# 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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AG RX EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/18/1993

**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)
AG RX

751 S ROSE AVE
OXNARD, CA 93030-5146

**2b** Employer Identification Number (EIN) 77-0329972

**2c** Plan Sponsor's telephone number 805-487-0696

**2d** Business code (see instructions) 115110

**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. | 02/22/2022 | KIMBERLY EISEL |
| | **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** | 225 |
| **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)** | 128 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 115 |
| **b** Retired or separated participants receiving benefits | **6b** | 27 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 30 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 172 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 173 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 173 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 11 |
| **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:

2I 2J 2K 2Q 2H 2O 3I

**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)** | [ ] ___ | **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2020**<br>**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
AG RX EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AG RX

**D** Employer Identification Number (EIN)
77-0329972

## 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)

PAYCHEX RETIREMENT SERVICES

16-1124166

| (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 28 | 401(K) RECORDKEEPER | 13512 | 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 ☐ |

**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 |
|---|---|---|
| | | |

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

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

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

| **Part III** | **Termination Information on Accountants and Enrolled Actuaries (see instructions)**<br>(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
AG RX EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AG RX

**D** Employer Identification Number (EIN)
77-0329972

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 122252 | 265 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 333534 | 138561 |
| **(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) | 68344 | 30837 |
| **(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) | 4794940 | 6368311 |
| **(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) | 5267381 | 6715726 |
| | **(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 | 10586451 | 13253700 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 29927 | 31166 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 29927 | 31166 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 10556524 | 13222534 |

## 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) | 292857 | |
| | **(B)** Participants | 2a(1)(B) | 476989 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 17448 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 787294 |
| **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) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| | **(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) | 91344 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 91344 |
| | **(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) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 1448345 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 1448345 |

| | | (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) | | 1071531 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3398514 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 715657 | |
| **(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) | | 715657 |
| **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) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 16847 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 16847 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 732504 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2666010 |
| **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)** [X] 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)** [X] 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: PKF SAN DIEGO, LLP **(2)** EIN: 81-3391684

**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 | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | **4n** | | | |

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

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

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

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

**5c** 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
AG RX EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AG RX

**D** Employer Identification Number (EIN)
77-0329972

## 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** |

**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): 77-0380903

**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_____

# AG RX
# EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Financial Statements and Supplemental Schedule

For the Year Ended December 31, 2020



AG RX
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.

PKF San Diego, LLP

Report of Independent Auditors'

To the Trustees of AG RX Employee Stock Ownership and 401(k) Plan
Oxnard, California

**Report on the Financial Statements**

We have audited the accompanying financial statements of AG RX Employee Stock Ownership and 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and 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**

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

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 of 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 auditor's judgment, 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 auditor considers 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.

**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 its 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 Schedule**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) 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.

PKF San Diego, LLP

San Diego, California
October 13, 2021, except for Note 9,
as to which the date is December 16, 2021

PKF San Diego, LLP
(formerly PKF, LLP)

AG RX
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019
Restated

| | December 31, 2020 | | | December 31, 2019 | | |
|---|---|---|---|---|---|---|
| | Allocated | Unallocated | Total | Allocated | Unallocated | Total |
| **Assets** | | | | | | |
| Investments at fair value: | | | | | | |
| Mutual funds | $ 6,368,311 | $ - | $ 6,368,311 | $ 4,794,940 | $ - | $ 4,794,940 |
| Company common stock | 6,715,726 | - | 6,715,726 | 5,267,381 | - | 5,267,381 |
| Money market funds | 138,561 | - | 138,561 | 333,534 | - | 333,534 |
| Total investments | 13,222,598 | - | 13,222,598 | 10,395,855 | - | 10,395,855 |
| Receivables: | | | | | | |
| Notes receivable from participants | 30,837 | - | 30,837 | 68,344 | - | 68,344 |
| Company contributions | 265 | - | 265 | 122,252 | - | 122,252 |
| Total receivables | 31,102 | - | 31,102 | 190,596 | - | 190,596 |
| Total assets | 13,253,700 | - | 13,253,700 | 10,586,451 | - | 10,586,451 |
| **Liabilities** | | | | | | |
| Other payables | 31,166 | - | 31,166 | 29,927 | - | 29,927 |
| Total liabilities | 31,166 | - | 31,166 | 29,927 | - | 29,927 |
| Net assets available for benefits | $ 13,222,534 | $ - | $ 13,222,534 | $ 10,556,524 | $ - | $ 10,556,524 |

See accompanying notes to the financial statements.

