

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 6047(e), 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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>09/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan	<u>09/01/1984</u>
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan	<u>09/01/1984</u>				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DAYTON GASTROENTEROLOGY, INC.</u> <u>75 SYLVANIA DR</u> <u>BEAVERCREEK, OH 45440-3237</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1070615</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-320-5088</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1070615</u>	2c Plan Sponsor's telephone number <u>937-320-5088</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>31-1070615</u>					
2c Plan Sponsor's telephone number <u>937-320-5088</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2016</u>	<u>CRAIG PENNO</u>
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 213
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) 158
a(2) Total number of active participants at the end of the plan year	6a(2) 147
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 39
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 190
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 190
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 19
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 2S 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAYTON GASTROENTEROLOGY, INC.	D Employer Identification Number (EIN) 31-1070615	

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
--

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHNSON INVESTMENTS COUNSEL

3777 WEST FORK ROAD
CINCINNATI, OH 45247

31-1801770

(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 28	NONE	72105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE PRIVATE INVESTMENT GROUP

800 E FRANKLIN STREET
CENTERVILLE, OH 45459-5618

(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 28	NONE	25598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TWG

1111 E TOUHY AVE
SUITE 235
DES PLAINES, IL 60018

36-4028918

(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	NONE	19089	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)

MG TRUST

01-0609808

(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?
19	NONE	11890	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)**
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DAYTON GASTROENTEROLOGY, INC.</u>	D Employer Identification Number (EIN) <u>31-1070615</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSON INVESTMENT BALANCED PORTFOL

b Name of sponsor of entity listed in (a): JOHNSON INVESTMENT COUNCIL

c EIN-PN <u>31-1070615-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14021364</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSON INVESTMENT MODERATE PORTFOL

b Name of sponsor of entity listed in (a): JOHNSON INVESTMENT COUNCIL

c EIN-PN <u>31-1070615-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2582428</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: LANDMARK APARTMENT TRUST OF AMERICA

b Name of sponsor of entity listed in (a): LANDMARK APARTMENT TRUST OF AMERICA, INC.

c EIN-PN <u>20-3975609-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52975</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERITRADE SELF DIRECTED

b Name of sponsor of entity listed in (a): TD AMERITRADE

c EIN-PN <u>47-0533629-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3498962</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAYTON GASTROENTEROLOGY, INC.	D Employer Identification Number (EIN) 31-1070615	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	39225	47714
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	123676	139441
	(2) Participant contributions	1b(2)	27814	54165
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1332592	737524
	(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)	116866	110562
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	3469944	3622998
	(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)	153545	151149
	(9) Value of interest in common/collective trusts.....	1c(9)	19211842	20480313
	(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)	9107955	8579609
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33583459	33923475

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities.....	1j	6652	152
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6652	152

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33576807	33923323
---	-----------	----------	----------

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)	1021070	
(B) Participants	2a(1)(B)	872601	
(C) Others (including rollovers)	2a(1)(C)	96347	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1990018
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)	5551	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5551
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1224292
c Other income	2c		1678
d Total income. Add all income amounts in column (b) and enter total	2d		772955

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	283338	
(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)		283338
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)	5828	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	107334	
(4) Other	2i(4)	29939	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		143101
j Total expenses. Add all expense amounts in column (b) and enter total	2j		426439

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		346516
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GOLDSHOT, LAMB & HOBBS, INC.

(2) EIN: 31-0971691

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	N/A	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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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?		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?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 section 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DAYTON GASTROENTEROLOGY, INC.</u>	D Employer Identification Number (EIN) <u>31-1070615</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0609808</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	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: <u>0.0</u> % 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): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
YEARS ENDED DECEMBER 31, 2015 AND 2014

GOLDSHOT, LAMB & HOBBS, INC.
CERTIFIED PUBLIC ACCOUNTANTS
3066 KETTERING BOULEVARD
DAYTON, OH 45439

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	2
<u>FINANCIAL STATEMENTS:</u>	
Statements of Net Assets Available for Benefits December 31, 2015 and 2014	3
Statements of Changes in Net Assets Available for Benefits for the Years ended December 31, 2015 and 2014	4
Notes to Financial Statements	5 - 10
Supplemental Schedule	11 - 14

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Dayton Gastroenterology, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dayton Gastroenterology, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by MG Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Goldshot, Lamb & Hobbs, chc.

October 3, 2016

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Unallocated Cash	\$ 47,714	\$ 39,225
Investments, at Fair Value (Notes C, D, & F)	33,531,006	33,239,199
Receivables:		
Participants' Contributions	54,165	27,814
Employer Contributions	139,441	123,676
Notes Receivable from Participants	151,149	153,545
Total Receivables	<u>344,755</u>	<u>305,035</u>
<u>TOTAL ASSETS</u>	33,923,475	33,583,459
<u>LIABILITIES</u>	<u>(152)</u>	<u>(6,652)</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u><u>\$ 33,923,323</u></u>	<u><u>\$ 33,576,807</u></u>

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
Investment Income:		
Interest from Notes Receivable from Participants	\$ 5,551	\$ 5,047
Net Appreciation (Depreciation) in Fair Value of Investments	(1,224,292)	1,543,692
	(1,218,741)	1,548,739
Less Investment Expenses	(137,273)	(136,790)
Total Investment Income	(1,356,014)	1,411,949
Contributions:		
Participant 401(k) Deferral	872,601	764,007
Participant Rollover Contributions	96,347	21,729
Employer	1,021,070	1,009,226
Total Contributions	1,990,018	1,794,962
Other Income - SEC Settlement	1,678	-
Total Additions	635,682	3,206,911
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>		
Benefits Paid to Participants &		
Deemed Distributions of Notes Receivable from Participants	283,338	1,316,138
Administrative Expenses	5,828	5,057
Total Deductions	289,166	1,321,195
<u>NET INCREASE</u>	346,516	1,885,716
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of Year	33,576,807	31,691,091
End of Year	\$ 33,923,323	\$ 33,576,807

