Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1992

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)
UROLOGY SAN ANTONIO, P.A.

7909 FREDERICKSBURG ROAD, SUITE 110
SAN ANTONIO, TX 78229

2b Employer Identification Number (EIN) 74-2719352

2c Plan Sponsor's telephone number 210-731-2050

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	STEVEN FLAGEOL
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	184
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)**	170
a(2) Total number of active participants at the end of the plan year	**6a(2)**	176
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	31
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	207
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	207
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	206
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶	
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
UROLOGY SAN ANTONIO, P.A.	74-2719352	

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

MY GROUP LLC

27-2102627

(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	INVESTMENT ADVISOR	29260	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	25243	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RETIREMENT HORIZONS INC

76-0551734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 15	RECORDKEEPER\PLAN ADMIN	5778	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
METWEST TOT RTN BD I - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

(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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

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: WF STABLE FUND C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2250946-001	C	0

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)

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

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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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	18156250	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2506040	175203
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	471548	507723
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	24525626
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	21133838	25208552
	Liabilities			
g	Benefit claims payable	1g	4360	0
h	Operating payables	1h	2761	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	7121	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21126717	25208552

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)	1729308	
	(B) Participants	2a(1)(B)	643657	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2372965
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	19111	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19134
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	650758	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		650758
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		484
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1655377
c Other income	2c		9970
d Total income. Add all **income** amounts in column (b) and enter total	2d		4708688
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	568330	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		568330
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		5363
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	53160	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53160
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		626853
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4081835
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: PAUL J. FITZGERALD, PC **(2)** EIN: 74-2969628

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X		
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
UROLOGY SAN ANTONIO, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY SAN ANTONIO, P.A.

D Employer Identification Number (EIN)
74-2719352

Part I Distributions

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

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

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

EIN(s): 04-6568107

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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: _____% 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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Financial Statements and
Supplemental Schedule

December 31, 2016 and 2015

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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Paul J. Fitzgerald, P.C.
Certified Public Accountant
9311 San Pedro Avenue • Suite 840 • San Antonio, Texas 78216
210-546-2190 • Fax 210-546-2191

Independent Auditor's Report

The Trustees
Urology San Antonio, P.A. 401(k) Profit Sharing Plan
San Antonio, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Urology San Antonio, P.A. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year 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 of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2016 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements.

Basis for Disclaimer of Opinion on the 2016 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2016 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2016 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2016 financial statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements referred to in the first paragraph.

Other Matters—Report Supplemental Schedule and Report on 2015 Financial Statements

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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 on the 2016 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of December 31, 2015, and in our report dated September 27, 2016, we expressed our opinion that such financial statement presents fairly, in all material respects, the net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of December 31, 2015, and changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2016 Financial Statements

The form and content of the information included in the 2016 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



San Antonio, Texas
October 5, 2017

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	2016	2015
Assets:		
Investments at fair value	**$ 24,700,829**	$ 20,662,290
Receivables:		
Employer, profit sharing contributions	**379,188**	574,776
Notes receivable from participants	**507,723**	471,548
Total receivables	**886,911**	1,046,324
Total assets	**25,587,740**	21,708,614
Liabilities:		
Accrued expenses	**-**	7,121
Total liabilities	**-**	7,121
Net assets available for benefits	**$ 25,587,740**	$ 21,701,493

Notes to financial statements form an integral part of these statements.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2016

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 1,655,861**
Interest and dividend income	**660,751**
Total investment income	**2,316,612**
Interest income on notes receivable from participants	**19,111**
Contributions:	
Employer, matching	**381,300**
Employer, profit sharing	**1,152,420**
Participant, elective deferrals	**643,657**
Total contributions	**2,177,377**
Total additions	**4,513,100**
Deductions from net assets attributed to:	
Administrative expenses	**53,160**
Benefits paid to participants	**573,693**
Total deductions	**626,853**
Net increase	**3,886,247**
Net assets available for benefits at beginning of year	**21,701,493**
Net assets available for benefits at end of year	**$25,587,740**