AG RX
EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020
Restated

| | Allocated | Unallocated | Total |
|---|---|---|---|
| Additions to net assets attributed to: | | | |
| Company contributions | $ 292,857 | $ - | $ 292,857 |
| Participant contributions | 476,989 | - | 476,989 |
| Other income | 17,448 | - | 17,448 |
| Net appreciation in fair value of investments | 2,519,876 | - | 2,519,876 |
| Dividend income | 91,344 | - | 91,344 |
| Total additions | 3,398,514 | - | 3,398,514 |
| Deductions to net assets attributed to: | | | |
| Distributions to participants | 715,657 | - | 715,657 |
| Administrative fees | 16,847 | - | 16,847 |
| Total deductions | 732,504 | - | 732,504 |
| Net increase | 2,666,010 | - | 2,666,010 |
| Net assets available for benefits: | | | |
| Beginning of year | 10,556,524 | - | 10,556,524 |
| End of year | $ 13,222,534 | $ - | $ 13,222,534 |

See accompanying notes to the financial statements.

## 1. Description of Plan

The following description of the AG RX Employee Stock Ownership and 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering all full-time employees of AG RX (the "Company", "Employer") who are age twenty-one or older and have completed 250 hours during a three month period to participate in the 401(k) part of the Plan and have completed 1,000 hours in a twelve consecutive month period and are employed by the Employer on the last day of the Plan year to participate in the employee stock ownership part of the Plan.

The Plan operates as a cash or deferred plan under Section 401(k) of the Internal Revenue Code of 1986 (the "Code" or "IRC"), as a stock bonus plan under Section 401 of the Code, and as an employee stock ownership plan ("ESOP") under Section 4975(e) (7) and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is managed by appointed Trustees, who are also officers of the Company.

The financial statements of the Plan as of December 31, 2020 and 2019, and for the year ended December 31, 2020, present separately the assets and liabilities and changes therein pertaining to:

*a.* the accounts of employees with vested rights in allocated common stock (allocated),
*b.* common stock not yet allocated to employees (unallocated).

The Plan has no notes payable outstanding at December 31, 2020 and 2019, and thus, all common stock is allocated

### Contributions

Participants may contribute up to 100% of compensation, as defined by the Plan, or the limits imposed by the Code. The Plan has auto enrollment in the initial amount of 3% of the compensation. Each January 1 thereafter, the automatic elective contribution rate shall increase by 1%, until an elective rate of 6% of compensation has been attained. Company matching contributions are equal to 100% of the participant's deferral up to 3% of the participant's compensation plus 50% of the participant's deferrals between 3% and 5% of participant compensation. Company matching contributions are made through allocations of Company common stock.

### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions, Plan earnings or losses and charged with an allocation of administrative expenses. In addition, each participant's account is credited with an allocation of shares of the Company's common stock released by the Trustees from the unallocated account and forfeitures of terminated participants' non-vested accounts. Allocations of Company contributions are based on participant's earnings, as defined by the Plan. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account.

## 1. Description of Plan (continued)

### Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company common stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify receive a cash distribution. The Plan recycled 334 shares related to participant diversification during the year ended December 31, 2020.

### Vesting

All participant contributions are vested 100% at all times. Participants must complete 1,000 hours of service in the Plan year in order to qualify for a year of service.

The Plan has discretionary matching contributions and safe harbor matching contributions. Company discretionary matching contributions, which occurred prior to 2017, that are not qualified by the Board of Directors and are invested in ESOP shares, vest 20% after 2 years of service, 40% vesting after 3 years of service, 60% vesting after 4 years of service, 80% vesting after 5 years of service and 100% vesting after 6 years of service. Company safe harbor contributions are also invested in ESOP shares and are 100% vested. Company contributions designated as qualified by the Board of Directors are vested 100% at all times. Participants become fully vested upon attaining retirement age or due to death or disability.

### Notes Receivable from Participants

Participants may borrow up to the greater of $10,000 or 50% of their vested account balance to a maximum of $50,000 less their largest outstanding note balance in the prior one year period. The maximum loan amount cannot exceed the participant's vested interest in their elective deferral account. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through monthly payroll deductions. The interest rates on outstanding participant loans ranged from 4.50% to 6.25% as of December 31, 2020 and 2019.