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN:

The following description of the Dayton Gastroenterology, Inc. 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The plan is a defined contribution plan covering substantially all full-time employees of the Employer. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan.
2. *Eligible Participants.* Eligible participants are those employees who are over age 21 and have a minimum twelve months of service.
3. *Contributions.* Eligible participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, limited to the statutory maximum contribution (\$18,000 for participants under the age of 50 and \$24,000 for participants ages 50 and over). Effective January 1, 2014, the Plan has instituted an automatic enrollment policy, whereby the eligible participant has 3% of compensation withheld automatically. On an annual basis each January 1, the participant's elective deferrals will be increased 1% by the employer and communicated to the participant in a timely manner. The Plan allows eligible participants to make Roth 401(k) (after-tax) contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Employer has a discretionary match provision, which is determined by the Board of Trustees. The Employer also has a discretionary profit sharing provision, which is determined annually by the Board of Trustees. Contributions are subject to certain limitations. Participants direct the investment of their contributions into various investment options offered by the Plan.
4. *Participant Accounts.* Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution, (b) plan earnings, and (c) charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
5. *Vesting.* Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.
6. *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 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate between 3.25 and 4.25 percent, which is commensurate with reasonable rates offered by financial institutions. Principal and interest are paid ratably through bi-weekly payroll deductions.
7. *Payment of Benefits.* On termination of service, the participant will receive a lump-sum payment equal to the value of the participant's vested interest in his or her account. The plan allows in-service distributions as follows: on the Employer's contributions, once they have attained the Plan's normal retirement age; on participant's rollover contributions, there is no restriction; on participant's pretax deferrals, once they have attained age 59 1/2. The plan does not allow in-service distributions on Roth 401(k) contributions.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN (Continued):

8. *Forfeitures.* Forfeitures of non-vested money shall first be used to pay plan administrative expense. To the extent any forfeitures remain, they will then be used to reduce any Employer contributions for the plan year in which the forfeiture occurred. Unallocated forfeitures at December 31, 2015 and 2014 were \$47,714 and \$39,225, respectively.
9. *Plan Expenses.* Expenses of maintaining the Plan are absorbed by the plan sponsor or paid through forfeitures. Investment management expenses are paid by the participants.

B. SUMMARY OF ACCOUNTING POLICIES:

1. *Basis of Accounting.* The accompanying financial statements of the plan are prepared on the accrual basis of accounting.
2. *Use of Estimates.* The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.
3. *Investment Valuation and Income Recognition.* Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for discussion of fair value measurements.

Net appreciation (depreciation) in fair value of investments is reflected in the statement of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold and the change in appreciation from one period to the next. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Acquisition costs are included in the cost of investments purchased and sales are recorded net of selling expenses.

4. *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, 2015 or 2014.
5. *Payment of Benefits.* Benefits are recorded when paid.
6. *Date of Management's Review.* The Plan has evaluated subsequent events through October 3, 2016, which is the date the financial statements were available to be issued.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information is included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	<u>2015</u>	<u>2014</u>
Unallocated Cash	\$ 47,714	\$ 39,225
Investments, at fair value:		
Registered Investment Companies		
(Mutual Funds)	6,641,958	7,295,159
Money Market Funds	9,293	11,668
Common/Collective Trusts	20,102,754	19,115,660
Investment Income (Loss)		
(net of investment expenses)	(1,098,857)	1,224,723
Interest Income from Notes Receivable		
from Participants	5,551	5,047
Other Income – SEC Settlement	1,678	0
Administrative Expenses	5,828	5,057

D. INVESTMENTS:

The plan's investments were held in accounts at MG Trust Company, LLC, Charles Schwab, Triad Advisors, Fidelity Investments, Oppenheimer & Co., and units were held in Advanced Fibers & Powders, LLC at December 31, 2015 and 2014. The following presents investments that represent 5 percent or more of the Plan's net assets:

	<u>2015</u>	<u>2014</u>
Balanced Portfolio	\$ 14,021,364	\$ 14,425,207
Moderate Portfolio	2,582,428	2,644,839
Ameritrade IDA Asset	3,498,962	2,045,613

E. PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are collective trust funds invested by Johnson Investment Counsel, Inc. and TD Ameritrade, and, therefore, these transactions qualify as party-in-interest transactions. The advisor picks from a pool of bonds, stocks, and mutual funds to develop a managed account that will meet a participant's investment strategy. It is intended to simplify the investment selection process for the participant.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

F. FAIR VALUE MEASUREMENTS:

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

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

Level 2 - Inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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, 2015 and 2014:

Registered investment companies (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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds/Common stock/Preferred stock/CDs: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value of yields currently available on comparable securities of issuers with similar credit ratings.

Partnership: Valued at net estimated realizable value, which approximates fair value.

Common/Collective trusts: Valued at the closing price or net asset value (NAV) of the underlying readily marketable securities depending on the classification of the underlying securities - closing price for money market funds, government securities, corporate bonds, and equity securities, and NAV for mutual funds.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

F. FAIR VALUE MEASUREMENTS (continued):

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2015 and 2014.