Notes to financial statements form an integral part of these statements.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2016 and 2015

1. Description of Plan

The following brief description of the Urology San Antonio, P.A. 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Urology San Antonio, P.A. (the Company), except employees who are members of a collective bargaining unit and nonresident aliens, who have attained age 21 or older and completed 1 year of service, as allowed by the Plan. Entry dates are the January 1st, April 1st, July 1st, or October 1st that coincides with or next follows the date the participant satisfies both the age and the service requirements described above. A year of service for eligibility purposes is a 12-consecutive month computation period in which a participant is credited with 1,000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Company may make discretionary matching and profit sharing contributions. For the year ended December 31, 2016 the Company made monthly matching contributions. The Company matched participant elective deferrals up to 4% of eligible participant compensation. Participants are eligible to receive the matching contributions provided they are employed on the last day of the month and making pre-tax salary deferral contributions. Matching contributions totaling $381,300 were made for the year ended December 31, 2016.

The Company may make profit sharing contributions on behalf of each allocation group as defined in the plan document. Participants are eligible to receive non-elective profit sharing contributions if employed on the last day of a plan year quarter. A participant is also eligible to receive a profit sharing contribution if the participant dies, retires, or becomes disabled during a plan year quarter. The Company made quarterly profit sharing contributions totaling $1,152,420 for the year ended December 31, 2016.

Each year, participants may contribute up to a maximum amount determined the by Federal Government, which for the years 2016 and 2015 was $18,000. Also, participants who have obtained the age of 50 before the close of the Plan year are eligible to make catch-up contributions, which for the years 2016 and 2015 were up to an additional $6,000. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate initially set at 4% of eligible compensation and their contributions are invested in the Vanguard Target Retirement Fund until changed by the participant.

1. Description of Plan (continued)

Participant Accounts

Participants may direct their contributions to selected investments as made available by the Plan administrator. Each participant's account is credited with the participant's contribution and allocations of the Company's discretionary matching contributions, profit sharing contributions, and Plan earnings. Each participant's account is charged with an allocation of administrative expenses based upon their account balance. The benefit to which a participant is entitled is the benefit that can be derived from the participant's vested account.

Payment of Benefits

On termination of service for any reason and if the vested interest in a participant's account is $1,000 or less, it will be distributed in a lump-sum amount or it can be rolled over to another qualified plan or to an individual retirement account. If the vested interest in a participant's account is more than $1,000 the vested interest may be distributed in a lump-sum, rolled over into another qualified plan or to an individual retirement account. Additionally, a participant may elect to receive either (a) substantially equal installment payments over a specified period of time; or (b) monthly annuity payments from an insurance company. Hardship distributions are also available subject to certain limitations.

Vesting

Participants are 100% vested at all times in the accrued benefits from their elective contributions. Participants become 20% vested after two years of service and increasing 20% per year until 100% vested after the completion of six years of service in all contributions made by the Company and the earnings thereon.

Forfeited Accounts

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to reduce, at the Plan Administrators' discretion, the Company's matching and/or profit sharing contributions. Additionally, the Plan Administrator may elect to use all or a portion of the forfeitures to pay administrative expenses of the plan. Forfeited non-vested accounts were $41,349 and $7,493 at December 31, 2016 and 2015, respectively. Forfeitures totaling $21 and $48,304 were used to reduce 2016 administrative expenses and profit sharing contributions, respectively.

1. Description of Plan (continued)

Notes Receivable from Participants

Loans are available to all participants. The amount that may be borrowed is the lesser of $50,000 or 50% of the participant's vested interest in the Plan. The interest rate charged will be a reasonable rate of interest as determined by the Plan Administrator. Until otherwise determined by the Plan Administrator, the interest rate will be the prime rate of interest plus one (1) percent. The interest rate remains constant throughout the term of the loan. The loans are secured by the balance in the participant's account. All loans must be repaid within five years. Principal and interest are paid ratably through payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors. See note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administration expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of participant initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation or depreciation of fair value of investments.