### Put Option

Under Federal income tax regulations, the Company common stock that is held by the Plan and its participants and is not readily tradable on an established market or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair value of the common stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

**1. Description of Plan (continued)**

**Distributions**

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their deferral and rollover account or receive the vested interest in their account in installments. Participants may withdraw all or any portion of their vested contributions in the event of hardship as defined in the Plan agreement. Payments of participant's vested interest in Company common stock are generally paid in annual installments over 5 years. Distributions are generally paid after employment is terminated and as soon as administratively feasible. In conjunction with distribution requests of terminated participants, the Plan recycled 2,353 shares of Company common stock during the year ended December 31, 2020. Benefits payable for benefit claims made by participants totaled approximately $781,000 at December 31, 2020.

**Risks and Uncertainties**

The Plan invests in the common stock of the Company and various other investment securities including mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with the investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in future financial statements.

In March 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged globally. As a result, events have occurred including mandates from federal, state, and local authorities leading to an overall decline in economic activity which could result in significant changes in overall Plan participation, a decline in Plan asset values, and other material adverse effects to the Plan's financial status. The Plan Administrator is not able to reliably estimate the length or severity of this outbreak and the related financial impact.

**Forfeited Accounts**

The unvested portions of participants' accounts remaining after employees terminate are forfeited and allocated to the remaining participants in the same manner in which Company contributions are allocated on the anniversary date for the plan year during which such forfeiture occurred. At December 31, 2020 and 2019, forfeited accounts totaled $0. Forfeitures of terminated non-vested account balances allocated to remaining participants during the year ended December 31, 2020 totaled $6,347.

**Allocations of Benefits**

The Plan invests in common stock of the Company. Shares of stock purchased by the Plan with borrowed monies are not allocated to participants until such time as the borrowed monies and related interest are repaid. Shares become allocable in the ratio of debt retired during the Plan year to debt outstanding at the beginning of that year.

Allocation of Company contributions, including allocable shares and forfeitures, are made to participants in the ratio of the compensation for the Plan year of each eligible participant to the total compensation for the Plan year of all eligible participants.

## 1. Description of Plan (continued)

### Allocations of Benefits (continued)

Allocation of Plan income and loss, including unrealized appreciation and depreciation of Plan assets, is made in the proportion that the balance of each participant's account bears to the total of all participants' account balances as of the preceding valuation date. Prior to making these allocations, the participant's account balance is adjusted by reducing each participant's account for any distributions made subsequent to the preceding valuation date and adjusted for other additions or subtractions that may be deemed appropriate by the Trustees.

### Voting Rights of ESOP Shares

All shares are voted by the Trustees, except for those specified corporate matters which require a pass-through vote. When a pass-through vote is required, any shares for which instructions are not received will be voted by the Trustees on a pro-rata basis, based on the yes and no votes cast by participants who returned voting instruction forms.

### Plan Termination

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

### Administrative Expenses

Certain expenses of the Plan are paid by the Company.

### Coronavirus Aid, Relief and Economic Security Act

The Plan has implemented certain requirements by the Coronavirus Aid, Relief and Economic Security Act ("Cares Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "Secure Act"), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Additionally, distributions and loans of up to $100,000 are permitted. The Plan has also adopted the increase in the required minimum distribution age from 70 ½ to 72 and adopted changes to allow for in-service withdrawals for childbirth and adoption expenses. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service ("IRS") guidance.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

## 2. Summary of Significant Accounting Policies (continued)

### Use of Estimates

The preparation of financial statements in conformity 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 disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Disclosure framework – Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"), which eliminates, modifies and adds certain disclosure requirements for fair value measurements. Under these amendments, non-public entities are no longer required to disclose the policy for timing of transfers between levels of the fair value hierarchy, the valuation processes for Level 3 fair value measurements, the changes in unrealized gains and losses included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period and a reconciliation of the opening balances to the closing balances of recurring Level 3 fair value measurements. The ASU is effective for fiscal years, and interim periods therein, beginning after December 15, 2019, with early adoption permitted. As of December 31, 2020, the Plan adopted ASU 2018-13. Adoption did not have an impact on the Plan's financial condition or results of its operations but resulted in certain modified financial statement disclosures.

### Valuation of Investments and Income Recognition

Purchase and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. The Plan presents in the statement of changes in net assets available for plan benefits the net appreciation and depreciation in the fair value of its investments which includes gains or losses on investments bought and sold during the year and the net appreciation and depreciation in the fair value of investments held.

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. FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurement* ("FASB ASC 820"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

**2. Summary of Significant Accounting Policies (continued)**

**Valuation of Investments and Income Recognition (continued)**

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Quoted prices in active markets for assets identical to the securities to be valued. (Examples include NYSE and NASDAQ).