Fair Value Measurements on a Recurring Basis
As of December 31, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 737,524	\$ 0	\$ 0	\$ 737,524
Certificate of Deposit	0	0	0	0
Corporate Bonds	0	110,562	0	110,562
Common Stock	3,622,998	0	0	3,622,998
Registered Investment Co.	8,579,609	0	0	8,579,609
Common/Collective Trusts	0	20,480,313	0	20,480,313
Total Assets at Fair Value	<u>\$12,940,131</u>	<u>\$20,590,875</u>	<u>\$ 0</u>	<u>\$33,531,006</u>

Fair Value Measurements on a Recurring Basis
As of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 1,327,588	\$ 0	\$ 0	\$ 1,327,588
Certificates of Deposit	5,004	0	0	5,004
Corporate Bonds	0	116,866	0	116,866
Common Stock	3,469,944	0	0	3,469,944
Registered Investment Co.	9,107,955	0	0	9,107,955
Common/Collective Trusts	0	19,211,842	0	19,211,842
Total Assets at Fair Value	<u>\$13,910,491</u>	<u>\$19,328,708</u>	<u>\$ 0</u>	<u>\$33,239,199</u>

G. COMMON/COLLECTIVE TRUSTS:

The Plan invests in the Balanced Managed Account, Moderate Growth Managed Account, Ameritrade IDA Asset Account, American Realty Capital New York City REIT, Landmark Apartment Trust of America, Phillips Edison Grocery Center REIT II, Business Development Corporation of America, Oppenheimer Top Picks Ser 9 Feb 2015 Port Due 4/4/16, and Oppenheimer Top Picks Ser 10 May 2015 Port Due 7/15/16, which are common/collective trusts that invest in various readily marketable securities with quoted market prices. The portfolios consist of mutual funds, money market funds, government securities, corporate bonds, and equity securities. The Plan's interest in the trusts is calculated by applying the Plan's ownership percentage in the trust to the total fair value of the trust.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

H. PLAN TERMINATION:

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

I. TAX STATUS:

The Plan is a prototype plan designed by their third party administrator. The Internal Revenue Service has determined and informed the third party administrator by a letter dated March 31, 2008, that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

J. RISKS AND UNCERTAINTIES:

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Non-interest Bearing Cash	Cash	\$ 47,714	\$ 47,714
	Interest-bearing Cash - Participant Directed	Vanguard Prime Money Market Fund	N/A	9,293
*	Interest-bearing Cash - Participant Directed	Schwab Money Fund	N/A	172,900
*	Interest-bearing Cash - Participant Directed	Fidelity Government Cash Reserves	N/A	174,730
*	Interest-bearing Cash - Participant Directed	Oppenheimer Advantage Bank Deposit	N/A	367,108
*	Interest-bearing Cash - Participant Directed	Triad Bank Deposit Program	N/A	13,493
	Corporate Bonds - Participant Directed	Goldman Sachs 5.25% Due 7/27/21	N/A	110,562
	Common Stock - Participant Directed	AT&T Inc	N/A	103,230
	Common Stock - Participant Directed	Aetna Inc New	N/A	21,083
	Common Stock - Participant Directed	Amazon.com Inc	N/A	25,008
	Common Stock - Participant Directed	American Eagle Outfitters New	N/A	31,000
	Common Stock - Participant Directed	American Intl Group New	N/A	81,800
	Common Stock - Participant Directed	Apple Inc	N/A	67,051
	Common Stock - Participant Directed	Archer Daniels Midland Co	N/A	71,892
	Common Stock - Participant Directed	BP PLC	N/A	31,260
	Common Stock - Participant Directed	Bank of Montreal	N/A	28,210
	Common Stock - Participant Directed	Berkshire Hathaway Inc	N/A	8,979
	Common Stock - Participant Directed	CA Inc	N/A	25,019
	Common Stock - Participant Directed	CVS Health Corp	N/A	48,885
	Common Stock - Participant Directed	Centurylink Inc	N/A	25,160
	Common Stock - Participant Directed	Chevron Corporation	N/A	10,885
	Common Stock - Participant Directed	Cisco Systems	N/A	22,430
	Common Stock - Participant Directed	Comcast Corporation	N/A	20,597
	Common Stock - Participant Directed	ConocoPhillips	N/A	55,607
	Common Stock - Participant Directed	Consolidated Edison Inc	N/A	64,270
	Common Stock - Participant Directed	Corning Inc	N/A	18,280
	Common Stock - Participant Directed	Danone	N/A	9,799
	Common Stock - Participant Directed	Disney Walt Co	N/A	105,080
	Common Stock - Participant Directed	Doubleline Income Solutions	N/A	32,440
	Common Stock - Participant Directed	E O G Resources Inc	N/A	8,849
	Common Stock - Participant Directed	Express Scripts Hldg Co	N/A	34,178
	Common Stock - Participant Directed	Facebook Inc	N/A	52,330
	Common Stock - Participant Directed	Fairfax Finl Hldgs Ltd	N/A	9,420
	Common Stock - Participant Directed	Fedex Corporation	N/A	19,518
	Common Stock - Participant Directed	Ford Motor Company	N/A	21,107
	Common Stock - Participant Directed	Fortune Brands Home & Sec Inc	N/A	55,500
	Common Stock - Participant Directed	General Electric Company	N/A	23,082
	Common Stock - Participant Directed	General Mills Inc	N/A	22,083
	Common Stock - Participant Directed	Gilead Sciences Inc	N/A	404,760
	Common Stock - Participant Directed	Glaxosmithkline PLC	N/A	121,050
	Common Stock - Participant Directed	Group Bruxelles Lambert NPV	N/A	17,127

