

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>02/01/2007</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRAL OHIO UROLOGY GROUP, INC.</u> <u>701 TECH CENTER DR, SUITE 250</u> <u>GAHANNA, OH 43219-1530</u>	2b	Employer Identification Number (EIN) <u>20-1781799</u>
		2c	Plan Sponsor's telephone number <u>614-944-4800</u>
		2d	Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	RICHARD KLUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor CENTRAL OHIO UROLOGY GROUP, INC. 3100 PLAZA PROPERTIES BLVD. SUITE 310 COLUMBUS, OH 43219-1530	3b Administrator's EIN 20-1781799 3c Administrator's telephone number 614-944-4800
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 180
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 148 6a(2) 169 6b 0 6c 37 6d 206 6e 0 6f 206 6g 176 6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2R 2T 3D 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 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 CENTRAL OHIO UROLOGY GROUP, INC.	D Employer Identification Number (EIN) 20-1781799	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGT INC.
94-3106735

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

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

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

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

PENSION CORPORATION OF AMERICA

31-1360674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 60 63	NONE	3710	Yes ☒ No ☐	Yes ☒ No ☐	41016	Yes ☐ No ☒

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
28 60 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	6565	Yes ☐ No ☒

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

HAMILTON CAPITAL MANAGEMENT, INC.

31-1515316

(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 50 71	NONE	6144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EUBEL BRADY & SUTTMAN ASSET MGT.

31-1386402

(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 50 71	NONE	5603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59 65 71	NONE	1454	Yes ☒ No ☐	Yes ☒ No ☐	50	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
PENSION CORPORATION OF AMERICA	60 63	41016
(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.	
CHARLES SCHWAB TRUST COMPANY 42-1558009	SUB-TRANSFER AGENCY FEES; COMMISSIONS	
(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 2017 This Form is Open to Public Inspection.	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 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 CENTRAL OHIO UROLOGY GROUP, INC.				D Employer Identification Number (EIN) 20-1781799	
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: WELLS FARGO STABLE VALUE FUND M					
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.					
c EIN-PN 94-6751924-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 762243	
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)	
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			

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL OHIO UROLOGY GROUP, INC.</u>	D Employer Identification Number (EIN) <u>20-1781799</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	1605604	672651
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	857079	806367
	(2) Participant contributions	1b(2)	1778	21993
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	156296	145913
	(2) U.S. Government securities.....	1c(2)	47644	38146
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	2696045	3222397
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	615562	762243
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	21966248	26283155
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	109138	114172

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28055394	32067037

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28055394	32067037
---	-----------	----------	----------

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)	1220551	
(B) Participants	2a(1)(B)	791741	
(C) Others (including rollovers)	2a(1)(C)	13973	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2026265
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1001142	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1001142
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11223
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3217640
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6256270

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2127156	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2127156
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	40111	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	77360	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		117471
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2244627

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4011643
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MALONEY & NOVOTNY, LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
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			

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

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

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

5c 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.)

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 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 CENTRAL OHIO UROLOGY GROUP, INC.		D Employer Identification Number (EIN) 20-1781799
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1558009		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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: 0.0% 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): _____

**CENTRAL OHIO UROLOGY GROUP,
INC. 401(k) PROFIT SHARING PLAN**

FINANCIAL REPORT

December 31, 2017 and 2016

**CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Management
Central Ohio Urology Group, Inc. 401(k)
Profit Sharing Plan
Gahanna, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Central Ohio Urology Group, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note D, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Meloney + Horvath LLC

Columbus, Ohio
October 12, 2018

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments, at fair value	\$ 31,238,677	\$ 27,196,537
Contributions receivable		
Participant deferral	21,993	1,778
Employer match	4,366	8,826
Employer profit sharing	<u>802,001</u>	<u>848,253</u>
	<u>\$ 32,067,037</u>	<u>\$ 28,055,394</u>
LIABILITIES		
Liabilities	<u>\$ -</u>	<u>\$ -</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 32,067,037</u>	<u>\$ 28,055,394</u>

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

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividend income	\$ 1,001,142	1,162,228
Net appreciation in fair value of investments	3,228,863	922,853
Less: Custodian and investment expenses	<u>(40,111)</u>	<u>(42,445)</u>
Total investment income	4,189,894	2,042,636
Contributions:		
Participant deferrals	791,741	797,519
Participant rollovers	13,973	12,761
Employer match	418,550	418,987
Employer profit sharing	<u>802,001</u>	<u>848,253</u>
Total contributions	<u>2,026,265</u>	<u>2,077,520</u>
	6,216,159	4,120,156
Deductions from Net Assets Attributed to:		
Benefits paid	2,127,156	691,767
Income taxes paid	<u>77,360</u>	<u>-</u>
	<u>2,204,516</u>	<u>691,767</u>
 NET INCREASE	 4,011,643	 3,428,389
Net Assets Available for Benefits:		
Beginning of year	<u>28,055,394</u>	<u>24,627,005</u>
End of year	<u><u>\$ 32,067,037</u></u>	<u><u>\$ 28,055,394</u></u>

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

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Years ended December 31, 2017 and 2016

NOTE A - DESCRIPTION OF PLAN

The following description of the Central Ohio Urology Group, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General*

The Plan is a defined contribution plan covering all employees of the Central Ohio Urology Group, Inc. (the "Company") who have reached the age of 21 and have completed twelve consecutive months of service. In addition, to be eligible for the profit sharing contribution, an employee must also work 1,000 hours during the calendar year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. *Contributions*

Participants may elect to defer a portion of their pretax annual compensation, make after-tax contributions to a Roth 401(k) account, and contribute amounts representing distributions from qualified retirement plans. Maximum contributions are subject to certain limitations which are established by law.

In 2017 and 2016, the Company matched 100% of the participant's deferral on the first 3% of compensation and 50% of the participant's deferral on the next 2% of compensation.

The Company's Board of Directors also elected to make a profit sharing contribution in 2017 and 2016.

The Plan offers a variety of stocks, bonds, money market funds, mutual funds, exchange traded funds, collective investment trust, and limited partnership investments. Participants may self-direct to any of the available investments.

3. *Participant Accounts*

Participant accounts are increased by the participant voluntary contributions, the Company's contributions and investment earnings. Participant accounts are reduced by investment losses, participant withdrawals, and by Plan expenses for specific participant account expenses or withdrawal fees.

Allocations are based on participant contributions, compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. *Vesting*

Participants are immediately vested in their deferred salary, the Company match and the actual earnings related to those account balances.