Level 2 – Inputs other than quoted prices that are observable for securities, either directly or indirectly. (Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.)

Level 3 – Unobservable inputs, which contain assumptions by the party valuing those assets. For level 3 inputs, there is no market data or correlations with market assumptions. (Examples include independent valuations of limited partnership interests, closely held stock, etc.)

A financial instrument's 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.

Following is a description of the valuation methodologies used for assets measured at fair value.

> Mutual funds - Fair value is determined by quoted prices in an active market. Mutual funds are classified within level 1 of the valuation hierarchy.
>
> Company common stock - Fair value is determined by an annual independent appraisal using a stock valuation model requiring subjective assumptions. Company common stock is classified within level 3 of the valuation hierarchy.
>
> Money market funds – These investments are public investment vehicles using $1 for the net asset value based on values of investments held by the fund, and therefore, are excluded from the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan Trustees believe the 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 reporting date. There have been no changes in valuation methodologies used at December 31, 2020.

**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, 2020 and 2019. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

## 2. Summary of Significant Accounting Policies (continued)

### Distributions

Distributions to participants are recorded when paid.

## 3. Investments

The Plan's investments in Company common stock are as follows at December 31:

| | 2020 | | 2019 | |
|---|---|---|---|---|
| | Allocated | Unallocated | Allocated | Unallocated |
| AG RX common stock: | | | | |
| Number of shares | 92,219 | | 92,219 | |
| Cost | $ 2,426,630 | $ - | $ 2,426,630 | $ - |
| Fair value | $ 6,715,726 | $ - | $ 5,267,381 | $ - |

## 4. Fair Value Measurements

The following summarizes the fair value measurements and method of valuation in accordance with the requirements of FASB ASC 820:

| | Assets at Fair Value at December 31, 2020 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds | $ 6,368,311 | $ - | $ - | $ 6,368,311 |
| AG RX common stock | - | - | 6,715,726 | 6,715,726 |
| Total investments in the fair value hierarchy | $ 6,368,311 | $ - | $ 6,715,726 | $ 13,084,037 |

| | Assets at Fair Value at December 31, 2019 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds | $ 4,794,940 | $ - | $ - | $ 4,794,940 |
| AG RX common stock | - | - | 5,267,381 | 5,267,381 |
| Total investments in the fair value hierarchy | $ 4,794,940 | $ - | $ 5,267,381 | $ 10,062,321 |

**4. Fair Value Measurements (continued)**

The fair value of the Employer's common stock is determined by an annual independent appraisal using a stock valuation model requiring subjective assumptions. The stock valuation models used include the capitalization of earnings methods and the guideline public company method. Unobservable inputs in the stock models included capitalization rates of 16.6% to 18.6%, adjusted net income multiples ranging from 13-14 and net income multiples ranging from 5-6. Additionally, the overall valuation was discounted 15% for lack of marketability which is also an unobservable input.

Because of the inherent uncertainty of valuations, estimated fair value may differ significantly from the value that would have been used had a ready market for the securities existed, and the differences could be material. The fair value was $72.83 and $57.12 per share at December 31, 2020 and 2019, respectively.

There were no purchases or sales of Company common stock and there were no transfers in or out of Level 3 during the year ended December 31, 2020.

**5. Administration of Plan Assets**

The Plan's assets are managed by the Trustees, who manage the Company common stock investments, authorizes distributions to participants, and determines benefits payable to participants. Certain administrative functions are performed by officers of the Company. No such officers or employees receive compensation from the Plan. Raymond James and Mid Atlantic Trust Company are the custodians of the Plan investments in mutual and money market funds.

**6. Tax Status**

The IRS has determined and informed the Company by a letter dated July 10, 2009, that the Plan and related Trust as then designed was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of December 31, 2020 and 2019.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Trustees have analyzed the tax positions taken by the Plan, and have concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure within the financial statements. The Plan is subject to routine audits by taxing jurisdictions. Plan years prior to 2017 are no longer subject to income tax examination.

**7. Party-In-Interest Transactions**

The Plan has money market funds with their custodians and the Plan holds common stock of the Plan sponsor.

## 8. Subsequent Events

The Plan was amended and restated effective January 1, 2021. There were no significant changes to the Plan as a result of the amendment.

Plan management has evaluated subsequent events, as defined by FASB ASC 855, *Subsequent Events*, through the date that the financial statements were available to be issued on October 13, 2021, except Note 9, as to which the date is December 16, 2021.

## 9. Restatement of Previously Issued Financial Statements

Subsequent to the previous issuance of the financial statements, Plan management determined that $45,109 of distributions paid by the Company on behalf of the Plan during the year ended December 31, 2020, were not properly reflected in the Plan's financial statements. As a result, Company contributions and distributions have been increased by $9,389 and $45,109, respectively, in the statement of changes in net assets available for benefits for the year ended December 31, 2020 for the correction of this error. Additionally, Company contributions receivable and net assets available for benefits have been decreased by $35,720 in the statement of net assets available for benefits as of December 31, 2020 for the correction of this error. There were no other changes to the accompanying financial statements.

# Supplemental Schedule

AG RX EMPLOYEE STOCK OWNERSHIP AND 401(k) PLAN
EIN: 77-0329972
Plan No.: 001
Form 5500
Schedule H, Part IV Line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2020

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | AG RX | Common Stock | $ 2,426,630 | $ 6,715,726 |
| | Loomis Sayles Global Equity and Income Fund Class A | Mutual Fund | ** | 1,530,744 |
| | Invesco Global Opportunities Fund Class A | Mutual Fund | ** | 798,624 |
| | DoubleLine Total Return Bond Fund Class I | Mutual Fund | ** | 561,766 |
| | BlackRock Total Return Fund Investor A Shares | Mutual Fund | ** | 3 |
| | Vanguard 500 Index Fund Admiral Shares | Mutual Fund | ** | 521,098 |
| | AB Large Cap Growth Fund Class I | Mutual Fund | ** | 628,715 |
| | Janus Henderson Triton Fund Class A | Mutual Fund | ** | 149,477 |
| | T. Rowe Price Global Technology Fund | Mutual Fund | ** | 420,478 |
| | Invesco Dividend Income Fund Class A | Mutual Fund | ** | 170,714 |
| | VanEck Emerging Markets Fund Class A | Mutual Fund | ** | 58 |
| | Virtus Duff & Phelps Global Real Estate Securities Fund Class A | Mutual Fund | ** | 58,975 |
| | PIMCO Income Fund Class A | Mutual Fund | ** | 73,291 |
| | Vanguard Mid-Cap Index Fund Admiral Shares | Mutual Fund | ** | 1,498 |
| | Vanguard Small-Cap Index Fund Admiral Shares | Mutual Fund | ** | 106,729 |
| | American Funds 2055 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 38,438 |
| | American Funds 2050 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 34,550 |
| | American Funds 2045 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 50,086 |
| | American Funds 2010 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 11,360 |
| | American Funds 2040 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 94,371 |
| | American Funds 2035 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 13,808 |
| | American Funds 2030 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 51,924 |
| | American Funds 2025 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 271,175 |
| | American Funds 2020 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 197,235 |
| | American Funds 2015 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 4,340 |
| | American Funds 2060 Target Date Retirement Fund Class R-4 | Mutual Fund | ** | 35,292 |
| | MFS International Diversification Fund Class R2 | Mutual Fund | ** | 106,868 |
| | American Funds New World Fund Class R-3 | Mutual Fund | ** | 134,008 |
| | Federated Hermes U.S. Treasury Cash Reserves Service | Money Market Fund | ** | 62,304 |
| | BlackRock Commodity Strategies Fund Inst Class N/L | Mutual Fund | 8,346 | 9,218 |
| * | Raymond James Bank Deposit Program | Money Market Fund | 76,257 | 76,257 |
| | Allianzgi Water Fund Class P | Mutual Fund | 8,251 | 9,182 |
| | Allianzgi Convertible Fund Class P N/L | Mutual Fund | 20,703 | 24,241 |
| | Columbia Dividend Income Fund Inst CL N/L | Mutual Fund | 30,380 | 33,482 |
| | Fidelity Select Health Care Fund N/L | Mutual Fund | 6,022 | 6,043 |
| | ALPS/Red Rocks Global Opportunity Fund Class I N/L | Mutual Fund | 10,627 | 12,355 |
| | WCM Focused Intl Small Cap Growth Fund Inst CL N/L | Mutual Fund | 17,623 | 18,610 |
| | Janus Henderson Global Equity Income Fund Class IN/L | Mutual Fund | 45,010 | 48,694 |
| | Tortoise Ecofin GBL Renewables Infrst Fund Inst Class N/L | Mutual Fund | 7,882 | 9,153 |
| | MSIF Inception Portfolio Class I N/L | Mutual Fund | 6,414 | 8,928 |
| | MS Insight Fund Class I N/L | Mutual Fund | 20,476 | 23,865 |
| | MSIF Emerging Markets Leaders Portfolio Class I N/L | Mutual Fund | 22,077 | 25,358 |
| | Eventide Healthcare & Life Sciences Fund Class I N/L | Mutual Fund | 5,382 | 5,854 |
| | PGIM Jennison Intl Opportunities Fund Class Z N/L | Mutual Fund | 39,278 | 46,506 |
| | Thornburg Limited Term Income Fund Class I N/L | Mutual Fund | 21,321 | 21,197 |
| * | Participant Loans | Interest rate 4.50% - 6.25% | -0- | 30,837 |
| | Total | | | $ 13,253,435 |