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stock - Participant Directed	Hartford Finl Svc Gp	N/A	\$ 16,210
	Common Stock - Participant Directed	Hilton Worldwide Hld	N/A	19,431
	Common Stock - Participant Directed	Home Depot Inc	N/A	23,805
	Common Stock - Participant Directed	Honeywell Intl Inc	N/A	19,472
	Common Stock - Participant Directed	Icici Bank Limited	N/A	23,490
	Common Stock - Participant Directed	Illinois Tool Works Inc	N/A	22,521
	Common Stock - Participant Directed	Intel Corp	N/A	41,754
	Common Stock - Participant Directed	Interpublic Group of Cos	N/A	24,305
	Common Stock - Participant Directed	JPMorgan Chase & Co	N/A	28,261
	Common Stock - Participant Directed	Johnson & Johnson	N/A	31,432
	Common Stock - Participant Directed	Kimberly-Clark Corp	N/A	23,678
	Common Stock - Participant Directed	Lilly Eli & Co	N/A	84,260
	Common Stock - Participant Directed	Lockheed Martin Corp	N/A	19,543
	Common Stock - Participant Directed	Lowes Companies Inc	N/A	25,321
	Common Stock - Participant Directed	Marathon Pete Corp	N/A	9,590
	Common Stock - Participant Directed	Mastercard Inc	N/A	27,748
	Common Stock - Participant Directed	McKesson Corporation	N/A	22,484
	Common Stock - Participant Directed	Medtronic Inc	N/A	21,538
	Common Stock - Participant Directed	Merck & Co Inc New	N/A	27,677
	Common Stock - Participant Directed	Metlife Inc	N/A	16,729
	Common Stock - Participant Directed	Microsoft Corp	N/A	47,213
	Common Stock - Participant Directed	Mondelez Intl Inc	N/A	67,753
	Common Stock - Participant Directed	Netflix Inc	N/A	22,876
	Common Stock - Participant Directed	Novartis	N/A	258,120
	Common Stock - Participant Directed	Occidental Pete Corp	N/A	9,736
	Common Stock - Participant Directed	Oracle Corporation	N/A	26,119
	Common Stock - Participant Directed	Pfizer Incorporated	N/A	115,822
	Common Stock - Participant Directed	PNC Finl Services Gp Inc	N/A	20,396
	Common Stock - Participant Directed	Potash Corp of Saskatchewan Com	N/A	51,360
	Common Stock - Participant Directed	PPG Industries Inc	N/A	16,800
	Common Stock - Participant Directed	Precision Castparts Corp	N/A	9,048
	Common Stock - Participant Directed	Procter & Gamble	N/A	25,888
	Common Stock - Participant Directed	Prudential Financial Inc	N/A	19,538
	Common Stock - Participant Directed	Qualcomm Inc	N/A	49,985
	Common Stock - Participant Directed	Resolute Fst Prods Inc	N/A	2,362
	Common Stock - Participant Directed	Southern Co	N/A	140,370
	Common Stock - Participant Directed	Southwest Airlines Co	N/A	23,252
	Common Stock - Participant Directed	Spectra Energy Corp	N/A	28,728
	Common Stock - Participant Directed	SPX Corp	N/A	1,260
	Common Stock - Participant Directed	SPX Flow Inc	N/A	4,661
	Common Stock - Participant Directed	Statoil ASA	N/A	83,760
	Common Stock - Participant Directed	Stryker Corp	N/A	21,283
	Common Stock - Participant Directed	Suntrust Banks Inc	N/A	20,649
	Common Stock - Participant Directed	Swatch Group	N/A	5,248

