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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ORANGE COUNTY UROLOGY ASSOCIATES 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2003

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)
ORANGE COUNTY UROLOGY ASSOCIATES INC. , A MEDICAL GROUP

25301 CABOT RD, STE 206
LAGUNA HILLS, CA 92653

2b Employer Identification Number (EIN)
57-1143045

2c Plan Sponsor's telephone number
949-855-1101

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2019	MOSES KIM, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	155
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	78
a(2) Total number of active participants at the end of the plan year	**6a(2)**	94
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	28
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	122
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	122
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
ORANGE COUNTY UROLOGY ASSOCIATES 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
ORANGE COUNTY UROLOGY ASSOCIATES INC. , A MEDICAL GROUP

D Employer Identification Number (EIN)
57-1143045

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

TRI-AD ACTUARIES, INC.

95-2887986

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64	NONE	11485	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ORANGE COUNTY UROLOGY ASSOCIATES 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
ORANGE COUNTY UROLOGY ASSOCIATES INC. , A MEDICAL GROUP

D Employer Identification Number (EIN)
57-1143045

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	9320	882
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	579567	557503
(2) Participant contributions	1b(2)	16101	49696
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	276527	91043
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	38221	24707
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4426840	5811220
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10662100	9637178

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16008676	16172229
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16008676	16172229

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)	557503	
	(B) Participants	2a(1)(B)	370489	
	(C) Others (including rollovers)	2a(1)(C)	4113	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		932105
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16699	
	(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)	1123	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17822
	(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)	387113	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		387113
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		536449
c Other income	2c		808169
d Total income. Add all **income** amounts in column (b) and enter total	2d		2681658
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2452722	
(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)		2452722
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)	65383	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		65383
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2518105
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		163553
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: LTSP, INC. **(2)** EIN: 95-3864890

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		174878
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
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
ORANGE COUNTY UROLOGY ASSOCIATES 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
ORANGE COUNTY UROLOGY ASSOCIATES INC. , A MEDICAL GROUP

D Employer Identification Number (EIN)
57-1143045

Part I Distributions

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

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

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

EIN(s): 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**

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): _____

---

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

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

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

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

Orange County Urology Associates 401(k) Profit Sharing Plan

Report, Financial Statements and Supplemental Schedules

December 31, 2017 and 2016 and Year Ended December 31, 2017

LTSP, INC.

CERTIFIED PUBLIC ACCOUNTANTS

Principals
Thomas R. Madigan
Mark D. Murphy
Doris D. Farinacci
Mark A. Simurda

Independent Auditor's Report

To the Plan Administrator and Plan Participants of the
Orange County Urology Associates 401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Orange County Urology Associates 401(k) Profit Sharing Plan, which are comprised of the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Orange County Urology Associates 401(k) Profit Sharing Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended December 31, 2017 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (1) Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and (2) Form 5500 Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of the plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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 schedules, 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.



Newport Beach, California
September 6, 2019

Orange County Urology Associates 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2017	**2016**
Assets		
Investments, at fair value (Note 3)	$ 15,539,441	$ 15,365,467
Non-interest bearing cash	882	9,320
Receivables		
Employer contributions	557,503	579,567
Participant contributions	49,696	16,101
Notes receivable from participants	24,707	38,221
Total receivables	631,906	633,889
Total assets	16,172,229	16,008,676
Liability	-	-
Net assets available for benefits	$ 16,172,229	$ 16,008,676

See the accompanying notes to these financial statements

Orange County Urology Associates 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

Additions	
Investment income	
Net appreciation in fair value of investments	$ 1,271,317
Dividend and interest income	477,113
Total investment income	1,748,430
Interest income from notes receivable from participants	1,123
Contributions	
Employer	557,503
Participants	370,489
Participant rollovers	4,113
Total contributions	932,105
Total additions	2,681,658
Deductions	
Benefits paid to participants	2,452,722
Administration expenses	65,383
Total deductions	2,518,105
Net increase in net assets available for benefits	163,553
Net assets available for benefits, beginning of year	16,008,676
Net assets available for benefits, end of year	$ 16,172,229

