25,041
	Facebook, Inc.	Common Stock	**	54,632
	Financial Select Sector SPDR Fund	Common Stock	**	198
	First Republic Bank	Common Stock	**	36,733
	FleetCor Technologies, Inc.	Common Stock	**	13,642
	Fortive Corporation	Common Stock	**	14,164
	Fortune Brands Home & Security, Inc.	Common Stock	**	25,716
	General Electric Company	Common Stock	**	59,400
	General Motors Company	Common Stock	**	41,640
	GlaxoSmithKline plc	Common Stock	**	21,160
	GoDaddy Inc.	Common Stock	**	26,958
	Honeywell International Inc./The	Common Stock	**	21,270
	Illumina Inc.	Common Stock	**	37,000
	Ingersoll Rand Inc.	Common Stock	**	22,780
	International Business Machines Corporation	Common Stock	**	62,940
	International Flavors & Fragrances Inc.	Common Stock	**	5,442
	Intel Corporation	Common Stock	**	69,946
	JPMorgan Chase & Co.	Common Stock	**	38,121
	Sub-total forward			40,474,866

**Cost omitted for participant-directed investments.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2020

(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
	Sub-total forward			$40,474,866
	Johnson & Johnson	Common Stock	**	11,803
	Kansas City Southern	Common Stock	**	40,826
	Lowe's Companies, Inc.	Common Stock	**	32,102
	Luminar Technologies, Inc.	Common Stock	**	13,600
	Martin Marietta Materials, Inc.	Common Stock	**	8,519
	Mastercard Incorporated	Common Stock	**	35,694
	Microsoft Corporation	Common Stock	**	38,923
	Morgan Stanley	Common Stock	**	41,118
	National Health Investors, Inc.	Common Stock	**	24,191
	NVIDIA Corporation	Common Stock	**	65,285
	Noranda Aluminum Holding Corp.	Common Stock	**	194
	Novartis AG	Common Stock	**	25,968
	Oracle Corp.	Common Stock	**	38,814
	PacWest Bancorp	Common Stock	**	76,200
	PayPal Holdings, Inc.	Common Stock	**	67,918
	PepsiCo, Inc.	Common Stock	**	22,245
	Pioneer Natural Resources Company	Common Stock	**	5,695
	Prudential Financial, Inc.	Common Stock	**	19,518
	QUALCOMM, Inc.	Common Stock	**	53,319
	Renewable Energy Group, Inc.	Common Stock	**	7,082
	Rio Tinto plc	Common Stock	**	150,440
	Roper Technologies, Inc.	Common Stock	**	8,621
	Royal Dutch Shell plc	Common Stock	**	70,280
	Royal Dutch Shell plc	Common Stock	**	25,208
	SS&C Technologies Holdings, Inc.	Common Stock	**	36,375
	Shake Shack Inc.	Common Stock	**	21,195
	SVB Financial Group	Common Stock	**	38,783
	Sprott Physical Gold Trust	Common Stock	**	21,127
	Sprott Physical Silver Trust	Common Stock	**	20,548
	Square Inc.	Common Stock	**	15,234
	The Blackstone Group L.P.	Common Stock	**	204,473
	The Toronto-Dominion Bank	Common Stock	**	169,260
	The Walt Disney Company	Common Stock	**	36,236
	Thermo Fisher Scientific, Inc.	Common Stock	**	46,578
	U.S. Bancorp	Common Stock	**	20,965
	Uber Technologies, Inc.	Common Stock	**	30,600
	UnitedHealth Group Incorporated	Common Stock	**	21,041
	Vale S.A.	Common Stock	**	83,800
	Valero Energy Corporation	Common Stock	**	5,657
	Verizon Communications Inc.	Common Stock	**	23,500
	Visa Inc.	Common Stock	**	32,810
	Vulcan Materials Company	Common Stock	**	8,157
	Western Digital Corporation	Common Stock	**	110,780
	XPO Logistics, Inc.	Common Stock	**	35,760
	Zebra Technologies Corporation	Common Stock	**	7,686
	Zimmer Biomet Holdings Inc.	Common Stock	**	23,114
	Sub-total forward			42,372,108