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock - Participant Directed	Texas Instruments Inc	N/A	\$ 58,921
	Common Stock - Participant Directed	Time Warner Inc New	N/A	20,371
	Common Stock - Participant Directed	Total Systems Services	N/A	26,444
	Common Stock - Participant Directed	Travelers Companies Inc	N/A	19,638
	Common Stock - Participant Directed	Valero Energy Corp	N/A	9,829
	Common Stock - Participant Directed	Vodafone Group	N/A	8,162
	Common Stock - Participant Directed	Wal-Mart Stores Inc	N/A	8,766
	Common Stock - Participant Directed	Wells Fargo & Co New	N/A	37,508
	Common Stock - Participant Directed	Welltower Inc	N/A	65,717
	Common Stock - Participant Directed	Westpac Banking Corporation	N/A	16,961
	Common Stock - Participant Directed	Woodside Pete Ltd	N/A	52,236
	Partnership - Participant Directed	Advanced Fibers & Powders, LLC	N/A	-
*	Common/Collective Trust - Participant Directed	Balanced Portfolio	N/A	14,021,364
*	Common/Collective Trust - Participant Directed	Moderate Portfolio	N/A	2,582,428
*	Common/Collective Trust - Participant Directed	Ameritrade IDA Asset	N/A	3,498,962
	Common/Collective Trust - Participant Directed	American Realty Capital New York City REIT	N/A	80,000
	Common/Collective Trust - Participant Directed	Landmark Apartment Trust of America Inc	N/A	52,975
	Common/Collective Trust - Participant Directed	Phillips Edison Grocery Center REIT II	N/A	85,000
	Common/Collective Trust - Participant Directed	Business Development Corporation of America	N/A	34,844
*	Common/Collective Trust - Participant Directed	Oppenheimer Top Picks Ser 9 Feb 2015 Port	N/A	42,967
*	Common/Collective Trust - Participant Directed	Oppenheimer Top Picks Ser 10 May 2015 Port	N/A	81,773
	Registered Investment Co. - Participant Directed	AQR Diversified Arbitrage I	N/A	44,266
	Registered Investment Co. - Participant Directed	Alger Spectra	N/A	1,047,714
	Registered Investment Co. - Participant Directed	AllianceBern High Income Advisor	N/A	13,890
	Registered Investment Co. - Participant Directed	American Fund Cap World	N/A	99,479
	Registered Investment Co. - Participant Directed	American Fund New	N/A	99,938
	Registered Investment Co. - Participant Directed	American Fund WA Mutual	N/A	56,773
	Registered Investment Co. - Participant Directed	American Growth Fund of America	N/A	58,730
	Registered Investment Co. - Participant Directed	Artisan Mid Cap Value	N/A	17,752
	Registered Investment Co. - Participant Directed	Brown Advisory Growth Equity Inv	N/A	146,173
	Registered Investment Co. - Participant Directed	Columbia Acorn	N/A	26,890
	Registered Investment Co. - Participant Directed	Delaware Small Cap Value	N/A	369,253
	Registered Investment Co. - Participant Directed	Dodge & Cox Income	N/A	126,538
	Registered Investment Co. - Participant Directed	Dodge & Cox Stock	N/A	108,648
	Registered Investment Co. - Participant Directed	Eagle Small Cap Growth	N/A	344,893
	Registered Investment Co. - Participant Directed	Eaton Vance Floating Rate Advantage	N/A	14,694
	Registered Investment Co. - Participant Directed	Eaton Vance Floating Rate Inc	N/A	252,800
	Registered Investment Co. - Participant Directed	Eaton Vance Income Fd of Boston	N/A	14,067
	Registered Investment Co. - Participant Directed	ETFS Physical Platinum Shrs	N/A	42,915
*	Registered Investment Co. - Participant Directed	Fidelity High Income Bond Fund	N/A	66,452
	Registered Investment Co. - Participant Directed	Fifth Street Finance Corp	N/A	25,520

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investment Co. - Participant Directed	First Eagle Overseas Fund	N/A	\$ 16,891
	Registered Investment Co. - Participant Directed	First Tr ETF IV North American Energy	N/A	153,368
	Registered Investment Co. - Participant Directed	Harbour International Fund	N/A	17,346
	Registered Investment Co. - Participant Directed	Invesco Amer Value	N/A	19,197
	Registered Investment Co. - Participant Directed	Invesco Treasurer's Ser Tr Prem In	N/A	1,201,930
	Registered Investment Co. - Participant Directed	Ishares Gold Trust	N/A	30,690
	Registered Investment Co. - Participant Directed	Ishares US Basic	N/A	18,126
	Registered Investment Co. - Participant Directed	Ishares US Real Estate	N/A	87,843
	Registered Investment Co. - Participant Directed	Ishares US Telecom ETF	N/A	17,591
	Registered Investment Co. - Participant Directed	Ishares US Utilities	N/A	17,591
	Registered Investment Co. - Participant Directed	Ishares 1-3 Year Credit	N/A	11,506
	Registered Investment Co. - Participant Directed	Ishares 20+ Year Treasury Bond ETF	N/A	12,058
	Registered Investment Co. - Participant Directed	Ivy International Core Equity	N/A	438,785
	Registered Investment Co. - Participant Directed	LMP Cap & Income Fund	N/A	55,145
	Registered Investment Co. - Participant Directed	Lord Abbett Short Duration Income	N/A	97,528
	Registered Investment Co. - Participant Directed	Marisco 21st Century Fund	N/A	69,484
	Registered Investment Co. - Participant Directed	Metropolitan West Total Return Bond I	N/A	297,728
	Registered Investment Co. - Participant Directed	Morgan Stanley Emerging Markets	N/A	95,200
	Registered Investment Co. - Participant Directed	Nuveen Dow 30 Dyn Overwrite	N/A	43,080
	Registered Investment Co. - Participant Directed	Oakmark Global Fund	N/A	94,643
*	Registered Investment Co. - Participant Directed	Oppenheimer Developing Markets Y	N/A	159,203
	Registered Investment Co. - Participant Directed	PIMCO ETF - Enhanced Short Maturity	N/A	11,067
	Registered Investment Co. - Participant Directed	PIMCO ETF - Investment Grade Corp Bond Index	N/A	33,158
	Registered Investment Co. - Participant Directed	PIMCO ETF - Total Return	N/A	34,914
	Registered Investment Co. - Participant Directed	PIMCO Strategic Income Fd	N/A	179,000
	Registered Investment Co. - Participant Directed	PIMCO Total Return	N/A	244,706
	Registered Investment Co. - Participant Directed	Principal MidCap Blend	N/A	400,988
	Registered Investment Co. - Participant Directed	Prudential Glb Sht Dur Hg Yld	N/A	14,150
	Registered Investment Co. - Participant Directed	Putnam Master Inter Income	N/A	10,256
	Registered Investment Co. - Participant Directed	Ranier Small/Mid Cap	N/A	18,878
	Registered Investment Co. - Participant Directed	RidgeWorth Large Cap Value Eq	N/A	927,860
	Registered Investment Co. - Participant Directed	Thornburg International Value	N/A	11,395
	Registered Investment Co. - Participant Directed	Tortoise MLP & Pipeline Instl	N/A	26,754
	Registered Investment Co. - Participant Directed	Vanguard Bd Index Fd Inc Total Bd Market	N/A	24,228
	Registered Investment Co. - Participant Directed	Vanguard Index 500 Adm	N/A	182,476
	Registered Investment Co. - Participant Directed	Vanguard Intermediate-Term Bond	N/A	163,682
	Registered Investment Co. - Participant Directed	Vanguard Intermediate-Term Bond Index	N/A	292,132
	Registered Investment Co. - Participant Directed	Voya Corporate Leaders	N/A	71,647
*	Notes Receivable from Participants	Interest: 3.25% - 4.25% Maturity: 6/15 - 6/20 Security: Vested Balances	\$ -	151,149