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

4. *Vesting (Continued)*

Vesting in the Company's profit sharing contribution plus related earnings is based on years of service in which the employee works 1,000 hours. After year one, participants earn 20% vesting for each year they work 1,000 hours and become fully vested after six years of credited service.

5. *Payment of Benefits*

Upon termination of employment, if the value of a participant's vested interest in their account is more than \$5,000, the participant may remain in the Plan until their retirement date. If the value of a participant's vested interest in their account is less than \$5,000, their vested interest in the account will be distributed in a lump-sum payment or by direct rollover to an IRA or other eligible retirement account. Distributions will be made in the form of series of substantially equal installments or in a single lump-sum payment.

The Plan also provides for the following in-service withdrawals: 1) early withdrawals by participants after they reach age 59½, and 2) hardship withdrawals, if they meet certain restrictions.

If a participant dies before distribution of his or her interest, the entire undistributed amount will be paid to the participant's designated beneficiary over the life expectancy of the beneficiary.

6. *Forfeitures*

The non-vested portion of a participant's account is forfeited upon termination of service. Forfeitures totaling \$50,854 and \$31,812 were used to offset the Company's profit sharing contribution during 2017 and 2016, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies consistently applied in preparation of the accompanying financial statements follows:

1. *Basis of Accounting*

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2. *New Accounting Pronouncement*

In May 2015, the FASB issued ASU No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which is effective for fiscal years beginning after December 15, 2016. ASU No. 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair value is measured using the net asset value per share practical expedient. The Plan adopted this pronouncement during 2017, and the changes have been applied retrospectively to the financial statements.

3. *Use of Estimates*

The preparation of financial statements in accordance with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions of net assets during the period. Actual results could differ from those estimates.

4. *Risks and Uncertainties*

The Plan holds various investments in cash, money market funds, government obligations, common stocks, mutual funds, exchange traded funds, collective investment trusts, and limited partnerships. The underlying 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant's individual account balances.

5. *Investment Valuation and Income Recognition*

Investments are reported at fair value. The Plan's sponsor determines the Plan's valuation policies utilizing information provided by the investment adviser. See notes B6 and C 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

6. *Fair Value Measurements*

The carrying values of cash and cash equivalents, contributions receivable, accrued interest and liabilities are reasonable estimates of fair value due to the short-term nature of these financial instruments. The carrying value of the investments approximates their fair value in accordance with GAAP.

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

Level 1: Quoted market prices in active markets for identical assets and liabilities.

Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs in which little or no market data exists

Investments: The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016:

Cash and Money Market Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Government Obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings, and is classified as Level 2.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily price and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

6. *Fair Value Measurement (Continued)*

Collective Investment Trust: Held and managed by Charles Schwab Bank. The fair value of investments held in these accounts is based on their reported net asset value ("NAV"). The NAV is based primarily on observable inputs and the market value of the underlying investments, and is classified as Level 2.

Limited Partnership: Valued based on the net equity of the limited partnership divided by limited partnership units outstanding. There is no readily available market value for this investment, therefore valued using NAV as a practical expedient and, therefore has not been classified in the fair value hierarchy.

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

7. *Expenses*

Expenses of maintaining the Plan are paid by the Plan or by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are deducted from investment earnings.

8. *Benefits Paid*

Benefits are recorded when paid.

9. *Subsequent Events*

The Plan has evaluated subsequent events through the date of the independent auditors' report, which is the date the financial statements were available to be issued.

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE C - FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	2017			
	Level 1	Level 2	Level 3	Total
Cash and money market funds	\$ 818,565	\$ -	\$ -	\$ 818,565
Government obligations	-	38,146	-	38,146
Common stocks	2,568,084	-	-	2,568,084
Mutual funds	25,619,949	-	-	25,619,949
Exchange traded funds	1,317,518	-	-	1,317,518
Collective investment trust	-	762,243	-	762,243
Total assets in the fair value hierarchy	<u>30,324,116</u>	<u>800,389</u>	<u>-</u>	<u>31,124,505</u>
Investments measured at NAV:				
Limited Partnership				114,172
	<u>\$30,324,116</u>	<u>\$ 800,389</u>	<u>\$ -</u>	<u>\$ 31,238,677</u>

	2016			
	Level 1	Level 2	Level 3	Total
Cash and money market funds	\$ 1,761,900	\$ -	\$ -	\$ 1,761,900
Government obligations	-	47,644	-	47,644
Common stocks	2,696,045	-	-	2,696,045
Mutual funds	21,501,357	-	-	21,501,357
Exchange traded funds	464,891	-	-	464,891
Collective investment trust	-	615,562	-	615,562
Total assets in the fair value hierarchy	<u>26,424,193</u>	<u>663,206</u>	<u>-</u>	<u>27,087,399</u>
Investments measured at NAV:				
Limited Partnership				109,138
	<u>\$26,424,193</u>	<u>\$ 663,206</u>	<u>\$ -</u>	<u>\$ 27,196,537</u>

The Plan values substantially all of its investments in the limited partnership at amounts reported by the investment manager and as validated through consideration of the audited financial statements of the investment. Accordingly, the Plan does not use separate quantitative information to value the investment. The Plan invests in an alternative investment, which is structured as a partnership.

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes the investment strategy types of the alternative investment as of December 31, 2017 and 2016, respectively:

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
December 31, 2017:				
Limited Partnership	\$114,172	None	Quarterly	Within the previous quarter
December 31, 2016:				
Limited Partnership	\$109,138	None	Quarterly	Within the previous quarter

The limited partnership is designed as a complete alternative investment solution for qualified investors and is comprised of private investments and hedged investments. There is a potential for return enhancement through private investments diversified by vintage, manager, state, strategy, and geography. Potential risk mitigation is achieved through hedged investments diversified by manager, strategy, and geography.

NOTE D - UNAUDITED INFORMATION

The plan administrator has elected the method of compliance permitted by 29 DFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified to the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2017 and 2016, the supplemental schedule at December 31, 2017, the related investment activity reflected in the statement of changes in net assets available for benefits for the years ended December 31, 2017 and 2016 and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

NOTE E - INCOME TAX STATUS

In January 2007, the Company adopted the Pension Corporation of America Prototype Plan. On January 1, 2016 the prototype plan was amended and restated. The prototype plan document has been approved by the Internal Revenue Service and is in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since the adoption, the Plan Administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Years ended December 31, 2017 and 2016

NOTE E - INCOME TAX STATUS (CONTINUED)

In prior years, certain individual participant accounts included units of limited partnerships. In any given year, these partnerships generate unrelated business income ("UBI") to the individual participant account. In turn, each participant account holding these investments would be liable for any income tax resulting from these investments after offsetting any related expenses and/or investment loss carry-forward.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

During the year ended December 31, 2017, the Plan paid income taxes of \$77,360. The taxes paid were a result of prohibited transactions described in Note H.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab Bank was appointed to serve as custodian of the Plan and received custodian and investment fees totaling \$15,642 and \$23,448 for the years ended December 31, 2017 and 2016, respectively. In addition, investment fees are paid to Raymond James and Merrill Lynch totaling \$24,469 and \$18,997 for the years ending December 31, 2017 and 2016, respectively. The Plan holds investments issued by the Charles Schwab Bank, Raymond James, and Merrill Lynch, as noted on the Supplemental Schedule.