Recent Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12 which is a three-part ASU to simplify financial reporting for employee benefit plans. Individual parts of this ASU can be adopted and during the year 2015 the Plan adopted Part II of this ASU and the effects related to the financial reporting of the Plan are as follows:

Part II - Plan Investment Disclosures, simplified Plan investment disclosures which among other things eliminating the requirement to disclosure net appreciation or depreciation in fair value of investments by general type and eliminating the requirement to disclose individual investments with a value equal to or greater than 5% of net assets available for benefits. Part II of ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015 with early adoption or application permitted.

Subsequent Events

Subsequent events were evaluated through October 5, 2017, the date the financial statements were available to be issued.

3. Information Certified by Fidelity Management Trust Company (Fidelity)

The Plan Administrator has elected for the year 2016 the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information certified by Fidelity, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

Fidelity certified the completeness and accuracy of the Plan's fair value of its investment assets at December 31, 2016 in the amount of $24,700,829. Fidelity also certified the completeness and accuracy of the net appreciation in fair value of investments and interest and dividend income of $1,655,861 and $660,751, respectively, for the year ended December 31, 2016.

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

4. Fair Value Measurements (continued)

If the asset or liability has a specified (contractual) term, 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for major categories of investments measured at fair value:

Cash and Money Market Funds

Cash is valued at the balance on hand and money market funds are valued at the quoted price of shares held by the Plan at year-end.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered by the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Plan's investments, measured at fair value by the three levels of the fair value hierarchy as described above are as follows at December 31, 2016:

	Level 1	Level 2	Level 3	Total
Cash	$ 175,203	$ -	$ -	$ 175,203
Mutual funds	24,525,626	-	-	24,525,626
	$24,700,829	$ -	$ -	$24,700,829

4. Fair Value Measurements (continued)

The Plan's investments, measured at fair value by the three levels of the fair value hierarchy as described above are as follows at December 31, 2015:

	Level 1	Level 2	Level 3	Total
Cash	$18,156,250	$ -	$ -	$18,156,250
Money market funds	2,506,040	-	-	2,506,040
	$20,662,290	$ -	$ -	$20,662,290

At December 31, 2015 the Plan's investment assets had been converted to either cash totaling $18,156,250 or interest-bearing money market funds totaling $2,506,040 to effectuate the transfer of the Plan's investment assets to a new trustee, Fidelity, in January 2016. As the non-interest cash balance of $18,156,250 was derived from amounts previously held in various investment instruments it is included in investments for financial statement reporting purposes.

5. Related Party Transactions and Party-In-Interest Transactions

Certain Plan investments are investments managed by Fidelity. Fidelity is the trustee of Plan's assets and they provide participant accounting and, therefore these transactions qualify as party-in-interest transactions. Total fees paid by the Plan for administrative services amounted to $53,160 for the year ended December 31, 2016.

6. Tax Status

The Company adopted effective January 1, 2016 the Fidelity Volume Submitter Profit Sharing Plan with CODA which received a favorable opinion letter from the Internal Revenue Service dated March 31, 2014 which stated that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, no uncertain positions taken or expected to be taken would require recognition of a liability (or asset) or disclosure in the financial statements.

6. Tax Status (continued)

The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax years in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. The Plan at December 31, 2015 had amounts on deposit at FDIC financial institutions that exceeded the insurance limits by $20,162,290. The Trustees believe there is no significant risk with respect to such uninsured deposits.