See the accompanying notes to these financial statements

Note 1. Description of the Plan

The following description of Orange County Urology Associates 401(k) Profit Sharing Plan (the "Plan") is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted on January 1, 2003 to qualify as a defined contribution retirement plan for Orange County Urology Associates Inc., A Medical Group and related employers' (the "Company" or "Employer") eligible employees. The Plan has a pre-tax salary reduction provision as defined under Section 401(k) of the Internal Revenue Code (the "IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

All employees of the Company are eligible to participate in the Plan except for those represented by a collective bargaining agreement, nonresident aliens who do not earn income which constitutes United States source income, leased employees, employees not reported on the payroll records of the Employer as a common law employee, employees part of an assert or stock acquisition, merger, or similar transaction until the expiration of the transition period and employees of an affiliated employer unless adopted by the Plan. An employee is eligible to participate in the Plan after completing 2 months of service and if the employee is at least 18 years of age. An employee must complete 1 year of service and be at least 18 years of age to be eligible to receive profit sharing contributions. Entry dates are the first day of the month after the employee meets the eligibility requirements.

Contributions

Under the terms of the Plan, participants may make pre-tax elective deferral contributions up to 100% of their annual compensation subject to the limitations set forth by the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also have an option to designate all or any portion of their contributions to be withheld on an after tax basis as Roth elective deferral contributions.

The Plan adopted "safe harbor" provisions which include an automatic enrollment feature. When hired as an eligible employee, participants are automatically enrolled in the Plan with a minimum deferral rate of 3%. The deferral rate increases 1% each year until the participant's deferral rate reaches 6%. A participant may elect to have a higher or lower deferral rate or can elect to opt out of the Plan. The Company makes a nonelective safe harbor contribution without regard to the Company's current or accumulated profits as determined each year by the Company. The Company chose to make a safe harbor contribution for the year ended December 31, 2017 equal to 3% of the participant's eligible compensation.

Note 1. Description of the Plan (continued)

The Company may make a discretionary matching contributions equal to a uniform percentage of the participants salary deferrals. No discretionary matching contributions were made for the years ended December 31, 2017 and 2016.

The Company may also make a "non safe harbor" profit sharing contribution in an amount and based on an allocation group as determined by the Company. During the year ended December 31, 2017, the Company made a profit sharing contribution of a minimum 2.52% of the participant's eligible compensation.

The Plan allows participants to make rollover contributions from other qualified plans.

Participants direct the investment of all contributions to their account into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant allocation of (a) the participant's contribution, (b) the Company's contributions and (c) Plan earnings less an allocation of investment and operating expenses charged to the Plan. Allocations of fund earnings are based upon the ratio that each participant's fund balance bears to the total investment fund balance.

Vesting

Participants are 100% vested in their elective contributions, safe harbor nonelective contributions and earnings on these contributions. Vesting in the Company discretionary nonelective profit sharing contributions, discretionary matching contributions, and related earnings is based on years of continuous service according to the following schedule:

Years of Service for Vesting	Percent Vested
Less than two	0%
At least two but less than three	20%
At least three but less than four	40%
At least four but less than five	60%
At least five years but less than six	80%
Six years or more	100%

A participant will be 100% vested in their Company discretionary nonelective profit sharing contributions and discretionary matching contributions upon death, disability, or if the participant is employed on or after their early or normal retirement age.

Safe Harbor Election

The Plan has elected to be a Safe Harbor Plan according to IRC regulations. Accordingly, the Plan must meet certain requirements relating to employer contributions and vesting schedules and meet the applicable "safe harbor" requirement. If the Plan meets the "safe harbor" requirements it is not subject to certain discrimination tests required by the IRC.

Note 1. Description of the Plan (continued)

Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate which is commensurate with local prevailing rates as determined by the Plan. Generally, loans must be repaid within five years, unless the loan was for the purchase of a principal residence. In this case, the repayment period may be extended. Principal and interest is paid ratably through payroll deductions. Delinquent or defaulted notes receivables from participants are written off as "deemed" distributions 90 days after the loan becomes delinquent or defaulted.

The Plan classifies participant loans as notes receivable from participants in the statements of net assets available for benefits and measures them at their unpaid principal balance plus any accrued interest.