* Known to be a party-in-interest to the Plan

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

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 6047(e), 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 2015 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information							
1a Name of plan DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 09/01/1984</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 09/01/1984			
1b Three-digit plan number (PN) ▶	002						
1c Effective date of plan 09/01/1984							
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) DAYTON GASTROENTEROLOGY, INC. 75 SYLVANIA DR BEAVERCREEK OH 45440-3237	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) 31-1070615</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 937-320-5088</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1070615		2c Plan Sponsor's telephone number 937-320-5088		2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 31-1070615							
2c Plan Sponsor's telephone number 937-320-5088							
2d Business code (see instructions) 621111							

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

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

SIGN HERE	 Signature of plan administrator	<u>10/12/16</u> Date	CRAIG PENNO 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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 213
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) 158
a(2) Total number of active participants at the end of the plan year	6a(2) 147
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 39
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 190
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 190
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 19
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 2S 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Non-interest Bearing Cash	Cash	\$ 47,714	\$ 47,714
	Interest-bearing Cash - Participant Directed	Vanguard Prime Money Market Fund	N/A	9,293
*	Interest-bearing Cash - Participant Directed	Schwab Money Fund	N/A	172,900
*	Interest-bearing Cash - Participant Directed	Fidelity Government Cash Reserves	N/A	174,730
*	Interest-bearing Cash - Participant Directed	Oppenheimer Advantage Bank Deposit	N/A	367,108
*	Interest-bearing Cash - Participant Directed	Triad Bank Deposit Program	N/A	13,493
	Corporate Bonds - Participant Directed	Goldman Sachs 5.25% Due 7/27/21	N/A	110,562
	Common Stock - Participant Directed	AT&T Inc	N/A	103,230
	Common Stock - Participant Directed	Aetna Inc New	N/A	21,083
	Common Stock - Participant Directed	Amazon.com Inc	N/A	25,008
	Common Stock - Participant Directed	American Eagle Outfitters New	N/A	31,000
	Common Stock - Participant Directed	American Intl Group New	N/A	81,800
	Common Stock - Participant Directed	Apple Inc	N/A	67,051
	Common Stock - Participant Directed	Archer Daniels Midland Co	N/A	71,892
	Common Stock - Participant Directed	BP PLC	N/A	31,260
	Common Stock - Participant Directed	Bank of Montreal	N/A	28,210
	Common Stock - Participant Directed	Berkshire Hathaway Inc	N/A	8,979
	Common Stock - Participant Directed	CA Inc	N/A	25,019
	Common Stock - Participant Directed	CVS Health Corp	N/A	48,885
	Common Stock - Participant Directed	Centurylink Inc	N/A	25,160
	Common Stock - Participant Directed	Chevron Corporation	N/A	10,885
	Common Stock - Participant Directed	Cisco Systems	N/A	22,430
	Common Stock - Participant Directed	Comcast Corporation	N/A	20,597
	Common Stock - Participant Directed	ConocoPhillips	N/A	55,607
	Common Stock - Participant Directed	Consolidated Edison Inc	N/A	64,270
	Common Stock - Participant Directed	Corning Inc	N/A	18,280
	Common Stock - Participant Directed	Danone	N/A	9,799
	Common Stock - Participant Directed	Disney Walt Co	N/A	105,080
	Common Stock - Participant Directed	Doubleline Income Solutions	N/A	32,440
	Common Stock - Participant Directed	E O G Resources Inc	N/A	8,849
	Common Stock - Participant Directed	Express Scripts Hldg Co	N/A	34,178
	Common Stock - Participant Directed	Facebook Inc	N/A	52,330
	Common Stock - Participant Directed	Fairfax Finl Hldgs Ltd	N/A	9,420
	Common Stock - Participant Directed	Fedex Corporation	N/A	19,518
	Common Stock - Participant Directed	Ford Motor Company	N/A	21,107
	Common Stock - Participant Directed	Fortune Brands Home & Sec Inc	N/A	55,500
	Common Stock - Participant Directed	General Electric Company	N/A	23,082
	Common Stock - Participant Directed	General Mills Inc	N/A	22,083
	Common Stock - Participant Directed	Gilead Sciences Inc	N/A	404,760
	Common Stock - Participant Directed	Glaxosmithkline PLC	N/A	121,050
	Common Stock - Participant Directed	Group Bruxelles Lambert NPV	N/A	17,127