8. Plan Termination

Although it has not expressed intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination, all participants would become fully vested in their account balances.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015 to the Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	**$ 25,587,740**	$ 21,701,493
Less: Employer profit sharing contribution receivable	**(379,188)**	(574,776)
Net assets available for benefits per the Form 5500	**$ 25,208,552**	$ 21,126,717

9. Reconciliation of Financial Statements to Form 5500 (continued)

The following are reconciliations of total contributions and the increase in net assets available for benefits per the financial statements for the year ended December 31, 2016 to the Form 5500:

Total contributions per the financial statements	$ 2,177,377
Add: Employer profit sharing contribution receivable at December 31, 2015	574,776
Less: Employer profit sharing contribution receivable at December 31, 2016	(379,188)
Total contributions per the Form 5500	$ 2,372,965
Net increase in net assets available for benefits per financial statements	$ 3,886,247
Add: Employer profit sharing contribution receivable at December 31, 2015	574,776
Less: Employer profit sharing contribution receivable at December 31, 2016	(379,188)
Net income per Form 5500	$ 4,081,835

Supplemental Schedule

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date	Cost	Current Value
	American Funds	Europacific Growth R6 Fund	**	$ 48,514
	DFA	Emerging Markets Core Equity	**	242
	DFA	US Targeted Value Fund	**	39,713
	DFA	Inflation Protected Securities Fund	**	396
	DFA	Real Estate Securities I Fund	**	15,309
*	Fidelity	500 Index Fund	**	56,001
*	Fidelity Money Market Trust	Government Market II Portfolio	**	175,203
	Invesco	Diversified Dividend R6 Fund	**	103,465
	JPMorgan	Large Cap Growth Fund R6 Fund	**	73,168
	MetWest	Total Return Bond Fund	**	59,445
	Oak Ridge	Small Cap Growth K Fund	**	32,652
	PIMCO	Income Institutional Fund	**	27,071
	Vanguard	Target Retirement 2025 Fund	**	26,421
	Vanguard	Target Retirement 2010 Fund	**	5,379,560
	Vanguard	Target Retirement 2020 Fund	**	1,786,235
	Vanguard	Target Retirement 2030 Fund	**	3,766,497
	Vanguard	Target Retirement 2040 Fund	**	1,428,669
	Vanguard	Target Retirement 2050 Fund	**	502,219
	Vanguard	Small Cap Index Admiral Fund	**	40,957
	Vanguard	Balanced Index Admiral Fund	**	36,223
	Vanguard	Target Retirement Income Fund	**	182,096
	Vanguard	Target Retirement 2015 Fund	**	12,443
	Vanguard	Target Retirement 2025 Fund	**	7,473,879
	Vanguard	Target Retirement 2035 Fund	**	2,645,876
	Vanguard	Target Retirement 2045 Fund	**	784,975
	Vanguard	Target Retirement 2060 Fund	**	3,600
**	Participant Loans	4.25% - 4.50% interest, maturing through 2021	**	507,723

* Indicates party-in-interest in the Plan.

** "Cost" is not required as the investment is participant-directed. Cost for participant loans is $0.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Financial Statements and
Supplemental Schedule

December 31, 2016 and 2015

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

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Paul J. Fitzgerald, P.C.
Certified Public Accountant
9311 San Pedro Avenue • Suite 840 • San Antonio, Texas 78216
210-546-2190 • Fax 210-546-2191

Independent Auditor's Report

The Trustees
Urology San Antonio, P.A. 401(k) Profit Sharing Plan
San Antonio, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Urology San Antonio, P.A. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year 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 of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2016 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements.

Basis for Disclaimer of Opinion on the 2016 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2016 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2016 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2016 financial statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements referred to in the first paragraph.

Other Matters—Report Supplemental Schedule and Report on 2015 Financial Statements

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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 on the 2016 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of December 31, 2015, and in our report dated September 27, 2016, we expressed our opinion that such financial statement presents fairly, in all material respects, the net assets available for benefits of Urology San Antonio, P.A. 401(k) Profit Sharing Plan as of December 31, 2015, and changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2016 Financial Statements

The form and content of the information included in the 2016 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



San Antonio, Texas
October 5, 2017

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	2016	2015
Assets:		
Investments at fair value	**$ 24,700,829**	$ 20,662,290
Receivables:		
Employer, profit sharing contributions	**379,188**	574,776
Notes receivable from participants	**507,723**	471,548
Total receivables	**886,911**	1,046,324
Total assets	**25,587,740**	21,708,614
Liabilities:		
Accrued expenses	**-**	7,121
Total liabilities	**-**	7,121
Net assets available for benefits	**$ 25,587,740**	$ 21,701,493

Notes to financial statements form an integral part of these statements.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2016

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 1,655,861**
Interest and dividend income	**660,751**
Total investment income	**2,316,612**
Interest income on notes receivable from participants	**19,111**
Contributions:	
Employer, matching	**381,300**
Employer, profit sharing	**1,152,420**
Participant, elective deferrals	**643,657**
Total contributions	**2,177,377**
Total additions	**4,513,100**
Deductions from net assets attributed to:	
Administrative expenses	**53,160**
Benefits paid to participants	**573,693**
Total deductions	**626,853**
Net increase	**3,886,247**
Net assets available for benefits at beginning of year	**21,701,493**
Net assets available for benefits at end of year	**$25,587,740**

Notes to financial statements form an integral part of these statements.

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2016 and 2015

1. Description of Plan

The following brief description of the Urology San Antonio, P.A. 401(k) Profit Sharing Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Urology San Antonio, P.A. (the Company), except employees who are members of a collective bargaining unit and nonresident aliens, who have attained age 21 or older and completed 1 year of service, as allowed by the Plan. Entry dates are the January 1st, April 1st, July 1st, or October 1st that coincides with or next follows the date the participant satisfies both the age and the service requirements described above. A year of service for eligibility purposes is a 12-consecutive month computation period in which a participant is credited with 1,000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Company may make discretionary matching and profit sharing contributions. For the year ended December 31, 2016 the Company made monthly matching contributions. The Company matched participant elective deferrals up to 4% of eligible participant compensation. Participants are eligible to receive the matching contributions provided they are employed on the last day of the month and making pre-tax salary deferral contributions. Matching contributions totaling $381,300 were made for the year ended December 31, 2016.

The Company may make profit sharing contributions on behalf of each allocation group as defined in the plan document. Participants are eligible to receive non-elective profit sharing contributions if employed on the last day of a plan year quarter. A participant is also eligible to receive a profit sharing contribution if the participant dies, retires, or becomes disabled during a plan year quarter. The Company made quarterly profit sharing contributions totaling $1,152,420 for the year ended December 31, 2016.

Each year, participants may contribute up to a maximum amount determined the by Federal Government, which for the years 2016 and 2015 was $18,000. Also, participants who have obtained the age of 50 before the close of the Plan year are eligible to make catch-up contributions, which for the years 2016 and 2015 were up to an additional $6,000. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate initially set at 4% of eligible compensation and their contributions are invested in the Vanguard Target Retirement Fund until changed by the participant.

1. Description of Plan (continued)

Participant Accounts

Participants may direct their contributions to selected investments as made available by the Plan administrator. Each participant's account is credited with the participant's contribution and allocations of the Company's discretionary matching contributions, profit sharing contributions, and Plan earnings. Each participant's account is charged with an allocation of administrative expenses based upon their account balance. The benefit to which a participant is entitled is the benefit that can be derived from the participant's vested account.

Payment of Benefits

On termination of service for any reason and if the vested interest in a participant's account is $1,000 or less, it will be distributed in a lump-sum amount or it can be rolled over to another qualified plan or to an individual retirement account. If the vested interest in a participant's account is more than $1,000 the vested interest may be distributed in a lump-sum, rolled over into another qualified plan or to an individual retirement account. Additionally, a participant may elect to receive either (a) substantially equal installment payments over a specified period of time; or (b) monthly annuity payments from an insurance company. Hardship distributions are also available subject to certain limitations.

Vesting

Participants are 100% vested at all times in the accrued benefits from their elective contributions. Participants become 20% vested after two years of service and increasing 20% per year until 100% vested after the completion of six years of service in all contributions made by the Company and the earnings thereon.

Forfeited Accounts

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to reduce, at the Plan Administrators' discretion, the Company's matching and/or profit sharing contributions. Additionally, the Plan Administrator may elect to use all or a portion of the forfeitures to pay administrative expenses of the plan. Forfeited non-vested accounts were $41,349 and $7,493 at December 31, 2016 and 2015, respectively. Forfeitures totaling $21 and $48,304 were used to reduce 2016 administrative expenses and profit sharing contributions, respectively.

1. Description of Plan (continued)

Notes Receivable from Participants

Loans are available to all participants. The amount that may be borrowed is the lesser of $50,000 or 50% of the participant's vested interest in the Plan. The interest rate charged will be a reasonable rate of interest as determined by the Plan Administrator. Until otherwise determined by the Plan Administrator, the interest rate will be the prime rate of interest plus one (1) percent. The interest rate remains constant throughout the term of the loan. The loans are secured by the balance in the participant's account. All loans must be repaid within five years. Principal and interest are paid ratably through payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors. See note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administration expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of participant initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation or depreciation of fair value of investments.

Recent Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12 which is a three-part ASU to simplify financial reporting for employee benefit plans. Individual parts of this ASU can be adopted and during the year 2015 the Plan adopted Part II of this ASU and the effects related to the financial reporting of the Plan are as follows:

Part II - Plan Investment Disclosures, simplified Plan investment disclosures which among other things eliminating the requirement to disclosure net appreciation or depreciation in fair value of investments by general type and eliminating the requirement to disclose individual investments with a value equal to or greater than 5% of net assets available for benefits. Part II of ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015 with early adoption or application permitted.

Subsequent Events

Subsequent events were evaluated through October 5, 2017, the date the financial statements were available to be issued.

3. Information Certified by Fidelity Management Trust Company (Fidelity)

The Plan Administrator has elected for the year 2016 the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information certified by Fidelity, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

Fidelity certified the completeness and accuracy of the Plan's fair value of its investment assets at December 31, 2016 in the amount of $24,700,829. Fidelity also certified the completeness and accuracy of the net appreciation in fair value of investments and interest and dividend income of $1,655,861 and $660,751, respectively, for the year ended December 31, 2016.

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

4. Fair Value Measurements (continued)

If the asset or liability has a specified (contractual) term, 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for major categories of investments measured at fair value:

Cash and Money Market Funds

Cash is valued at the balance on hand and money market funds are valued at the quoted price of shares held by the Plan at year-end.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered by the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Plan's investments, measured at fair value by the three levels of the fair value hierarchy as described above are as follows at December 31, 2016:

	Level 1	Level 2	Level 3	Total
Cash	$ 175,203	$ -	$ -	$ 175,203
Mutual funds	24,525,626	-	-	24,525,626
	$24,700,829	$ -	$ -	$24,700,829

4. Fair Value Measurements (continued)

The Plan's investments, measured at fair value by the three levels of the fair value hierarchy as described above are as follows at December 31, 2015:

	Level 1	Level 2	Level 3	Total
Cash	$18,156,250	$ -	$ -	$18,156,250
Money market funds	2,506,040	-	-	2,506,040
	$20,662,290	$ -	$ -	$20,662,290

At December 31, 2015 the Plan's investment assets had been converted to either cash totaling $18,156,250 or interest-bearing money market funds totaling $2,506,040 to effectuate the transfer of the Plan's investment assets to a new trustee, Fidelity, in January 2016. As the non-interest cash balance of $18,156,250 was derived from amounts previously held in various investment instruments it is included in investments for financial statement reporting purposes.

5. Related Party Transactions and Party-In-Interest Transactions

Certain Plan investments are investments managed by Fidelity. Fidelity is the trustee of Plan's assets and they provide participant accounting and, therefore these transactions qualify as party-in-interest transactions. Total fees paid by the Plan for administrative services amounted to $53,160 for the year ended December 31, 2016.