Certain administrative functions are performed by employees of the Company. The employees do not receive compensation from the Plan. The Company also pays certain administrative expenses of the Plan.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE G - TERMINATION OF THE PLAN

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, all participants will become 100% vested in their account.

NOTE H - PROHIBITED TRANSACTION

The Company determined that there were three participants who had a self-dealing investment/loan in the Plan. The total value of the investment/loan was \$118,000. The total interest computed on the loan was \$25,537 at a rate of 5.25%. The loans were repaid in 2014 and 2016. The excise tax totaled \$11,939 and was paid in 2017 by the Company.

SUPPLEMENTAL SCHEDULE

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
*	SCHWAB CASH	MONEY MARKET FUND	\$ 1,938
	AMERICAN FUNDS AMERICAN BALANCED	MUTUAL FUND	643,961
	AMERICAN FUNDS CAPITAL WORLD G/I	MUTUAL FUND	988,925
	COLUMBIA CONTRARIAN CORE FD CL Z	MUTUAL FUND	651,051
	EUROPACIFIC GROWTH FUND	MUTUAL FUND	1,605,442
	HARTFORD MID-CAP R4	MUTUAL FUND	1,465,320
	METROPOLITAN WEST TOTAL RETURN	MUTUAL FUND	2,216,644
	MFS GROWTH R4	MUTUAL FUND	2,332,892
	MFS VALUE FUND CL	MUTUAL FUND	1,684,768
	OPPENHEIMER DEVELOPING MKTS Y	MUTUAL FUND	393,519
	PIMCO INCM CL ADMIN CL	MUTUAL FUND	321,075
	PIMCO TOTAL RETURN ADMINISTRATIVE	MUTUAL FUND	1,091,041
	PRUDENTIAL JENNISON SMALL CO CL Z	MUTUAL FUND	1,124,859
	VANGUARD 500 INDEX FD ADMIRAL SHRS	MUTUAL FUND	889,587
	VICTORY INTEGRITY SMALL-CAP VALUE Y	MUTUAL FUND	653,568
	WELLS FARGO ADVTG SPC MIDCAP VALUE ADM	MUTUAL FUND	1,463,997
	WELLS FARGO STABLE VALUE CL M	COLLECTIVE INVESTMENT TRUST	762,243
			18,290,830
*	SCHWAB CASH	CASH	670,714
*	SCH VALUE ADVANTAGE MONEY MARKET	MONEY MARKET FUND	110,632
			781,346
	US TREAS STRIP 0% 11/15/18	US TREASURY BOND STRIP	9,846
	US TREAS STRIP 0% 11/15/20	US TREASURY BOND STRIP	9,437
	US TREAS STRIP 0% 11/15/21	US TREASURY BOND STRIP	9,200
	US TREAS STRIP 0% 11/15/19	US TREASURY BOND STRIP	9,663
			38,146
	ABBOTT LABORATORIES	COMMON STOCK	24,797
	ABBVIE INC	COMMON STOCK	41,972
	ALLERGAN PLC	COMMON STOCK	14,722
	ALPHABET INC	COMMON STOCK	6,320
	ALPHABET INC	COMMON STOCK	6,278
	AMERICAN INTERNATIONAL GROUP	COMMON STOCK	17,278
	BERKSHIRE HATHAWAY B NEW	COMMON STOCK	147,079

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
BP PLC ADR	COMMON STOCK	50,351
C N X RESOURCES CORP	COMMON STOCK	11,923
CHEVRON CORPORATION	COMMON STOCK	31,882
CINCINNATI FINANCIAL CP	COMMON STOCK	36,319
CISCO SYSTEM INC	COMMON STOCK	16,086
CITIGROUP INC NEW	COMMON STOCK	88,548
COCA COLA COMPANY	COMMON STOCK	69,404
CONDUENT INCORPORATE	COMMON STOCK	3,781
CONSOL ENERGY INC	COMMON STOCK	3,991
D X C TECHNOLOGY COM	COMMON STOCK	2,942
DANAHER CORPORATION	COMMON STOCK	14,852
DISCOVERY COMMUNICATIONS SERIES A	COMMON STOCK	12,980
EXXON MOBIL CORP	COMMON STOCK	101,553
FACEBOOK INC CLASS A	COMMON STOCK	92,289
FAIRFAX FINL HLDGS LTD	COMMON STOCK	13,311
FITBIT INC	COMMON STOCK	2,484
FORD MOTORCAR COMPANY	COMMON STOCK	38,755
FORTIVE CORPORATION	COMMON STOCK	5,788
GENERAL DYNAMICS CORP	COMMON STOCK	45,859
GENERAL ELECTRIC COMPANY	COMMON STOCK	8,027
GOLDMAN SACHS GROUP INC	COMMON STOCK	13,248
GROUPON INC CLASS A	COMMON STOCK	8,670
HARTFORD FINL SVCS	COMMON STOCK	9,795
HEWETT-PACKARD COMPANY	COMMON STOCK	5,313
ILLINOIS TOOL WKS INC	COMMON STOCK	12,514
INTEL CORP.	COMMON STOCK	208,879
JP MORGAN CHASE & CO	COMMON STOCK	122,417
JOHNSON & JOHNSON	COMMON STOCK	185,529
KROGER CO	COMMON STOCK	9,607
LEUCADIA NATIONAL CORP.	COMMON STOCK	17,351
LOCKHEED MARTIN CORP	COMMON STOCK	174,807
LOWES CORPORATION	COMMON STOCK	10,506
MANNKIND CORP	COMMON STOCK	302
MICRO FOCUS INTERNATIONAL	COMMON STOCK	1,679
MICROSOFT CORP.	COMMON STOCK	85,227
PFIZER INCORPORATED	COMMON STOCK	23,390
PPL CORPORATION	COMMON STOCK	35,191