* Represents a party-in-interest to the Plan for which a statutory exemption exists
** Cost information not required for participant directed investments

See report of independent auditors'.

# Federal Statements

FYE: 12/31/2020 **AG RX Employee Stock Ownership and 401(K) Plan**
**Plan: 001**

## Assets Held for Investment

| Party in Interest | Identity | Description | Cost | Current Value |
|---|---|---|---|---|
| | CASH - Raymond James | Cash | $ 76,257 | $ 76,257 |
| | CASH - Mid-Atlantic | Money Market | | 62,304 |
| X | AG RX Common Stock | Employer Stock | 2,426,630 | 6,715,726 |
| X | Participant Loans | 4.25-4.5% Rate | | 30,837 |
| | AWTPX | Open-End Funds | 8,251 | 9,182 |
| | ANCMX | Open-End Funds | 20,703 | 24,241 |
| | GSFTX | Open-End Funds | 30,380 | 33,482 |
| | FSPHX | Open-End Funds | 6,022 | 6,043 |
| | LPEIX | Open-End Funds | 10,627 | 12,355 |
| | WCMSX | Open-End Funds | 17,623 | 18,610 |
| | HFQIX | Open-End Funds | 45,010 | 48,694 |
| | ECOIX | Open-End Funds | 7,882 | 9,153 |
| | MSSGX | Open-End Funds | 6,414 | 8,928 |
| | CPODX | Open-End Funds | 20,476 | 23,865 |
| | MELIX | Open-End Funds | 22,077 | 25,358 |
| | ETIHX | Open-End Funds | 5,382 | 5,854 |
| | PWJZX | Open-End Funds | 39,278 | 46,506 |
| | THIIX | Open-End Funds | 21,321 | 21,197 |
| | BICSX | Alternative Mutual F | 8,346 | 9,218 |
| | Invesco Dividend Inc | Equity Fund | | 170,714 |
| | AB Large Cap Growth | Equity Fund | | 628,715 |
| | Janus Henderson Trit | Equity Fund | | 149,477 |
| | T. Rowe Price Global | Equity Fund | | 420,478 |
| | Vanguard Mid-Cap Ind | Equity Fund | | 1,498 |
| | Vanguard Small-Cap I | Equity Fund | | 106,729 |
| | Vanguard 500 Index F | Equity Fund | | 521,098 |
| | Invesco Global Oppor | Equity Fund | | 798,624 |
| | MFS International Di | Equity Fund | | 106,868 |
| | American Funds New W | Equity Fund | | 134,008 |
| | VanEck Emerging Mark | Equity Fund | | 58 |
| | Virtus Duff & Phelps | Equity Fund | | 58,975 |
| | BlackRock Total Retu | Fixed Income | | 3 |
| | DoubleLine Total Ret | Fixed Income | | 561,766 |
| | PIMCO Income Fund Cl | Fixed Income | | 73,291 |
| | American Funds 2055 | Balanced | | 38,438 |
| | American Funds 2050 | Balanced | | 34,550 |
| | American Funds 2045 | Balanced | | 50,086 |
| | American Funds 2010 | Balanced | | 11,360 |
| | American Funds 2040 | Balanced | | 94,371 |
| | American Funds 2035 | Balanced | | 13,808 |
| | American Funds 2030 | Balanced | | 51,924 |
| | American Funds 2025 | Balanced | | 271,175 |
| | American Funds 2020 | Balanced | | 197,235 |
| | American Funds 2015 | Balanced | | 4,340 |
| | American Funds 2080 | Balanced | | 35,292 |
| | Loomis Sayles Global | Balanced | | 1,530,744 |