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stock - Participant Directed	Hartford Finl Svc Gp	N/A	\$ 16,210
	Common Stock - Participant Directed	Hilton Worldwide Hld	N/A	19,431
	Common Stock - Participant Directed	Home Depot Inc	N/A	23,805
	Common Stock - Participant Directed	Honeywell Intl Inc	N/A	19,472
	Common Stock - Participant Directed	Icici Bank Limited	N/A	23,490
	Common Stock - Participant Directed	Illinois Tool Works Inc	N/A	22,521
	Common Stock - Participant Directed	Intel Corp	N/A	41,754
	Common Stock - Participant Directed	Interpublic Group of Cos	N/A	24,305
	Common Stock - Participant Directed	JPMorgan Chase & Co	N/A	28,261
	Common Stock - Participant Directed	Johnson & Johnson	N/A	31,432
	Common Stock - Participant Directed	Kimberly-Clark Corp	N/A	23,678
	Common Stock - Participant Directed	Lilly Eli & Co	N/A	84,260
	Common Stock - Participant Directed	Lockheed Martin Corp	N/A	19,543
	Common Stock - Participant Directed	Lowes Companies Inc	N/A	25,321
	Common Stock - Participant Directed	Marathon Pete Corp	N/A	9,590
	Common Stock - Participant Directed	Mastercard Inc	N/A	27,748
	Common Stock - Participant Directed	McKesson Corporation	N/A	22,484
	Common Stock - Participant Directed	Medtronic Inc	N/A	21,538
	Common Stock - Participant Directed	Merck & Co Inc New	N/A	27,677
	Common Stock - Participant Directed	Metlife Inc	N/A	16,729
	Common Stock - Participant Directed	Microsoft Corp	N/A	47,213
	Common Stock - Participant Directed	Mondelez Intl Inc	N/A	67,753
	Common Stock - Participant Directed	Netflix Inc	N/A	22,876
	Common Stock - Participant Directed	Novartis	N/A	258,120
	Common Stock - Participant Directed	Occidental Pete Corp	N/A	9,736
	Common Stock - Participant Directed	Oracle Corporation	N/A	26,119
	Common Stock - Participant Directed	Pfizer Incorporated	N/A	115,822
	Common Stock - Participant Directed	PNC Finl Services Gp Inc	N/A	20,396
	Common Stock - Participant Directed	Potash Corp of Saskatchewan Com	N/A	51,360
	Common Stock - Participant Directed	PPG Industries Inc	N/A	16,800
	Common Stock - Participant Directed	Precision Castparts Corp	N/A	9,048
	Common Stock - Participant Directed	Procter & Gamble	N/A	25,888
	Common Stock - Participant Directed	Prudential Financial Inc	N/A	19,538
	Common Stock - Participant Directed	Qualcomm Inc	N/A	49,985
	Common Stock - Participant Directed	Resolute Fst Prods Inc	N/A	2,362
	Common Stock - Participant Directed	Southern Co	N/A	140,370
	Common Stock - Participant Directed	Southwest Airlines Co	N/A	23,252
	Common Stock - Participant Directed	Spectra Energy Corp	N/A	28,728
	Common Stock - Participant Directed	SPX Corp	N/A	1,260
	Common Stock - Participant Directed	SPX Flow Inc	N/A	4,661
	Common Stock - Participant Directed	Statoil ASA	N/A	83,760
	Common Stock - Participant Directed	Stryker Corp	N/A	21,283
	Common Stock - Participant Directed	Suntrust Banks Inc	N/A	20,649
	Common Stock - Participant Directed	Swatch Group	N/A	5,248

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock - Participant Directed	Texas Instruments Inc	N/A	\$ 58,921
	Common Stock - Participant Directed	Time Warner Inc New	N/A	20,371
	Common Stock - Participant Directed	Total Systems Services	N/A	26,444
	Common Stock - Participant Directed	Travelers Companies Inc	N/A	19,638
	Common Stock - Participant Directed	Valero Energy Corp	N/A	9,829
	Common Stock - Participant Directed	Vodafone Group	N/A	8,162
	Common Stock - Participant Directed	Wal-Mart Stores Inc	N/A	8,766
	Common Stock - Participant Directed	Wells Fargo & Co New	N/A	37,508
	Common Stock - Participant Directed	Welltower Inc	N/A	65,717
	Common Stock - Participant Directed	Westpac Banking Corporation	N/A	16,961
	Common Stock - Participant Directed	Woodside Pete Ltd	N/A	52,236
	Partnership - Participant Directed	Advanced Fibers & Powders, LLC	N/A	-
*	Common/Collective Trust - Participant Directed	Balanced Portfolio	N/A	14,021,364
*	Common/Collective Trust - Participant Directed	Moderate Portfolio	N/A	2,582,428
*	Common/Collective Trust - Participant Directed	Ameritrade IDA Asset	N/A	3,498,962
	Common/Collective Trust - Participant Directed	American Realty Capital New York City REIT	N/A	80,000
	Common/Collective Trust - Participant Directed	Landmark Apartment Trust of America Inc	N/A	52,975
	Common/Collective Trust - Participant Directed	Phillips Edison Grocery Center REIT II	N/A	85,000
	Common/Collective Trust - Participant Directed	Business Development Corporation of America	N/A	34,844
*	Common/Collective Trust - Participant Directed	Oppenheimer Top Picks Ser 9 Feb 2015 Port	N/A	42,967
*	Common/Collective Trust - Participant Directed	Oppenheimer Top Picks Ser 10 May 2015 Port	N/A	81,773
	Registered Investment Co. - Participant Directed	AQR Diversified Arbitrage I	N/A	44,266
	Registered Investment Co. - Participant Directed	Alger Spectra	N/A	1,047,714
	Registered Investment Co. - Participant Directed	AllianceBern High Income Advisor	N/A	13,890
	Registered Investment Co. - Participant Directed	American Fund Cap World	N/A	99,479
	Registered Investment Co. - Participant Directed	American Fund New	N/A	99,938
	Registered Investment Co. - Participant Directed	American Fund WA Mutual	N/A	56,773
	Registered Investment Co. - Participant Directed	American Growth Fund of America	N/A	58,730
	Registered Investment Co. - Participant Directed	Artisan Mid Cap Value	N/A	17,752
	Registered Investment Co. - Participant Directed	Brown Advisory Growth Equity Inv	N/A	146,173
	Registered Investment Co. - Participant Directed	Columbia Acorn	N/A	26,890
	Registered Investment Co. - Participant Directed	Delaware Small Cap Value	N/A	369,253
	Registered Investment Co. - Participant Directed	Dodge & Cox Income	N/A	126,538
	Registered Investment Co. - Participant Directed	Dodge & Cox Stock	N/A	108,648
	Registered Investment Co. - Participant Directed	Eagle Small Cap Growth	N/A	344,893
	Registered Investment Co. - Participant Directed	Eaton Vance Floating Rate Advantage	N/A	14,694
	Registered Investment Co. - Participant Directed	Eaton Vance Floating Rate Inc	N/A	252,800
	Registered Investment Co. - Participant Directed	Eaton Vance Income Fd of Boston	N/A	14,067
	Registered Investment Co. - Participant Directed	ETFS Physical Platinum Shrs	N/A	42,915
*	Registered Investment Co. - Participant Directed	Fidelity High Income Bond Fund	N/A	66,452
	Registered Investment Co. - Participant Directed	Fifth Street Finance Corp	N/A	25,520

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investment Co. - Participant Directed	First Eagle Overseas Fund	N/A	\$ 16,891
	Registered Investment Co. - Participant Directed	First Tr ETF IV North American Energy	N/A	153,368
	Registered Investment Co. - Participant Directed	Harbour International Fund	N/A	17,346
	Registered Investment Co. - Participant Directed	Invesco Amer Value	N/A	19,197
	Registered Investment Co. - Participant Directed	Invesco Treasurer's Ser Tr Prem In	N/A	1,201,930
	Registered Investment Co. - Participant Directed	Ishares Gold Trust	N/A	30,690
	Registered Investment Co. - Participant Directed	Ishares US Basic	N/A	18,126
	Registered Investment Co. - Participant Directed	Ishares US Real Estate	N/A	87,843
	Registered Investment Co. - Participant Directed	Ishares US Telecom ETF	N/A	17,591
	Registered Investment Co. - Participant Directed	Ishares US Utilities	N/A	17,591
	Registered Investment Co. - Participant Directed	Ishares 1-3 Year Credit	N/A	11,506
	Registered Investment Co. - Participant Directed	Ishares 20+ Year Treasury Bond ETF	N/A	12,058
	Registered Investment Co. - Participant Directed	Ivy International Core Equity	N/A	438,785
	Registered Investment Co. - Participant Directed	LMP Cap & Income Fund	N/A	55,145
	Registered Investment Co. - Participant Directed	Lord Abbett Short Duration Income	N/A	97,528
	Registered Investment Co. - Participant Directed	Marisco 21st Century Fund	N/A	69,484
	Registered Investment Co. - Participant Directed	Metropolitan West Total Return Bond I	N/A	297,728
	Registered Investment Co. - Participant Directed	Morgan Stanley Emerging Markets	N/A	95,200
	Registered Investment Co. - Participant Directed	Nuveen Dow 30 Dyn Overwrite	N/A	43,080
	Registered Investment Co. - Participant Directed	Oakmark Global Fund	N/A	94,643
*	Registered Investment Co. - Participant Directed	Openheimer Developing Markets Y	N/A	159,203
	Registered Investment Co. - Participant Directed	PIMCO ETF - Enhanced Short Maturity	N/A	11,067
	Registered Investment Co. - Participant Directed	PIMCO ETF - Investment Grade Corp Bond Index	N/A	33,158
	Registered Investment Co. - Participant Directed	PIMCO ETF - Total Return	N/A	34,914
	Registered Investment Co. - Participant Directed	PIMCO Strategic Income Fd	N/A	179,000
	Registered Investment Co. - Participant Directed	PIMCO Total Return	N/A	244,706
	Registered Investment Co. - Participant Directed	Principal MidCap Blend	N/A	400,988
	Registered Investment Co. - Participant Directed	Prudential Glb Sht Dur Hg Yld	N/A	14,150
	Registered Investment Co. - Participant Directed	Putnam Master Inter Income	N/A	10,256
	Registered Investment Co. - Participant Directed	Ranier Small/Mid Cap	N/A	18,878
	Registered Investment Co. - Participant Directed	RidgeWorth Large Cap Value Eq	N/A	927,860
	Registered Investment Co. - Participant Directed	Thornburg International Value	N/A	11,395
	Registered Investment Co. - Participant Directed	Tortoise MLP & Pipeline Instl	N/A	26,754
	Registered Investment Co. - Participant Directed	Vanguard Bd Index Fd Inc Total Bd Market	N/A	24,228
	Registered Investment Co. - Participant Directed	Vanguard Index 500 Adm	N/A	182,476
	Registered Investment Co. - Participant Directed	Vanguard Intermediate-Term Bond	N/A	163,682
	Registered Investment Co. - Participant Directed	Vanguard Intermediate-Term Bond Index	N/A	292,132
	Registered Investment Co. - Participant Directed	Voya Corporate Leaders	N/A	71,647
*	Notes Receivable from Participants	Interest: 3.25% - 4.25% Maturity: 6/15 - 6/20 Security: Vested Balances	\$ -	151,149

* Known to be a party-in-interest to the Plan

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