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

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Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
PROCTER & GAMBLE	COMMON STOCK	208,833
REPUBLIC SVCS INC	COMMON STOCK	16,294
STRYKER CORP	COMMON STOCK	10,839
THERMO FISHER SCIENTIFIC CORP COM	COMMON STOCK	9,494
US BANKCORP DEL NEW	COMMON STOCK	187,990
VERTEX PHARMACEUTICALS	COMMON STOCK	61,143
WELLS FARGO & CO	COMMON STOCK	14,864
XEROX CORP	COMMON STOCK	8,512
		2,351,965
ABSOLUTE STRATEGIES FUND INSTL SHR	MUTUAL FUND	239,142
AMERICAN EUROPACIFIC GROWTH FDF2	MUTUAL FUND	62,547
AMERICAN BEACON FDS	MUTUAL FUND	24,177
AQR DIVERSIFIED ARBITRAGE I	MUTUAL FUND	88,605
AQR LONG SHORT EQUITY CL I	MUTUAL FUND	80,419
AQR MANAGED FUTURES STRATEGY I	MUTUAL FUND	28,461
ARTISAN MIDCAP FD	MUTUAL FUND	82,622
BLACKROCK EQUITY DIVIDEND CL I	MUTUAL FUND	79,432
BLACKROCK STRAT INCM OPPTY PORT INST	MUTUAL FUND	428,851
CALVERT ULTRA SHORT DURATION INCM I	MUTUAL FUND	6,581
COHEN & STEERS REALTY SHARES	MUTUAL FUND	103,292
CULLEN HIGH DIVIDEND EQUITY CL I	MUTUAL FUND	140,342
DFA EMERGING MARKETS VALUE	MUTUAL FUND	71,088
DFA INTL SMALL CO PORTFOLIO FUND	MUTUAL FUND	43,749
DFA REAL ESTATE SECURITIES PORTFOLIO I	MUTUAL FUND	67,293
DFA US LARGE CAP VALUE PORTFOLIO I	MUTUAL FUND	285,683
DFA US SMALL CAP VALUEPORT I	MUTUAL FUND	33,249
DIAMOND HILL SMALL CAP FUND I	MUTUAL FUND	27,497
DODGE & COX INCOME FD	MUTUAL FUND	124,082
DOUBLELINE TOTAL RETURNED FD CL I	MUTUAL FUND	24,798
EUBEL BRADY & SUTTMA	MUTUAL FUND	54,109
EUBEL BRADY & SUTTMA	MUTUAL FUND	163,669
GOLDMAN SACHS STRATEGIC	MUTUAL FUND	34,335
HARBOR CAPITAL APPRECIATION FD INSTL	MUTUAL FUND	114,590
HARBOR INTERNATIONAL FUND INSTL	MUTUAL FUND	103,269
HARBOR SMALL CAP VALUE FUND INST CL	MUTUAL FUND	94,619
HUSSMAN STRATEGIC GROWTH	MUTUAL FUND	81,415

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
INVESCO BALANCED RISK ALLOC FD CL Y	MUTUAL FUND	83,061
INVESCO EQUALLY WEIGHTED S&P 500	MUTUAL FUND	17,420
IVA INTL FD CL I	MUTUAL FUND	321,816
JPMORGAN HIGH YIELD FD SELECT CL	MUTUAL FUND	8,015
JPMORGAN LARGE CAP GROWTH FD	MUTUAL FUND	134,858
JPMORGAN MID CAP VALUE L	MUTUAL FUND	27,139
LONGLEAF PARTNERS SMALL CAP FD	MUTUAL FUND	71,374
LORD ABBETT SHORT DURATION INCM I	MUTUAL FUND	28,641
MATTHEWS JAPAN FUND	MUTUAL FUND	6,999
MATTHEWS PACIFIC TIGER FD INSTL	MUTUAL FUND	75,247
MERIDIAN GROWTH FUND LEGACY	MUTUAL FUND	13,216
METROPOLITAN WEST HIGH YIELD BD CL I	MUTUAL FUND	66,376
METROPOLITAN WEST TOTAL RETURN I	MUTUAL FUND	44,128
NEUBERGER BERMAN HIGH INCM BD CL A	MUTUAL FUND	7,982
OAKMARK INTL FD INV	MUTUAL FUND	20,294
PARAMETRIC EMRG MKTS INST	MUTUAL FUND	62,020
PARNASSUS EQUITY INCOME FD INV	MUTUAL FUND	169,744
PIMCO COMMODITY REAL RETURN INSTL	MUTUAL FUND	29,139
PIMCO INCM FD INST CL	MUTUAL FUND	532,007
PIMCO REAL RETURN FD INSTL	MUTUAL FUND	56,329
PIMCO TOTAL RETURN FUND INSTL CLASS	MUTUAL FUND	149,449
PRUDENTIAL SHORT TRM CORP BND FD CL Z	MUTUAL FUND	32,909
* SCHWAB HEALTH CARE FUND	MUTUAL FUND	122,416
* SCHWAB INTL INDEX FD	MUTUAL FUND	42,948
* SCHWAB S&P 500 INDEX FUND - SELECT S	MUTUAL FUND	98,604
* SCHWAB SMALL CAP INDEX SELECT	MUTUAL FUND	44,342
T ROWE PRICE INTL DISCOVERY FUND	MUTUAL FUND	23,287
T ROWE PRICE SHORT-TERM BOND FUND	MUTUAL FUND	13,156
TCW TOTAL RETURN BOND FUND	MUTUAL FUND	32,922
TWEEDY BROWNE GLOBAL VALUE FD	MUTUAL FUND	55,949
VANGUARD EMERGING MKTS STOCK INDEX	MUTUAL FUND	95,124
VANGUARD EUROPEAN STOCK INDEX FD INV	MUTUAL FUND	90,306
VANGUARD INFLATION PROTECTED SEC FD	MUTUAL FUND	82,597
VANGUARD INTERM TERM BD INDEX ADM	MUTUAL FUND	32,803
VANGUARD MID CAP GROWTH INDEX INV	MUTUAL FUND	87,458
VANGUARD MID CAP INDEX FD INV	MUTUAL FUND	77,225
VANGUARD MID-CAP VALUE INDEX INV	MUTUAL FUND	92,133