6. Tax Status

The Company adopted effective January 1, 2016 the Fidelity Volume Submitter Profit Sharing Plan with CODA which received a favorable opinion letter from the Internal Revenue Service dated March 31, 2014 which stated that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, no uncertain positions taken or expected to be taken would require recognition of a liability (or asset) or disclosure in the financial statements.

6. Tax Status (continued)

The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax years in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. The Plan at December 31, 2015 had amounts on deposit at FDIC financial institutions that exceeded the insurance limits by $20,162,290. The Trustees believe there is no significant risk with respect to such uninsured deposits.

8. Plan Termination

Although it has not expressed intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination, all participants would become fully vested in their account balances.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015 to the Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	**$ 25,587,740**	$ 21,701,493
Less: Employer profit sharing contribution receivable	**(379,188)**	(574,776)
Net assets available for benefits per the Form 5500	**$ 25,208,552**	$ 21,126,717

9. Reconciliation of Financial Statements to Form 5500 (continued)

The following are reconciliations of total contributions and the increase in net assets available for benefits per the financial statements for the year ended December 31, 2016 to the Form 5500:

Total contributions per the financial statements	$ 2,177,377
Add: Employer profit sharing contribution receivable at December 31, 2015	574,776
Less: Employer profit sharing contribution receivable at December 31, 2016	(379,188)
Total contributions per the Form 5500	$ 2,372,965
Net increase in net assets available for benefits per financial statements	$ 3,886,247
Add: Employer profit sharing contribution receivable at December 31, 2015	574,776
Less: Employer profit sharing contribution receivable at December 31, 2016	(379,188)
Net income per Form 5500	$ 4,081,835

Supplemental Schedule

UROLOGY SAN ANTONIO, P.A.
401(k) Profit Sharing Plan

EIN: 74-2719352
Plan Number: 001

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Asset Investment, Including Maturity Date, Rate Interest, Collateral, Par, or Maturity Date	Cost	Current Value
	American Funds	Europacific Growth R6 Fund	**	$ 48,514
	DFA	Emerging Markets Core Equity	**	242
	DFA	US Targeted Value Fund	**	39,713
	DFA	Inflation Protected Securities Fund	**	396
	DFA	Real Estate Securities I Fund	**	15,309
*	Fidelity	500 Index Fund	**	56,001
*	Fidelity Money Market Trust	Government Market II Portfolio	**	175,203
	Invesco	Diversified Dividend R6 Fund	**	103,465
	JPMorgan	Large Cap Growth Fund R6 Fund	**	73,168
	MetWest	Total Return Bond Fund	**	59,445
	Oak Ridge	Small Cap Growth K Fund	**	32,652
	PIMCO	Income Institutional Fund	**	27,071
	Vanguard	Target Retirement 2025 Fund	**	26,421
	Vanguard	Target Retirement 2010 Fund	**	5,379,560
	Vanguard	Target Retirement 2020 Fund	**	1,786,235
	Vanguard	Target Retirement 2030 Fund	**	3,766,497
	Vanguard	Target Retirement 2040 Fund	**	1,428,669
	Vanguard	Target Retirement 2050 Fund	**	502,219
	Vanguard	Small Cap Index Admiral Fund	**	40,957
	Vanguard	Balanced Index Admiral Fund	**	36,223
	Vanguard	Target Retirement Income Fund	**	182,096
	Vanguard	Target Retirement 2015 Fund	**	12,443
	Vanguard	Target Retirement 2025 Fund	**	7,473,879
	Vanguard	Target Retirement 2035 Fund	**	2,645,876
	Vanguard	Target Retirement 2045 Fund	**	784,975
	Vanguard	Target Retirement 2060 Fund	**	3,600
**	Participant Loans	4.25% - 4.50% interest, maturing through 2021	**	507,723

* Indicates party-in-interest in the Plan.

** "Cost" is not required as the investment is participant-directed. Cost for participant loans is $0.