Forfeitures

Amounts forfeited from terminating participants' non-vested portion of their discretionary nonelective contribution, employer matching contribution and earnings on such contributions may be used to reduce administrative expenses or used to reduce the Company contributions. As of December 31, 2017 and 2016, there were approximately $34,600 and $0, respectively, of unallocated forfeited non-vested accounts available. There were no forfeitures used to reduce administrative expenses or Company contributions during the year ended December 31, 2017.

Payment of Benefits

Plan benefits are distributed in a lump sum or in the form of a deferred payout upon normal retirement age of 65, death or total disability prior to retirement. Upon termination of employment by reason other than retirement, death or total disability, a participant may request to receive a cash distribution of his or her account.

Active participants may withdraw in a single sum any part of their vested account resulting from rollover contributions at any time, any part of their vested account resulting from elective deferral contributions in the event of undue financial hardship, or any part of their account upon attainment of age 59 ½.

Upon termination, a participant's total vested benefit of less than $1,000 is subject to an involuntary cash-out distribution even if the participant does not consent to a distribution. Any distribution greater than $1,000 but less than $5,000 that is made without the participant's consent will be rolled over to an individual retirement plan designated by the plan administrator.

Contribution Funding

The Company makes contributions to the Plan for participant contributions concurrent with the related pay periods. Company contributions are funded on an annual basis.

Note 1. Description of the Plan (continued)

Plan Administrative Expenses

The Company provides or pays for certain accounting, legal, administrative and management services without charge to the Plan. Fees related to the administration of notes receivable from participants and certain fees related to distributions are charged directly to participant accounts and are included in administrative expenses. Additionally, plan recordkeeping fees that are not paid by forfeitures are charged directly to participant accounts. Investment related expenses are included in net appreciation of fair value of investments.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America and present the net assets available for benefits and the changes in those net assets. Except for unutilized forfeitures discussed in Note 1, the net assets of the Plan are allocated entirely to individual participants' accounts.

Use of Estimates

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

Valuation of Investments and Investment Income Recognition

All investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest is recorded as earned. Net appreciation and depreciation includes the Plan's gain and losses on investment bought and sold as well as held during the year.

Non-Distributed Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan, but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Note 2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

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

Subsequent Events

The Company has evaluated all events subsequent to December 31, 2017, the date of the statement of net assets available for benefits, through the date of the Independent Auditor's Report, the date which the financial statements were available for issuance.

Note 3. Fair Value Measurements

Fair value measurements are based on a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Note 3. Fair Value Measurements (continued)

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

Mutual funds: These investments are valued at the closing quoted market price reported on the active market on which the public investment securities are traded.

Interest bearing cash: These investments represent amounts invested in a financial institution or money market fund, which consists of highly liquid short-term investments.

Self directed brokerage accounts: Investments included in the self directed brokerage accounts include the following: (1) Interest-bearing cash – these investments represent amounts invested in a financial institution or money market funds, which consists of highly liquid short-term investments, and (2) Mutual funds, common stock, preferred stock, exchange traded products and unit investment trusts – these investments are valued at the closing quoted market price reported on the active market on which the individual securities are traded. Also, included in the self directed brokerage accounts is non-interest bearing cash which historically has not been significant to the Plan, and is disclosed separately from the fair value hierarchy.

Partnership interests: Represents investments in privately held entities including a vacant lot and a multi-tenant retail property valued based on the net asset value of the properties. All other investments in properties are valued based on their subsequent liquidation values.

Coins: This investment represents a liquid short term investment. This investment holds collectible coins and is valued based on subsequent liquidation value of the investment.

Real estate investment trusts: Publicly traded securities that represent ownership interests in income generating real estate, such as, hotels, offices, apartments, land, etc.

Insurance contracts: Investments with insurance companies through unallocated contracts whereby related payments to the insurance entity are accumulated in an unallocated fund to be used to meet benefit payments when employees retire, either directly or through the purchase of annuities. These funds may be withdrawn and otherwise invested. Unallocated funds may be commingled in a general or pooled separate account or held in an individual separate account.

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.

Note 3. Fair Value Measurements (continued)

The following are the Plan's financial instruments carried at fair value categorized by the fair value hierarchy as of December 31, 2017 and 2016:

	Fair Value Measurements Using Input Type			
December 31, 2017	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 5,916,150	$ ---	$ ---	$ 5,916,150
Interest bearing cash	91,043	---	---	91,043
Self-directed brokerage accounts	7,388,354	---	---	7,388,354
Partnership interests	---	---	156,054	156,054
Coins	---	---	5,000	5,000
Real estate investment trusts	---	98,000	---	98,000
Insurance contracts	---	---	1,884,840	1,884,840
Total investments, at fair value	$ 13,395,547	$ 98,000	$ 2,045,894	$ 15,539,441

	Fair Value Measurements Using Input Type			
December 31, 2016	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 4,825,803	$ ---	$ ---	$ 4,825,803
Interest bearing cash	276,527	---	---	276,527
Self-directed brokerage accounts	7,682,828	---	---	7,682,828
Partnership interests	---	---	485,776	485,776
Coins	---	---	5,000	5,000
Real estate investment trusts	---	363,001	---	363,001
Insurance contracts	---	---	1,726,532	1,726,532
Total investments, at fair value	$ 12,785,158	$ 363,001	$ 2,217,308	$ 15,365,467

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2017:

	Partnership Interests	**Coins**	**Insurance Contracts**	**Total**
Beginning balance	$ 485,776	$ 5,000	$ 1,726,532	$ 2,217,308
Total gains or losses (realized and unrealized)	(963)	---	89,896	88,933
Purchases	---	---	59,000	59,000
Sales	(340,423)	---	(15,247)	(355,670)
Interest credited	11,664	---	24,659	36,323
Ending balance	$ 156,054	$ 5,000	$ 1,884,840	$ 2,045,894

Note 3. Fair Value Measurements (continued)

Quantitative Information about Level 3 Fair Value Measurements

The fair value of the Level 3 investments are based on significant unobservable inputs, including the interest rates of the applicable investment contracts. Significant fluctuations in any of the inputs in isolation could result in a significantly different fair value measurement.

The following table provides quantitative information about the significant unobservable inputs used for recurring fair value measurements categorized within Level 3 as of December 31, 2017 and 2016:

	Fair Value	Valuation Techniques	Unobservable Inputs	Range Of Inputs
December 31, 2017				
Partnership interest				
(a) Coachella Valley Center 85, Ltd.	$ 23,370	Net asset value method, see note A.	Partnership activity	N/A
(b) Pension Income Property Fund I LP	$ 25,401	Net asset value method, see note B.	Partnership activity	N/A
(c) Advanced Group 05-85 and 06-89	$ 107,283	Liquidated value	Partnership activity	N/A
Coins	$ 5,000	Liquidated value	N/A	N/A
Insurance contracts				
(d) American Equity	$ 536,037	Contract value, see note C.	Terms per contract	N/A
(e) Athene Annity and Life Company	$ 125,882	Accumulated value, see note D.	Fixed interest, guaranteed 1 year	1.90%
(f) Athene Annity and Life Company	$ 209,331	Accumulated value, see note D.	Fixed interest 1 yr point-to-point	1.00% - 1.40% 3.00% - 4.00%
(g) Athene Annity and Life Company	$ 92,514	Accumulated value, see note D.	Fixed interest Participation rate	1.15% 3.22%
(h) Prudential Annuity Services	$ 767,636	Ending account value, see note E.	N/A	N/A
(i) Jackson National Life Insurance Company	$ 153,440	Ending account value, see note E.	N/A	N/A

Note 3. Fair Value Measurements (continued)

	Fair Value	Valuation Techniques	Unobservable Inputs	Range Of Inputs
December 31, 2016				
Partnership interest				
(a) Coachella Valley Center 85, Ltd.	$ 26,245	Net asset value method, see note A.	Partnership activity	N/A
(b) Pension Income Property Fund I LP	$ 25,233	Net asset value method, see note B.	Partnership activity	N/A
(c) Advanced Group 05-85, 05-86 and 06-89	$ 193,962	Liquidated value	Partnership activity	N/A
(d) Advanced Group 05-86 Note	$ 240,336	Liquidated value	Partnership activity	N/A
Coins	$ 5,000	Liquidated value	N/A	N/A
Insurance contracts				
(e) American Equity	$ 523,042	Contract value, see note C.	Terms per contract	N/A
(f) Athene Annity and Life Company	$ 124,664	Accumulated value, see note D.	Fixed interest, guaranteed 1 year	1.90%
(g) Athene Annity and Life Company	$ 207,094	Accumulated value, see note D.	Fixed interest, guaranteed 1 year	1.90%
(h) Athene Annity and Life Company	$ 91,703	Accumulated value, see note D.	Fixed interest Participation rate	1.15% - 1.25% 0.00% - 3.22%
(i) Prudential Annuity Services	$ 677,139	Ending account value, see note E.	N/A	N/A
(j) Jackson National Life Insurance Company	$ 102,890	Ending account value, see note E.	N/A	N/A

A. The fair value of the partnership interest is derived from data for comparable properties that have sold in the same geographic region adjusted for the application of price appreciation.

B. The fair value of the partnership interest represents the retail properties appraised value adjusted for the application of price appreciation and certain marketability discounts.

C. Contract value of the insurance contract approximates fair value upon death of the annuitant as the proceeds are payable at the greater of contract value or minimum guaranteed surrender value.

D. Accumulated value of the insurance contract approximates fair value upon death of the annuitant as the proceeds are payable at the greater of the accumulated value, minimum guaranteed certificate value or death benefit floor.

E. Ending account value is the value prior to the application of any surrender charge, market value adjustment, and any other fees and charges that may be applicable to the annuity contract.

Note 4. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants would be 100% vested in their account balances.

Note 5. Risks and Uncertainties

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

Note 6. Party-in-Interest Transactions

Certain Plan investments are units of a money market fund which are managed by Charles Schwab Bank, the custodian as defined by the Plan.

Fees incurred for investment management services are included in net appreciation (depreciation) in fair value of investments. These fees are paid to the investment custodian or its affiliates.

Additionally, as described in Note 1, certain administrative expenses related to participant related activities are paid directly to Charles Schwab Bank and its affiliates.

Additionally, fees may be paid to certain service providers that are considered parties-in-interest under ERISA and these fees are included in administrative fees.

The Plan also allows for the issuance of notes receivable to participants in accordance with the related regulations.

These transactions qualify as party-in-interest transactions for which there are statutory exemptions.

Note 7. Tax Status

The Company has adopted a volume submitter plan which obtained its latest opinion letter on March 31, 2014 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan as adopted has been operated in accordance with the Plan document. Accordingly, no provision was made for federal income taxes in the accompanying financial statements.

Note 7. Tax Status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the 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 has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's tax returns generally remain open for Federal tax audits for three years from the filing date.

Note 8. Prohibited Transactions and Plan Operational Issues

During the Plan years ended December 31, 2017 and 2016, the plan sponsor inadvertently failed to deposit $174,878 of participant deferrals and loan repayments within the required timeframe as stated by ERISA. These deferrals and loan repayments were deposited beyond the earliest expected date on which assets could be segregated from the employer's assets. The U.S. Department of Labor considers late deposits to be prohibited transactions. The plan sponsor calculated lost earnings on these deferrals and loan repayments and deposited the lost earnings during 2019.

The plan sponsor has self-corrected these prohibited transactions and does not believe that these issues will have a material impact on the Plan's net assets available for benefits or the Plan's tax status.

In addition to the prohibited transactions mentioned above, the Plan has experienced certain operational issues in the administration of the Plan, primarily related to the application of the definition of compensation related to the calculation of participant deferrals, employer matching contributions and employer profit sharing contributions. These operational issues relate to the 2013 through 2016 Plan years. The Plan's management is analyzing the impact these issues may have on the Plan, however they do not believe they will have a significant effect on the Plan's financial statements or have an adverse effect on the Plan's tax status.

Supplemental Schedules

Orange County Urology Associates 401(k) Profit Sharing Plan
Supplemental Schedule
December 31, 2017
FEIN: 57-1143045
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Amerian Funds	American Funds Capital Income Builder	**	$ 327,098
	Amerian Funds	American Funds 2015 Target Date Ret	**	$ 21,888
	Amerian Funds	American Funds 2020 Target Date Ret	**	$ 362,525
	Amerian Funds	American Funds 2030 Target Date Ret	**	$ 82,604
	Amerian Funds	American Funds 2040 Target Date Ret	**	$ 629,513
	Amerian Funds	American Funds Cap World Growth and Inc	**	$ 305,586
	Amerian Funds	American Funds The Growth Fund of America	**	$ 801,689
	Amerian Funds	American Funds New Perspective Fund	**	$ 286,611
	Baron Capital Group	Baron Small Cap Fund Retail Class	**	$ 33,022
	Amerian Funds	American Funds EuroPacific Growth Fund	**	$ 212,886
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	**	$ 382,659
	Hartford Mutual Funds	The Hartford Capital Appreciation Fund	**	$ 122,974
	Loomis Sayles Funds	Loomis Sayles Inv Grade Bond	**	$ 363,375
	Lord Abbett	Lord Abbett Bond Debenture Fund	**	$ 210,669
	Principal Financial Group	Principal Government & High Quality Bond Fund	**	$ 3,188
	Putnam	Putnam Equity Income Fund	**	$ 976,246
	Victory	Victory Munder Mid-Cap Core Growth Fund	**	$ 294,834
	Wells Fargo Funds	Wells Fargo Special Mid Cap Value Fund	**	$ 393,853
	Columbia Threadneedle	Columbia U.S. Government Mortage	**	$ 104,930
	Interest Bearing Cash			
*	Schwab Investor Money Fund	Money Market Fund	**	$ 91,043
	Self-Directed Brokerage Accounts			
	PCRA	Self-directed brokerage accounts	**	$ 5,691,219
	J.P. Morgan Securities	Self-directed brokerage accounts	**	$ 590,998
	Kestra Investment Services, LLC	Self-directed brokerage accounts	**	$ 53,709
	LPL Financial	Self-directed brokerage accounts	**	$ 1,052,428
	Partnership Interests			
	Coachella Valley Center 85, Ltd.	Other assets	**	$ 23,370
	Pension Income Property Fund I LP	Other assets	**	$ 25,401
	Advanced Group 05-85 and 06-89	Other assets	**	$ 107,283

See Independent Auditor's Report
and the accompanying notes to the financial statements

Orange County Urology Associates 401(k) Profit Sharing Plan
Supplemental Schedule
December 31, 2017
FEIN: 57-1143045
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Coins			
	Coins	Other assets	**	$ 5,000
	Real Estate Investment Trusts			
	Healthcare Trust, Inc.	Real estate investment trust	**	$ 98,000
	Insurance Contracts			
	American Equity	Unallocated insurance contract	**	$ 536,037
	Athene Annity and Life Company	Unallocated insurance contract	**	$ 125,882
	Athene Annity and Life Company	Unallocated insurance contract	**	$ 209,331
	Athene Annity and Life Company	Unallocated insurance contract	**	$ 92,514
	Prudential Annuity Services	Unallocated insurance contract	**	$ 767,636
	Jackson National Life Insurance Company	Unallocated insurance contract	**	$ 153,440
*	**Participant Loans**	Interest rates ranging from 3.25% to 4.25%	$0	$ 24,707

* *Party-in-interest*
** *Historical cost is not required for participant directed investments*

See Independent Auditor's Report
and the accompanying notes to the financial statements

Orange County Urology Associates 401(k) Profit Sharing Plan
Supplemental Schedule
Year Ended December 31, 2017
FEIN: 57-1143045
Plan #001

Form 5500 Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late To the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002- 51
Check Here ☒ If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
(A) $ 24,511	$ -	$ 24,511	$ -	$ -
(B) $ 150,367	$ -	$ 150,367	$ -	$ -

(A) Relates to the 2016 Plan year with applicable lost earnings deposited during 2019.
(B) Relates to the 2017 Plan year with applicable lost earnings deposited during 2019.

See Independent Auditor's Report
and the accompanying notes to the financial statements

Orange County Urology Associates 401(k) Profit Sharing Plan
Supplemental Schedule
December 31, 2017
FEIN: 57-1143045
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Amerian Funds	American Funds Capital Income Builder	**	$ 327,098
	Amerian Funds	American Funds 2015 Target Date Ret	**	$ 21,888
	Amerian Funds	American Funds 2020 Target Date Ret	**	$ 362,525
	Amerian Funds	American Funds 2030 Target Date Ret	**	$ 82,604
	Amerian Funds	American Funds 2040 Target Date Ret	**	$ 629,513
	Amerian Funds	American Funds Cap World Growth and Inc	**	$ 305,586
	Amerian Funds	American Funds The Growth Fund of America	**	$ 801,689
	Amerian Funds	American Funds New Perspective Fund	**	$ 286,611
	Baron Capital Group	Baron Small Cap Fund Retail Class	**	$ 33,022
	Amerian Funds	American Funds EuroPacific Growth Fund	**	$ 212,886
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	**	$ 382,659
	Hartford Mutual Funds	The Hartford Capital Appreciation Fund	**	$ 122,974
	Loomis Sayles Funds	Loomis Sayles Inv Grade Bond	**	$ 363,375
	Lord Abbett	Lord Abbett Bond Debenture Fund	**	$ 210,669
	Principal Financial Group	Principal Government & High Quality Bond Fund	**	$ 3,188
	Putnam	Putnam Equity Income Fund	**	$ 976,246
	Victory	Victory Munder Mid-Cap Core Growth Fund	**	$ 294,834
	Wells Fargo Funds	Wells Fargo Special Mid Cap Value Fund	**	$ 393,853
	Columbia Threadneedle	Columbia U.S. Government Mortage	**	$ 104,930
	Interest Bearing Cash			
*	Schwab Investor Money Fund	Money Market Fund	**	$ 91,043
	Self-Directed Brokerage Accounts			
	PCRA	Self-directed brokerage accounts	**	$ 5,691,219
	J.P. Morgan Securities	Self-directed brokerage accounts	**	$ 590,998
	Kestra Investment Services, LLC	Self-directed brokerage accounts	**	$ 53,709
	LPL Financial	Self-directed brokerage accounts	**	$ 1,052,428
	Partnership Interests			
	Coachella Valley Center 85, Ltd.	Other assets	**	$ 23,370
	Pension Income Property Fund I LP	Other assets	**	$ 25,401
	Advanced Group 05-85 and 06-89	Other assets	**	$ 107,283

Orange County Urology Associates 401(k) Profit Sharing Plan
Supplemental Schedule
December 31, 2017
FEIN: 57-1143045
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

	(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Coins			
		Coins	Other assets	**	$ 5,000
		Real Estate Investment Trusts			
		Healthcare Trust, Inc.	Real estate investment trust	**	$ 98,000
		Insurance Contracts			
		American Equity	Unallocated insurance contract	**	$ 536,037
		Athene Annity and Life Company	Unallocated insurance contract	**	$ 125,882
		Athene Annity and Life Company	Unallocated insurance contract	**	$ 209,331
		Athene Annity and Life Company	Unallocated insurance contract	**	$ 92,514
		Prudential Annuity Services	Unallocated insurance contract	**	$ 767,636
		Jackson National Life Insurance Company	Unallocated insurance contract	**	$ 153,440
*		**Participant Loans**	Interest rates ranging from 3.25% to 4.25%	$0	$ 24,707

* *Party-in-interest*
** *Historical cost is not required for participant directed investments*

Orange County Urology Associates 401(k) Profit Sharing Plan
Supplemental Schedule
Year Ended December 31, 2017
FEIN: 57-1143045
Plan #001

Form 5500 Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

	Participant Contributions Transferred Late To the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002- 51
	Check Here ☒ If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
(A)	$ 24,511	$ -	$ 24,511	$ -	$ -
(B)	$ 150,367	$ -	$ 150,367	$ -	$ -

(A) Relates to the 2016 Plan year with applicable lost earnings deposited during 2019.
(B) Relates to the 2017 Plan year with applicable lost earnings deposited during 2019.

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

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
ORANGE COUNTY UROLOGY ASSOCIATES 401(K)
PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2003

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)
ORANGE COUNTY UROLOGY ASSOCIATES
INC. , A MEDICAL GROUP

25301 CABOT RD, STE 206

LAGUNA HILLS CA 92653

2b Employer Identification Number (EIN) 57-1143045

2c Plan Sponsor's telephone number (949)855-1101

2d Business code (see instructions) 621111

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

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

SIGN HERE	**Signature of plan administrator**	Date 9/24/19	MOSES KIM, MD 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