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
VANGUARD PACIFIC STOCK INDEX FD INV	MUTUAL FUND	97,436
VANGUARD PRECIOUS METALS MINING INV	MUTUAL FUND	63,689
VANGUARD REIT INDEX FUND INV	MUTUAL FUND	203,730
VANGUARD SHORT TERM BD INDEX INV	MUTUAL FUND	102,964
VANGUARD SMALL CAP GROWTH INDEX	MUTUAL FUND	107,893
VANGUARD SMALL CAP VALUE INDEX FD I	MUTUAL FUND	105,137
VANGUARD TOTAL BD MKT INDEX FD INV	MUTUAL FUND	107,307
VANGUARD TOTAL INTL BD INDEX ADM	MUTUAL FUND	32,917
VANGUARD TOTAL INTL BD INDEX INV	MUTUAL FUND	109,819
VANGUARD TOTAL STOCK MARKET INDX FD I	MUTUAL FUND	233,244
VANGUARD 500 INDEX FD INVESTOR SHS	MUTUAL FUND	69,474
WEITZ PARTNERS III	MUTUAL FUND	106,189
WELLS FARGO ADJ RATE GOVT A	MUTUAL FUND	13,131
		6,990,279
ISHARES CORE S&P ETF MIDCAP	EXCHANGE TRADED FUNDS	80,467
ISHARES CORE S&P SMALL CAP	EXCHANGE TRADED FUNDS	46,700
ISHARES CORE S&P 500	EXCHANGE TRADED FUNDS	101,356
ISHARES ETF	EXCHANGE TRADED FUNDS	12,431
ISHARES MSCI EMU INDEX FD	EXCHANGE TRADED FUNDS	13,101
* SCHWAB EMERGING MARKETS EQUITY ETF	EXCHANGE TRADED FUNDS	35,149
* SCHWAB INTL EQ ETF	EXCHANGE TRADED FUNDS	26,745
* SCHWAB US LARGE CAP ETF	EXCHANGE TRADED FUNDS	22,259
* SCHWAB US REIT ETF	EXCHANGE TRADED FUNDS	40,350
SPDR GOLD TRUST SPDR GOLD SHARES	EXCHANGE TRADED FUNDS	11,623
VANGUARD DIV APPR VIPERS	EXCHANGE TRADED FUNDS	16,325
VANGUARD FTSE EMERGING MKTS ETF	EXCHANGE TRADED FUNDS	23,324
VANGUARD SH-TERM ETF INF PRO SECS	EXCHANGE TRADED FUNDS	33,832
VANGUARD SMALL-CAP GROWTH ETF	EXCHANGE TRADED FUNDS	20,589
WISDOMTREE JAPAN HEDGED EQUITY ETF	EXCHANGE TRADED FUNDS	7,238
		491,489
HATTERAS CORE ALT TEI IN	LIMITED PARTNERSHIP	114,172
* RAYMOND JAMES BANK	CASH	10,074
ALPHABET INCORPORATED CLASS C	COMMON STOCK	27,206

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
ALPHABET INCORPORATED CLASS A	COMMON STOCK	27,388
AMAZON COM INCORPORATED	COMMON STOCK	85,371
APPLE INCORPORATED	COMMON STOCK	76,154
CAPITAL WORLD GROWTH & INCOME FUND	MUTUAL FUND	79,509
COLUMBIA ACORN EMERGING MARKETS	MUTUAL FUND	50,192
GOLDMAN SACHS INTERNATIONAL SMALL CAP	MUTUAL FUND	39,315
GUGGENHEIM MACRO OPPORTUNITIES FUND	MUTUAL FUND	70,278
JANUS HENDERSON INTL OPPORTUNITIES FD	MUTUAL FUND	67,286
LAZARD EMERGING MARKET PORTFOLIO	MUTUAL FUND	59,619
NATIXIS OAKMARK INTERNATIONAL FUND CL A	MUTUAL FUND	65,929
PUTNAM CAPITAL SPECTRUM FUND	MUTUAL FUND	75,843
TEMPLETON GLOBAL BOND ADV	MUTUAL FUND	67,163
VICTORY RS SMALL CAP GROWTH FUND	MUTUAL FUND	52,489
POWERSHARES EXCHANGE TRADED FD TR	EXCHANGE TRADED FUNDS	64,059
VANGUARD DIVIDEND APPRECIATION ETF	EXCHANGE TRADED FUNDS	98,765
		1,016,640
* CASH-MERRILL LYNCH	CASH	266
BIF MONEY FUND	MONEY FUND	24,941
CONSUMER DISCRETIONARY	MUTUAL FUNDS	50,628
EVENTIDE HEALTHCARE & LIFE SCIENCE FUND	MUTUAL FUNDS	61,578
FIRST TR EXCHANGE TRADED	EXCHANGE TRADED FUNDS	22,416
FIRST TRUST CLOUD	MUTUAL FUNDS	22,389
FIRST EAGLE	MUTUAL FUNDS	57,637
HEALTH CARE SELECT SPDR	MUTUAL FUNDS	41,257
ISHARES MSCI CDA ETF	EXCHANGE TRADED FUNDS	14,435
ISHARES MSCI SWITZERLAND	EXCHANGE TRADED FUNDS	12,240
ISHARES MSCI SWEDEN	EXCHANGE TRADED FUNDS	3,695
ISHARES NASDAQ BIOTECH	EXCHANGE TRADED FUNDS	22,742
ISHARES MSCI PACIFIC	EXCHANGE TRADED FUNDS	31,309
ISHARES IBOXX \$	EXCHANGE TRADED FUNDS	20,301
ISHARES TIPS	EXCHANGE TRADED FUNDS	12,207
ISHARES 3-7 YEAR	EXCHANGE TRADED FUNDS	18,080
ISHARES MBS ETF	EXCHANGE TRADED FUNDS	42,529
ISHARES IBOXX \$ HIGH YIELD	EXCHANGE TRADED FUNDS	6,021
ISHARES MSCI EUROZONE	EXCHANGE TRADED FUNDS	46,070
ISHARES MSCI JAPAN ETF	EXCHANGE TRADED FUNDS	25,410

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
ISHARES MSCI UK ETF SHRS	EXCHANGE TRADED FUNDS	31,522
ISHARES INC CORE MSCI	EXCHANGE TRADED FUNDS	69,930
MFS VALUE FD CL I	MUTUAL FUNDS	57,514
NUVEEN LARGE CAP GROWTH	MUTUAL FUNDS	57,281
POWERSHARES EM SOVEREIGN	MUTUAL FUNDS	14,120
POWERSHARES PREFERRED	MUTUAL FUNDS	4,027
REAL ESTATE SELECT	MUTUAL FUNDS	11,957
SMEAD VALUE FUND	MUTUAL FUNDS	60,569
SPDR US FINANCIAL SECTOR	EXCHANGE TRADED FUNDS	32,878
VANECK VECTORS JP MORGAN	MUTUAL FUNDS	6,225
VANGUARD CONSUMER STAPLES	EXCHANGE TRADED FUNDS	37,678
VANGUARD MATERIALS	EXCHANGE TRADED FUNDS	8,339
VANGUARD INFORMATION TECH	EXCHANGE TRADED FUNDS	92,908
VANGUARD INDUSTRIAL	EXCHANGE TRADED FUNDS	64,209
VANGUARD INTERMEDIATE TERM BOND	EXCHANGE TRADED FUNDS	48,286
VANGUARD SHORT TERM BOND	MUTUAL FUNDS	30,216
		1,163,810
		<u>\$ 31,238,677</u>