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2020

(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
	Sub-total forwarded			$42,372,108
	iShares 1-3 Year Treasury Bond	Exchange Traded Fund	**	6,479
	iShares 1-3 Year International Treasury Bond ETF	Exchange Traded Fund	**	33,046
	SPDR Portfolio Intermediate Term Corporate Bond ETF	Exchange Traded Fund	**	411,154
	SPDR Portfolio Long-Term Corporate Bond ETF	Exchange Traded Fund	**	293,218
	SPDR Portfolio Large Cap ETF	Exchange Traded Fund	**	174,246
	SPDR Portfolio Short-Term Corporate Bond ETF	Exchange Traded Fund	**	218,300
	SPDR Portfolio Small Cap ETF	Exchange Traded Fund	**	19,586
	SPDR Portfolio S&P Value ETF	Exchange Traded Fund	**	288,112
	SPDR Portfolio S&P 600 Value ETF	Exchange Traded Fund	**	101,284
	Vanguard Growth Index Fund ETF	Exchange Traded Fund	**	509,588
	Vanguard Mid-Cap Growth Index Fund ETF	Exchange Traded Fund	**	532,787
	Vanguard Small-Cap Growth Index Fund ETF	Exchange Traded Fund	**	564,278
	Vanguard Consumer Staples ETF	Exchange Traded Fund	**	303,332
	Vanguard Information Technology ETF	Exchange Traded Fund	**	1,378,693
	Vanguard REIT ETF	Exchange Traded Fund	**	111,289
	Vanguard S&P 500 Growth ETF	Exchange Traded Fund	**	528,277
	Vanguard Total International Stock ETF	Exchange Traded Fund	**	99,023
Total				47,944,800
	*Notes receivable from participants (interest rates range from 4.25% to 6.50%) due through 2026		0	634,870
TOTAL				$48,579,670

*Party in interest

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 11-3545588 PLAN NO: 001

DECEMBER 31, 2020

(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
	TDAM Money Market Portfolio	Money Market Fund	**	$1,252,895
	DFA US Targeted Value I	Mutual Fund	**	293,981
	DFA Emerging Markets Value Portfolio	Mutual Fund	**	10,950
	DFA International Value Portfolio III	Mutual Fund	**	48,297
	DFA Emerging Markets Core Equity Portfolio	Mutual Fund	**	11,172
	DFA International Small Cap Value Portfolio	Mutual Fund	**	34,625
	DFA International Small Company Portfolio	Mutual Fund	**	19,034
	DFA U.S. High Relative Profitability Portfolio	Mutual Fund	**	222,301
	DFA Emerging Markets Sustainability Core 1 Portfolio	Mutual Fund	**	31,554
	DFA International Small Cap Growth Portfolio	Mutual Fund	**	82,772
	DFA U.S. Micro Cap Portfolio	Mutual Fund	**	33,590
	DFA U.S. Small Cap Value Portfolio	Mutual Fund	**	2,104
	PIMCO Commodity Real Return Strategy Fund Class A	Mutual Fund	**	96,514
	PIMCO Income Fund Class A	Mutual Fund	**	213,634
	Payden Global Low Duration Fund	Mutual Fund	**	91,046
	Invesco Oppenheimer Discovery Mid-Cap Growth Fund I	Mutual Fund	**	30,717
	Franklin Convertible Securities Fund Class R6	Mutual Fund	**	263,395
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual Fund	**	50,357
	Vanguard Emerging Markets Stock Index Funds Admiral Shares	Mutual Fund	**	86,990
	Vanguard Value Index Fund ETF	Mutual Fund	**	46,836
	Vanguard FTSE Social Index Fund Admiral Shares	Mutual Fund	**	140,793
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	31,344
	Vanguard Short-Term Bond Index Admiral Shares	Mutual Fund	**	308,459
	Vanguard Real Estate Index Fund	Mutual Fund	**	257,442
	Vanguard Value Index Fund Admiral Shares	Mutual Fund	**	174,868
	MFS New Discovery Value Fund Class R6	Mutual Fund	**	623,319
	Oppenheimer Global Fund	Mutual Fund	**	130,881
	Oppenheimer Global Opportunities Fund	Mutual Fund	**	4,193,736
	American Funds Capital Income Builder R6	Mutual Fund	**	1,205,919
	American Funds Growth Fund R6	Mutual Fund	**	2,054,501
	PIMCO Income Institutional Fund	Mutual Fund	**	346,567
	PIMCO Low Duration ESG Fund	Mutual Fund	**	11,124
	T.Rowe Price International Stock Fund	Mutual Fund	**	201,239
	TCW Emerging Markets Income Fund	Mutual Fund	**	27,923
	Vanguard 500 Index Admiral Shares	Mutual Fund	**	1,792,786
	Vanguard Mid-Cap Value Index Admiral Shares	Mutual Fund	**	16,672
	Vanguard Money Market Reserves	Mutual Fund	**	301,858
	Vanguard High Dividend Yield ETF	Mutual Fund	**	1,892,363
	Vanguard LifeStrategy Growth Fund	Mutual Fund	**	15,825
	Vanguard LifeStrategy Moderate Growth	Mutual Fund	**	3,432,049
	Sub-total forward			20,082,432

**Cost omitted for participant-directed investments

(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
	Sub-total forwarded			$20,082,432
	Vanguard High-Yield Corporate Admiral Shares	Mutual Fund	**	286,253
	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	**	1,775,316
	Vanguard Short-Term Inflation-Protected Securities Index Fund	Mutual Fund	**	432,990
	Vanguard Real Estate Index Admiral Shares	Mutual Fund	**	25,453
	Vanguard S&P Mid-Cap 400 ETF	Mutual Fund	**	2,705,114
	Vanguard S&P Small-Cap 600 ETF	Mutual Fund	**	321,141
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	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Fund	**	627,391
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Fund	**	1,329,908
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Fund	**	979,851
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Fund	**	853,314
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	544,055
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	489,933
	Vanguard Total Bond Market Index Admiral Shares	Mutual Fund	**	1,352,609
	Vanguard Total International Bond Index Admiral Shares	Mutual Fund	**	64,951
	Vanguard Balanced Index Admiral Shares	Mutual Fund	**	215,696
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	79,006
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	Alcon Inc.	Common Stock	**	6,598
	Alibaba Group Holding Limited	Common Stock	**	23,273
	Alphabet Inc. Class A	Common Stock	**	930,652
	Alphabet Inc. Class C	Common Stock	**	43,797
	Amazon.com Inc.	Common Stock	**	1,690,347
	Amgen, Inc.	Common Stock	**	24,084
	APA Corp.	Common Stock	**	3,193
	Sub-total forward			38,677,540

**Cost omitted for participant-directed investments

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	American Express Company	Common Stock	**	12,091
	AES Corporation	Common Stock	**	19,270
	American Tower Corporation	Common Stock	**	4,489
	ARK Genomic Revolution ETF	Common Stock	**	9,326
	AT&T Inc.	Common Stock	**	143,800
	Bank of America Corporation	Common Stock	**	42,695
	Barrick Gold Corporation	Common Stock	**	9,112
	Berkshire Hathaway Inc.	Common Stock	**	34,780
	BP plc	Common Stock	**	30,780
	Bristol-Myers Squibb Co.	Common Stock	**	28,155
	Broadbridge Financial Solutions, Inc	Common Stock	**	11,490
	Broadcom Inc.	Common Stock	**	87,570
	Charter Communications, Inc.	Common Stock	**	23,154
	Chevron Corporation	Common Stock	**	12,667
	China Mobile Limited ADR	Common Stock	**	99,890
	Chubb Limited	Common Stock	**	26,936
	Citigroup Inc.	Common Stock	**	12,332
	Coca-Cola Company/The	Common Stock	**	19,194
	Constellation Brands, Inc.	Common Stock	**	54,935
	CVS Health Corporation	Common Stock	**	27,320
	Danaher Corp.	Common Stock	**	33,321
	Delta Air Lines, Inc.	Common Stock	**	24,126
	Diageo plc	Common Stock	**	31,762
	Elanco Animal Health Incorporated	Common Stock	**	13,802
	Electronic Arts Inc.	Common Stock	**	25,130
	EOG Resources, Inc.	Common Stock	**	9,974
	Exxon Mobil Corporation	Common Stock	**	82,440
	Equinix, Inc.	Common Stock	**	25,041
	Facebook, Inc.	Common Stock	**	54,632
	Financial Select Sector SPDR Fund	Common Stock	**	198
	First Republic Bank	Common Stock	**	36,733
	FleetCor Technologies, Inc.	Common Stock	**	13,642
	Fortive Corporation	Common Stock	**	14,164
	Fortune Brands Home & Security, Inc.	Common Stock	**	25,716
	General Electric Company	Common Stock	**	59,400
	General Motors Company	Common Stock	**	41,640
	GlaxoSmithKline plc	Common Stock	**	21,160
	GoDaddy Inc.	Common Stock	**	26,958
	Honeywell International Inc./The	Common Stock	**	21,270
	Illumina Inc.	Common Stock	**	37,000
	Ingersoll Rand Inc.	Common Stock	**	22,780
	International Business Machines Corporation	Common Stock	**	62,940
	International Flavors & Fragrances Inc.	Common Stock	**	5,442
	Intel Corporation	Common Stock	**	69,946
	JPMorgan Chase & Co.	Common Stock	**	38,121
	Sub-total forward			40,474,866

**Cost omitted for participant-directed investments.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2020

(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
	Sub-total forward			$40,474,866
	Johnson & Johnson	Common Stock	**	11,803
	Kansas City Southern	Common Stock	**	40,826
	Lowe's Companies, Inc.	Common Stock	**	32,102
	Luminar Technologies, Inc.	Common Stock	**	13,600
	Martin Marietta Materials, Inc.	Common Stock	**	8,519
	Mastercard Incorporated	Common Stock	**	35,694
	Microsoft Corporation	Common Stock	**	38,923
	Morgan Stanley	Common Stock	**	41,118
	National Health Investors, Inc.	Common Stock	**	24,191
	NVIDIA Corporation	Common Stock	**	65,285
	Noranda Aluminum Holding Corp.	Common Stock	**	194
	Novartis AG	Common Stock	**	25,968
	Oracle Corp.	Common Stock	**	38,814
	PacWest Bancorp	Common Stock	**	76,200
	PayPal Holdings, Inc.	Common Stock	**	67,918
	PepsiCo, Inc.	Common Stock	**	22,245
	Pioneer Natural Resources Company	Common Stock	**	5,695
	Prudential Financial, Inc.	Common Stock	**	19,518
	QUALCOMM, Inc.	Common Stock	**	53,319
	Renewable Energy Group, Inc.	Common Stock	**	7,082
	Rio Tinto plc	Common Stock	**	150,440
	Roper Technologies, Inc.	Common Stock	**	8,621
	Royal Dutch Shell plc	Common Stock	**	70,280
	Royal Dutch Shell plc	Common Stock	**	25,208
	SS&C Technologies Holdings, Inc.	Common Stock	**	36,375
	Shake Shack Inc.	Common Stock	**	21,195
	SVB Financial Group	Common Stock	**	38,783
	Sprott Physical Gold Trust	Common Stock	**	21,127
	Sprott Physical Silver Trust	Common Stock	**	20,548
	Square Inc.	Common Stock	**	15,234
	The Blackstone Group L.P.	Common Stock	**	204,473
	The Toronto-Dominion Bank	Common Stock	**	169,260
	The Walt Disney Company	Common Stock	**	36,236
	Thermo Fisher Scientific, Inc.	Common Stock	**	46,578
	U.S. Bancorp	Common Stock	**	20,965
	Uber Technologies, Inc.	Common Stock	**	30,600
	UnitedHealth Group Incorporated	Common Stock	**	21,041
	Vale S.A.	Common Stock	**	83,800
	Valero Energy Corporation	Common Stock	**	5,657
	Verizon Communications Inc.	Common Stock	**	23,500
	Visa Inc.	Common Stock	**	32,810
	Vulcan Materials Company	Common Stock	**	8,157
	Western Digital Corporation	Common Stock	**	110,780
	XPO Logistics, Inc.	Common Stock	**	35,760
	Zebra Technologies Corporation	Common Stock	**	7,686
	Zimmer Biomet Holdings Inc.	Common Stock	**	23,114
	Sub-total forward			42,372,108

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
DECEMBER 31, 2020

(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
	Sub-total forwarded			$42,372,108
	iShares 1-3 Year Treasury Bond	Exchange Traded Fund	**	6,479
	iShares 1-3 Year International Treasury Bond ETF	Exchange Traded Fund	**	33,046
	SPDR Portfolio Intermediate Term Corporate Bond ETF	Exchange Traded Fund	**	411,154
	SPDR Portfolio Long-Term Corporate Bond ETF	Exchange Traded Fund	**	293,218
	SPDR Portfolio Large Cap ETF	Exchange Traded Fund	**	174,246
	SPDR Portfolio Short-Term Corporate Bond ETF	Exchange Traded Fund	**	218,300
	SPDR Portfolio Small Cap ETF	Exchange Traded Fund	**	19,586
	SPDR Portfolio S&P Value ETF	Exchange Traded Fund	**	288,112
	SPDR Portfolio S&P 600 Value ETF	Exchange Traded Fund	**	101,284
	Vanguard Growth Index Fund ETF	Exchange Traded Fund	**	509,588
	Vanguard Mid-Cap Growth Index Fund ETF	Exchange Traded Fund	**	532,787
	Vanguard Small-Cap Growth Index Fund ETF	Exchange Traded Fund	**	564,278
	Vanguard Consumer Staples ETF	Exchange Traded Fund	**	303,332
	Vanguard Information Technology ETF	Exchange Traded Fund	**	1,378,693
	Vanguard REIT ETF	Exchange Traded Fund	**	111,289
	Vanguard S&P 500 Growth ETF	Exchange Traded Fund	**	528,277
	Vanguard Total International Stock ETF	Exchange Traded Fund	**	99,023
Total				47,944,800
	*Notes receivable from participants (interest rates range from 4.25% to 6.50%) due through 2026		0	634,870
TOTAL				$48,579,670

*Party in interest

**Cost omitted for participant-directed investments