* - Party-in-interest

** - Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

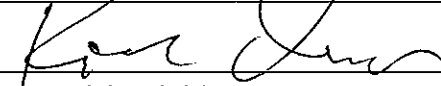
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 02/01/2007
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) Central Ohio Urology Group, Inc. 701 Tech Center Dr, Suite 250 Gahanna OH 43219-1530	2b Employer Identification Number (EIN) 20-1781799
	2c Plan Sponsor's telephone number 614-944-4800
	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		10-15-18	Richard Klump
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
*	SCHWAB CASH	MONEY MARKET FUND	\$ 1,938
	AMERICAN FUNDS AMERICAN BALANCED	MUTUAL FUND	643,961
	AMERICAN FUNDS CAPITAL WORLD G/I	MUTUAL FUND	988,925
	COLUMBIA CONTRARIAN CORE FD CL Z	MUTUAL FUND	651,051
	EUROPACIFIC GROWTH FUND	MUTUAL FUND	1,605,442
	HARTFORD MID-CAP R4	MUTUAL FUND	1,465,320
	METROPOLITAN WEST TOTAL RETURN	MUTUAL FUND	2,216,644
	MFS GROWTH R4	MUTUAL FUND	2,332,892
	MFS VALUE FUND CL	MUTUAL FUND	1,684,768
	OPPENHEIMER DEVELOPING MKTS Y	MUTUAL FUND	393,519
	PIMCO INCM CL ADMIN CL	MUTUAL FUND	321,075
	PIMCO TOTAL RETURN ADMINISTRATIVE	MUTUAL FUND	1,091,041
	PRUDENTIAL JENNISON SMALL CO CL Z	MUTUAL FUND	1,124,859
	VANGUARD 500 INDEX FD ADMIRAL SHRS	MUTUAL FUND	889,587
	VICTORY INTEGRITY SMALL-CAP VALUE Y	MUTUAL FUND	653,568
	WELLS FARGO ADVTG SPC MIDCAP VALUE ADM	MUTUAL FUND	1,463,997
	WELLS FARGO STABLE VALUE CL M	COLLECTIVE INVESTMENT TRUST	762,243
			18,290,830
*	SCHWAB CASH	CASH	670,714
*	SCH VALUE ADVANTAGE MONEY MARKET	MONEY MARKET FUND	110,632
			781,346
	US TREAS STRIP 0% 11/15/18	US TREASURY BOND STRIP	9,846
	US TREAS STRIP 0% 11/15/20	US TREASURY BOND STRIP	9,437
	US TREAS STRIP 0% 11/15/21	US TREASURY BOND STRIP	9,200
	US TREAS STRIP 0% 11/15/19	US TREASURY BOND STRIP	9,663
			38,146
	ABBOTT LABORATORIES	COMMON STOCK	24,797
	ABBVIE INC	COMMON STOCK	41,972
	ALLERGAN PLC	COMMON STOCK	14,722
	ALPHABET INC	COMMON STOCK	6,320
	ALPHABET INC	COMMON STOCK	6,278
	AMERICAN INTERNATIONAL GROUP	COMMON STOCK	17,278
	BERKSHIRE HATHAWAY B NEW	COMMON STOCK	147,079

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
BP PLC ADR	COMMON STOCK	50,351
C N X RESOURCES CORP	COMMON STOCK	11,923
CHEVRON CORPORATION	COMMON STOCK	31,882
CINCINNATI FINANCIAL CP	COMMON STOCK	36,319
CISCO SYSTEM INC	COMMON STOCK	16,086
CITIGROUP INC NEW	COMMON STOCK	88,548
COCA COLA COMPANY	COMMON STOCK	69,404
CONDUENT INCORPORATE	COMMON STOCK	3,781
CONSOL ENERGY INC	COMMON STOCK	3,991
D X C TECHNOLOGY COM	COMMON STOCK	2,942
DANAHER CORPORATION	COMMON STOCK	14,852
DISCOVERY COMMUNICATIONS SERIES A	COMMON STOCK	12,980
EXXON MOBIL CORP	COMMON STOCK	101,553
FACEBOOK INC CLASS A	COMMON STOCK	92,289
FAIRFAX FINL HLDGS LTD	COMMON STOCK	13,311
FITBIT INC	COMMON STOCK	2,484
FORD MOTORCAR COMPANY	COMMON STOCK	38,755
FORTIVE CORPORATION	COMMON STOCK	5,788
GENERAL DYNAMICS CORP	COMMON STOCK	45,859
GENERAL ELECTRIC COMPANY	COMMON STOCK	8,027
GOLDMAN SACHS GROUP INC	COMMON STOCK	13,248
GROUPON INC CLASS A	COMMON STOCK	8,670
HARTFORD FINL SVCS	COMMON STOCK	9,795
HEWETT-PACKARD COMPANY	COMMON STOCK	5,313
ILLINOIS TOOL WKS INC	COMMON STOCK	12,514
INTEL CORP.	COMMON STOCK	208,879
JP MORGAN CHASE & CO	COMMON STOCK	122,417
JOHNSON & JOHNSON	COMMON STOCK	185,529
KROGER CO	COMMON STOCK	9,607
LEUCADIA NATIONAL CORP.	COMMON STOCK	17,351
LOCKHEED MARTIN CORP	COMMON STOCK	174,807
LOWES CORPORATION	COMMON STOCK	10,506
MANNKIND CORP	COMMON STOCK	302
MICRO FOCUS INTERNATIONAL	COMMON STOCK	1,679
MICROSOFT CORP.	COMMON STOCK	85,227
PFIZER INCORPORATED	COMMON STOCK	23,390
PPL CORPORATION	COMMON STOCK	35,191

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
PROCTER & GAMBLE	COMMON STOCK	208,833
REPUBLIC SVCS INC	COMMON STOCK	16,294
STRYKER CORP	COMMON STOCK	10,839
THERMO FISHER SCIENTIFIC CORP COM	COMMON STOCK	9,494
US BANKCORP DEL NEW	COMMON STOCK	187,990
VERTEX PHARMACEUTICALS	COMMON STOCK	61,143
WELLS FARGO & CO	COMMON STOCK	14,864
XEROX CORP	COMMON STOCK	8,512
		2,351,965
ABSOLUTE STRATEGIES FUND INSTL SHR	MUTUAL FUND	239,142
AMERICAN EUROPACIFIC GROWTH FDF2	MUTUAL FUND	62,547
AMERICAN BEACON FDS	MUTUAL FUND	24,177
AQR DIVERSIFIED ARBITRAGE I	MUTUAL FUND	88,605
AQR LONG SHORT EQUITY CL I	MUTUAL FUND	80,419
AQR MANAGED FUTURES STRATEGY I	MUTUAL FUND	28,461
ARTISAN MIDCAP FD	MUTUAL FUND	82,622
BLACKROCK EQUITY DIVIDEND CL I	MUTUAL FUND	79,432
BLACKROCK STRAT INCM OPPTY PORT INST	MUTUAL FUND	428,851
CALVERT ULTRA SHORT DURATION INCM I	MUTUAL FUND	6,581
COHEN & STEERS REALTY SHARES	MUTUAL FUND	103,292
CULLEN HIGH DIVIDEND EQUITY CL I	MUTUAL FUND	140,342
DFA EMERGING MARKETS VALUE	MUTUAL FUND	71,088
DFA INTL SMALL CO PORTFOLIO FUND	MUTUAL FUND	43,749
DFA REAL ESTATE SECURITIES PORTFOLIO I	MUTUAL FUND	67,293
DFA US LARGE CAP VALUE PORTFOLIO I	MUTUAL FUND	285,683
DFA US SMALL CAP VALUEPORT I	MUTUAL FUND	33,249
DIAMOND HILL SMALL CAP FUND I	MUTUAL FUND	27,497
DODGE & COX INCOME FD	MUTUAL FUND	124,082
DOUBLELINE TOTAL RETURNED FD CL I	MUTUAL FUND	24,798
EUBEL BRADY & SUTTMA	MUTUAL FUND	54,109
EUBEL BRADY & SUTTMA	MUTUAL FUND	163,669
GOLDMAN SACHS STRATEGIC	MUTUAL FUND	34,335
HARBOR CAPITAL APPRECIATION FD INSTL	MUTUAL FUND	114,590
HARBOR INTERNATIONAL FUND INSTL	MUTUAL FUND	103,269
HARBOR SMALL CAP VALUE FUND INST CL	MUTUAL FUND	94,619
HUSSMAN STRATEGIC GROWTH	MUTUAL FUND	81,415

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
INVESCO BALANCED RISK ALLOC FD CL Y	MUTUAL FUND	83,061
INVESCO EQUALLY WEIGHTED S&P 500	MUTUAL FUND	17,420
IVA INTL FD CL I	MUTUAL FUND	321,816
JPMORGAN HIGH YIELD FD SELECT CL	MUTUAL FUND	8,015
JPMORGAN LARGE CAP GROWTH FD	MUTUAL FUND	134,858
JPMORGAN MID CAP VALUE L	MUTUAL FUND	27,139
LONGLEAF PARTNERS SMALL CAP FD	MUTUAL FUND	71,374
LORD ABBETT SHORT DURATION INCM I	MUTUAL FUND	28,641
MATTHEWS JAPAN FUND	MUTUAL FUND	6,999
MATTHEWS PACIFIC TIGER FD INSTL	MUTUAL FUND	75,247
MERIDIAN GROWTH FUND LEGACY	MUTUAL FUND	13,216
METROPOLITAN WEST HIGH YIELD BD CL I	MUTUAL FUND	66,376
METROPOLITAN WEST TOTAL RETURN I	MUTUAL FUND	44,128
NEUBERGER BERMAN HIGH INCM BD CL A	MUTUAL FUND	7,982
OAKMARK INTL FD INV	MUTUAL FUND	20,294
PARAMETRIC EMRG MKTS INST	MUTUAL FUND	62,020
PARNASSUS EQUITY INCOME FD INV	MUTUAL FUND	169,744
PIMCO COMMODITY REAL RETURN INSTL	MUTUAL FUND	29,139
PIMCO INCM FD INST CL	MUTUAL FUND	532,007
PIMCO REAL RETURN FD INSTL	MUTUAL FUND	56,329
PIMCO TOTAL RETURN FUND INSTL CLASS	MUTUAL FUND	149,449
PRUDENTIAL SHORT TRM CORP BND FD CL Z	MUTUAL FUND	32,909
* SCHWAB HEALTH CARE FUND	MUTUAL FUND	122,416
* SCHWAB INTL INDEX FD	MUTUAL FUND	42,948
* SCHWAB S&P 500 INDEX FUND - SELECT S	MUTUAL FUND	98,604
* SCHWAB SMALL CAP INDEX SELECT	MUTUAL FUND	44,342
T ROWE PRICE INTL DISCOVERY FUND	MUTUAL FUND	23,287
T ROWE PRICE SHORT-TERM BOND FUND	MUTUAL FUND	13,156
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VANGUARD EMERGING MKTS STOCK INDEX	MUTUAL FUND	95,124
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VANGUARD INTERM TERM BD INDEX ADM	MUTUAL FUND	32,803
VANGUARD MID CAP GROWTH INDEX INV	MUTUAL FUND	87,458
VANGUARD MID CAP INDEX FD INV	MUTUAL FUND	77,225
VANGUARD MID-CAP VALUE INDEX INV	MUTUAL FUND	92,133

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
VANGUARD PACIFIC STOCK INDEX FD INV	MUTUAL FUND	97,436
VANGUARD PRECIOUS METALS MINING INV	MUTUAL FUND	63,689
VANGUARD REIT INDEX FUND INV	MUTUAL FUND	203,730
VANGUARD SHORT TERM BD INDEX INV	MUTUAL FUND	102,964
VANGUARD SMALL CAP GROWTH INDEX	MUTUAL FUND	107,893
VANGUARD SMALL CAP VALUE INDEX FD I	MUTUAL FUND	105,137
VANGUARD TOTAL BD MKT INDEX FD INV	MUTUAL FUND	107,307
VANGUARD TOTAL INTL BD INDEX ADM	MUTUAL FUND	32,917
VANGUARD TOTAL INTL BD INDEX INV	MUTUAL FUND	109,819
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WEITZ PARTNERS III	MUTUAL FUND	106,189
WELLS FARGO ADJ RATE GOVT A	MUTUAL FUND	13,131
		6,990,279
ISHARES CORE S&P ETF MIDCAP	EXCHANGE TRADED FUNDS	80,467
ISHARES CORE S&P SMALL CAP	EXCHANGE TRADED FUNDS	46,700
ISHARES CORE S&P 500	EXCHANGE TRADED FUNDS	101,356
ISHARES ETF	EXCHANGE TRADED FUNDS	12,431
ISHARES MSCI EMU INDEX FD	EXCHANGE TRADED FUNDS	13,101
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* SCHWAB INTL EQ ETF	EXCHANGE TRADED FUNDS	26,745
* SCHWAB US LARGE CAP ETF	EXCHANGE TRADED FUNDS	22,259
* SCHWAB US REIT ETF	EXCHANGE TRADED FUNDS	40,350
SPDR GOLD TRUST SPDR GOLD SHARES	EXCHANGE TRADED FUNDS	11,623
VANGUARD DIV APPR VIPERS	EXCHANGE TRADED FUNDS	16,325
VANGUARD FTSE EMERGING MKTS ETF	EXCHANGE TRADED FUNDS	23,324
VANGUARD SH-TERM ETF INF PRO SECS	EXCHANGE TRADED FUNDS	33,832
VANGUARD SMALL-CAP GROWTH ETF	EXCHANGE TRADED FUNDS	20,589
WISDOMTREE JAPAN HEDGED EQUITY ETF	EXCHANGE TRADED FUNDS	7,238
		491,489
HATTERAS CORE ALT TEI IN	LIMITED PARTNERSHIP	114,172
* RAYMOND JAMES BANK	CASH	10,074
ALPHABET INCORPORATED CLASS C	COMMON STOCK	27,206

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
ALPHABET INCORPORATED CLASS A	COMMON STOCK	27,388
AMAZON COM INCORPORATED	COMMON STOCK	85,371
APPLE INCORPORATED	COMMON STOCK	76,154
CAPITAL WORLD GROWTH & INCOME FUND	MUTUAL FUND	79,509
COLUMBIA ACORN EMERGING MARKETS	MUTUAL FUND	50,192
GOLDMAN SACHS INTERNATIONAL SMALL CAP	MUTUAL FUND	39,315
GUGGENHEIM MACRO OPPORTUNITIES FUND	MUTUAL FUND	70,278
JANUS HENDERSON INTL OPPORTUNITIES FD	MUTUAL FUND	67,286
LAZARD EMERGING MARKET PORTFOLIO	MUTUAL FUND	59,619
NATIXIS OAKMARK INTERNATIONAL FUND CL A	MUTUAL FUND	65,929
PUTNAM CAPITAL SPECTRUM FUND	MUTUAL FUND	75,843
TEMPLETON GLOBAL BOND ADV	MUTUAL FUND	67,163
VICTORY RS SMALL CAP GROWTH FUND	MUTUAL FUND	52,489
POWERSHARES EXCHANGE TRADED FD TR	EXCHANGE TRADED FUNDS	64,059
VANGUARD DIVIDEND APPRECIATION ETF	EXCHANGE TRADED FUNDS	98,765
		1,016,640
* CASH-MERRILL LYNCH	CASH	266
BIF MONEY FUND	MONEY FUND	24,941
CONSUMER DISCRETIONARY	MUTUAL FUNDS	50,628
EVENTIDE HEALTHCARE & LIFE SCIENCE FUND	MUTUAL FUNDS	61,578
FIRST TR EXCHANGE TRADED	EXCHANGE TRADED FUNDS	22,416
FIRST TRUST CLOUD	MUTUAL FUNDS	22,389
FIRST EAGLE	MUTUAL FUNDS	57,637
HEALTH CARE SELECT SPDR	MUTUAL FUNDS	41,257
ISHARES MSCI CDA ETF	EXCHANGE TRADED FUNDS	14,435
ISHARES MSCI SWITZERLAND	EXCHANGE TRADED FUNDS	12,240
ISHARES MSCI SWEDEN	EXCHANGE TRADED FUNDS	3,695
ISHARES NASDAQ BIOTECH	EXCHANGE TRADED FUNDS	22,742
ISHARES MSCI PACIFIC	EXCHANGE TRADED FUNDS	31,309
ISHARES IBOXX \$	EXCHANGE TRADED FUNDS	20,301
ISHARES TIPS	EXCHANGE TRADED FUNDS	12,207
ISHARES 3-7 YEAR	EXCHANGE TRADED FUNDS	18,080
ISHARES MBS ETF	EXCHANGE TRADED FUNDS	42,529
ISHARES IBOXX \$ HIGH YIELD	EXCHANGE TRADED FUNDS	6,021
ISHARES MSCI EUROZONE	EXCHANGE TRADED FUNDS	46,070
ISHARES MSCI JAPAN ETF	EXCHANGE TRADED FUNDS	25,410

CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN 20-1781799

Plan Number 001

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

December 31, 2017

(a) (b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
ISHARES MSCI UK ETF SHRS	EXCHANGE TRADED FUNDS	31,522
ISHARES INC CORE MSCI	EXCHANGE TRADED FUNDS	69,930
MFS VALUE FD CL I	MUTUAL FUNDS	57,514
NUVEEN LARGE CAP GROWTH	MUTUAL FUNDS	57,281
POWERSHARES EM SOVEREIGN	MUTUAL FUNDS	14,120
POWERSHARES PREFERRED	MUTUAL FUNDS	4,027
REAL ESTATE SELECT	MUTUAL FUNDS	11,957
SMEAD VALUE FUND	MUTUAL FUNDS	60,569
SPDR US FINANCIAL SECTOR	EXCHANGE TRADED FUNDS	32,878
VANECK VECTORS JP MORGAN	MUTUAL FUNDS	6,225
VANGUARD CONSUMER STAPLES	EXCHANGE TRADED FUNDS	37,678
VANGUARD MATERIALS	EXCHANGE TRADED FUNDS	8,339
VANGUARD INFORMATION TECH	EXCHANGE TRADED FUNDS	92,908
VANGUARD INDUSTRIAL	EXCHANGE TRADED FUNDS	64,209
VANGUARD INTERMEDIATE TERM BOND	EXCHANGE TRADED FUNDS	48,286
VANGUARD SHORT TERM BOND	MUTUAL FUNDS	30,216
		1,163,810
		<u>\$ 31,238,677</u>

* - Party-in-interest

** - Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed.