

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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 ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2019	SUSAN LEWIS
	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 222
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) 184 6a(2) 173 6b 6 6c 46 6d 225 6e 0 6f 225 6g 225 6h 15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAYTON GASTROENTEROLOGY, INC.	D Employer Identification Number (EIN) 31-1070615	

Part I	Service Provider Information (see instructions)
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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

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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)

INTERSERV, LLC

307 UNIVERSITY BLVD NORTH
BUILDING 3, SUITE 2900
MOBILE, AL 36688

(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?
27 28	NONE	41053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE PRIVATE INVESTMENT GROUP

800 E FRANKLIN STREET
CENTERVILLE, OH 45459-5618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 28	NONE	35528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MG TRUST

01-0609808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	14275	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)

IPS

4800 I-55 NORTH
JACKSON, MS 39211

72-1396518

(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 18	NONE	6494	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
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(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:

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
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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
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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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAYTON GASTROENTEROLOGY, INC.	D Employer Identification Number (EIN) 31-1070615	

Part I Asset and Liability Statement			
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	51167	9892
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	257728	300437
(2) Participant contributions	1b(2)	85211	63418
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	225595	167154
(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)	13190	0
(B) Common.....	1c(4)(B)	2430990	2056308
(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)	232670	221441
(9) Value of interest in common/collective trusts	1c(9)	7777548	9290055
(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)	29812289	25354468
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(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	40886388 37463173
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	40886388 37463173

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1180991
	(B) Participants	2a(1)(B)	994930
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2175921
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)	9390
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	9390
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1626781
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		558530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3785897	
(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)		3785897
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)	7746	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	188102	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		195848
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3981745

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3423215
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

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

(2) EIN: **31-0971691**

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

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

Part IV Compliance Questions

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

During the plan year:

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		72471
4b		X	

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

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0609808</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
YEARS ENDED DECEMBER 31, 2018 AND 2017

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

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	2
<u>FINANCIAL STATEMENTS:</u>	
Statements of Net Assets Available for Benefits December 31, 2018 and 2017	3
Statements of Changes in Net Assets Available for Benefits for the Years ended December 31, 2018 and 2017	4
Notes to Financial Statements	5 - 10
Supplemental Schedules	11 - 14

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dayton Gastroenterology, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Matrix Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Goldshot, Lamb & Hobbs, chc.

September 23, 2019

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
Unallocated Cash	\$ 9,892	\$ 51,167
Investments, at Fair Value (Notes C & E)	36,867,985	40,259,612
Receivables:		
Participant Contributions	63,418	85,211
Employer Contributions	300,437	257,728
Notes Receivable from Participants	221,441	232,670
Total Receivables	<u>585,296</u>	<u>575,609</u>
<u>TOTAL ASSETS</u>	37,463,173	40,886,388
<u>LIABILITIES</u>	<u>-</u>	<u>-</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 37,463,173</u>	<u>\$ 40,886,388</u>

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<u>ADDITIONS:</u>		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (1,814,883)	\$ 5,028,390
Interest Income on Notes Receivable from Participants	9,390	7,376
Contributions:		
Participant 401(k) Deferral	994,930	986,618
Employer	<u>1,180,991</u>	<u>1,197,073</u>
Total Contributions	<u>2,175,921</u>	<u>2,183,691</u>
Total Additions	<u>370,428</u>	<u>7,219,457</u>
<u>DEDUCTIONS:</u>		
Benefits Paid to Participants &		
Deemed Distributions of Notes Receivable from Participants	3,785,897	1,202,523
Administrative Expenses	<u>7,746</u>	<u>5,933</u>
Total Deductions	<u>3,793,643</u>	<u>1,208,456</u>
<u>NET INCREASE (DECREASE)</u>	(3,423,215)	6,011,001
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of Year	<u>40,886,388</u>	<u>34,875,387</u>
End of Year	<u><u>\$ 37,463,173</u></u>	<u><u>\$ 40,886,388</u></u>

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN:

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

1. *General.* The plan is a defined contribution plan covering all full-time employees of the Employer who have one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance.
2. *Contributions.* Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan, limited to the statutory maximum contribution (\$18,500 for 2018 and \$18,000 for 2017). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions (\$6,000 for 2018 and 2017). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent (increased to 5 percent effective July 1, 2018) of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. On an annual basis each January 1, the participant's elective deferrals will be increased 1% by the Employer and communicated to the participant in a timely manner. The Plan allows eligible participants to make Roth 401(k) (after-tax) contributions. The Employer has a discretionary match provision, which is determined by the Board of Trustees. For 2018 and 2017, the Employer contributed 25 percent of the first 26.66 percent of base compensation that a participant contributed to the Plan. The Employer also has a discretionary profit sharing provision, which is determined annually by the Board of Trustees. During 2018 and 2017, the Employer made a \$944,716 and \$1,013,682, respectively, profit sharing contribution to the Plan. The match and profit sharing contributions are directed by the participants into the investment options offered by the Plan. Contributions are subject to certain IRS limitations.
3. *Participant Accounts.* Each participant's account is credited with the participant's contributions and Employer matching contributions, as well as allocations of the Employer's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.
5. *Notes Receivable From Participants.* Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loans bear interest at a rate between 3.25 and 4.75 percent, which is commensurate with reasonable rates offered by financial institutions. Principal and interest are paid ratably through bi-weekly payroll deductions.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN (Continued):

6. *Payment of Benefits.* On termination of service, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The plan allows in-service distributions as follows: on the Employer's contributions, once they have attained the Plan's normal retirement age; on participant's rollover contributions, there is no restriction; on participant's pretax deferrals, once they have attained age 59 1/2. The plan does not allow in-service distributions on Roth 401(k) contributions.
7. *Forfeitures.* At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$9,892 and \$51,167, respectively. These accounts shall first be used to pay plan certain administrative expenses. To the extent any forfeitures remain, they will then be used to reduce any Employer contributions for the plan year in which the forfeiture occurred. Also, in 2018 and 2017, Employer contributions were reduced by \$9,892 and \$61,887, respectively, from forfeited nonvested accounts.

B. SUMMARY OF ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note E for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF ACCOUNTING POLICIES (continued):

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Reclassifications

Certain prior year amounts have been reclassified in order to conform to current year presentation.

Subsequent Events

The Plan has evaluated subsequent events through September 23, 2019, the date the financial statements were available to be issued.

C. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2018 and 2017, and net appreciation in fair value of investments for the years ended December 31, 2018 and 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix Trust Company (a custodian of the Plan). The following certified information is included in the accompanying financial statements and supplemental schedules:

	<u>2018</u>	<u>2017</u>
Unallocated Cash	\$ 9,892	\$ 51,167
Investments, at fair value:		
Registered Investment Companies		
(Mutual Funds)	24,350,129	28,413,143
Common/Collective Trusts	9,122,955	5,154,167
Investment Income (Loss)		
(net of investment expenses)	(1,724,581)	4,420,832
Administrative Expenses	7,746	5,933

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

D. PARTY-IN-INTEREST TRANSACTIONS:

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

E. FAIR VALUE MEASUREMENTS:

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

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active; 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

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

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

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

E. FAIR VALUE MEASUREMENTS (continued):

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

Fair Value Measurements on a Recurring Basis
As of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 167,154	\$ 0	\$ 0	\$ 167,154
Preferred Stock	0	0	0	0
Common Stock	2,056,308	0	0	2,056,308
Registered Investment Co.	25,354,468	0	0	25,354,468
Common/Collective Trusts	0	9,290,055	0	9,290,055
Total Assets at Fair Value	<u>\$27,577,930</u>	<u>\$ 9,290,055</u>	<u>\$ 0</u>	<u>\$36,867,985</u>

Fair Value Measurements on a Recurring Basis
As of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 225,595	\$ 0	\$ 0	\$ 225,595
Preferred Stock	13,190	0	0	13,190
Common Stock	2,430,990	0	0	2,430,990
Registered Investment Co.	29,812,289	0	0	29,812,289
Common/Collective Trusts	0	7,777,548	0	7,777,548
Total Assets at Fair Value	<u>\$32,482,064</u>	<u>\$ 7,777,548</u>	<u>\$ 0</u>	<u>\$40,259,612</u>

F. COMMON/COLLECTIVE TRUSTS:

The Plan invests in the Ameritrade IDA Asset Account, MetLife Stable Value Series 25157-Class 0 Fund, American Realty Capital New York City REIT, Phillips Edison Grocery Center REIT II, and Business Development Corporation of America, which are common/collective trusts that invest in various readily marketable securities with quoted market prices. The portfolios consist of mutual funds, money market funds, government securities, corporate bonds, equity securities, and insurance contracts. The Plan's interest in the trusts is calculated by applying the Plan's ownership percentage in the trust to the total fair value of the trust.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

G. PLAN TERMINATION:

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

H. TAX STATUS:

The Plan is a prototype plan designed by their third-party administrator. The IRS has determined and informed the third-party administrator by a letter dated March 31, 2008, that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter for the prototype plan, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

I. RISKS AND UNCERTAINTIES:

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615 **PLAN #002**

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if late participant loan repayments are included:	Contributions Not Corrected	Corrections Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
		\$ 68,702		

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Non-interest Bearing Cash	Cash	\$ 9,892	\$ 9,892
*	Interest-bearing Cash - Participant Directed	Schwab Money Fund	N/A	140,290
*	Interest-bearing Cash - Participant Directed	Triad Bank Deposit Program	N/A	26,864
	Common Stock - Participant Directed	Abbott Laboratories	N/A	58,516
	Common Stock - Participant Directed	Alphabet Inc	N/A	36,246
	Common Stock - Participant Directed	Amazon.com Inc	N/A	19,526
	Common Stock - Participant Directed	Apple Inc	N/A	28,709
	Common Stock - Participant Directed	Archer-Daniels-Midland Co	N/A	61,291
	Common Stock - Participant Directed	BB&T Corp	N/A	31,537
	Common Stock - Participant Directed	Baxter International	N/A	43,704
	Common Stock - Participant Directed	Best Buy Inc	N/A	15,570
	Common Stock - Participant Directed	Chevron Corporation	N/A	18,494
	Common Stock - Participant Directed	Cigna Corp	N/A	36,085
	Common Stock - Participant Directed	Cisco Systems Inc	N/A	52,126
	Common Stock - Participant Directed	Comcast Corporation	N/A	48,181
	Common Stock - Participant Directed	ConocoPhillips	N/A	25,688
	Common Stock - Participant Directed	CVS Health Corp	N/A	35,774
	Common Stock - Participant Directed	Danaher Corp	N/A	44,342
	Common Stock - Participant Directed	EOG Resources Inc	N/A	22,936
	Common Stock - Participant Directed	Exxon Mobil Corp	N/A	16,161
	Common Stock - Participant Directed	Fedex Corporation	N/A	22,909
	Common Stock - Participant Directed	General Motors Co	N/A	19,067
	Common Stock - Participant Directed	Hartford Finl Svc Gp	N/A	36,671
	Common Stock - Participant Directed	Home Depot Inc	N/A	49,484
	Common Stock - Participant Directed	Honeywell Intl Inc	N/A	43,335
	Common Stock - Participant Directed	Ingersoll Rand PLC	N/A	40,780
	Common Stock - Participant Directed	Intel Corp	N/A	55,800
	Common Stock - Participant Directed	Intuit Inc	N/A	53,937
	Common Stock - Participant Directed	Johnson & Johnson	N/A	50,846
	Common Stock - Participant Directed	JPMorgan Chase & Co	N/A	32,898
	Common Stock - Participant Directed	Lowes Companies Inc	N/A	20,042
	Common Stock - Participant Directed	Marathon Oil Corp	N/A	14,039
	Common Stock - Participant Directed	Mastercard Inc	N/A	37,919
	Common Stock - Participant Directed	Merck & Co Inc	N/A	57,154
	Common Stock - Participant Directed	Microsoft Corp	N/A	37,682
	Common Stock - Participant Directed	Newmont Mining Corp	N/A	29,244
	Common Stock - Participant Directed	Northern Trust Corp	N/A	21,901
	Common Stock - Participant Directed	Oracle Corporation	N/A	36,707
	Common Stock - Participant Directed	Parker-Hannifin Corp	N/A	30,872
	Common Stock - Participant Directed	Pfizer Incorporated	N/A	55,260
	Common Stock - Participant Directed	PNC Financial Svcs	N/A	22,330
	Common Stock - Participant Directed	Porsche Automobil	N/A	46,685

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

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stock - Participant Directed	Procter & Gamble	N/A	\$ 29,506
	Common Stock - Participant Directed	Prudential Financial	N/A	21,121
	Common Stock - Participant Directed	Stryker Corp	N/A	38,404
	Common Stock - Participant Directed	Suntrust Banks Inc	N/A	19,672
	Common Stock - Participant Directed	Sysco Corporation	N/A	38,474
	Common Stock - Participant Directed	Target Corp	N/A	16,192
	Common Stock - Participant Directed	Texas Instruments Inc	N/A	96,390
	Common Stock - Participant Directed	TJX Companies Inc	N/A	47,962
	Common Stock - Participant Directed	Total Systems Services	N/A	53,408
	Common Stock - Participant Directed	Travelers Companies Inc	N/A	33,410
	Common Stock - Participant Directed	Tyson Foods Inc	N/A	25,258
	Common Stock - Participant Directed	United Contl Hldgs	N/A	30,310
	Common Stock - Participant Directed	Valero Energy Corp	N/A	26,914
	Common Stock - Participant Directed	Walgreens Boots Alli	N/A	33,482
	Common Stock - Participant Directed	Wells Fargo Bk	N/A	53,176
	Common Stock - Participant Directed	Welltower Inc	N/A	82,181
	Partnership - Participant Directed	Advanced Fibers & Powders, LLC	N/A	-
*	Common/Collective Trust - Participant Directed	Ameritrade IDA Asset	N/A	6,172,683
	Common/Collective Trust - Participant Directed	MetLife Stable Value 25157 CI 0	N/A	2,950,272
	Common/Collective Trust - Participant Directed	American Realty Capital New York City REIT	N/A	64,832
	Common/Collective Trust - Participant Directed	Phillips Edison Grocery Center REIT II	N/A	76,643
	Common/Collective Trust - Participant Directed	Business Development Corporation of America	N/A	25,625
	Registered Investment Co. - Participant Directed	AB Global Bond Z	N/A	1,916,115
	Registered Investment Co. - Participant Directed	American Century Mid Cap Value Fund R6	N/A	850,128
	Registered Investment Co. - Participant Directed	American Fund Cap World	N/A	146,749
	Registered Investment Co. - Participant Directed	American Fund New	N/A	139,918
	Registered Investment Co. - Participant Directed	DFA U.S. Small Cap Fund I	N/A	143
	Registered Investment Co. - Participant Directed	Franklin Growth R6	N/A	1,402,507
	Registered Investment Co. - Participant Directed	Invesco Oppenheimer Developing Markets	N/A	1,162,432
	Registered Investment Co. - Participant Directed	Invesco Ultra Short	N/A	145,203
	Registered Investment Co. - Participant Directed	Ishares Short Term	N/A	17,248
	Registered Investment Co. - Participant Directed	Ishares US Basic	N/A	17,967
	Registered Investment Co. - Participant Directed	Ishares US Real Estate	N/A	161,046
	Registered Investment Co. - Participant Directed	Ishares US Telecom ETF	N/A	85,901
	Registered Investment Co. - Participant Directed	Ishares US Utilities	N/A	67,378
	Registered Investment Co. - Participant Directed	Janus Henderson Triton Fund Class N	N/A	1,545,951
	Registered Investment Co. - Participant Directed	Lord Abbett High Yield R6	N/A	456,868
	Registered Investment Co. - Participant Directed	Metropolitan West Total Return Bond I	N/A	1,932,181
	Registered Investment Co. - Participant Directed	MFS Intl Diversification R6	N/A	4,071,610
	Registered Investment Co. - Participant Directed	Oakmark Global Fund	N/A	125,147
	Registered Investment Co. - Participant Directed	PIMCO ETF - Active Bond IV	N/A	40,800

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

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN**EIN: 31-1070615****PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investment Co. - Participant Directed	PIMCO ETF - Enhanced Short Maturity	N/A	\$ 17,162
	Registered Investment Co. - Participant Directed	PIMCO ETF - Investment Grade Corp Bond Index	N/A	39,818
	Registered Investment Co. - Participant Directed	Principal MidCap R6 Fund	N/A	870,536
	Registered Investment Co. - Participant Directed	SPDR Gold Shares	N/A	290,460
	Registered Investment Co. - Participant Directed	Vanguard Equity-Income Fund Adm	N/A	1,712,232
	Registered Investment Co. - Participant Directed	Vanguard Extended Market Index Admiral	N/A	2,421,972
	Registered Investment Co. - Participant Directed	Vanguard 500 Index Fund (Adm)	N/A	1,625,220
	Registered Investment Co. - Participant Directed	Vanguard Short-Term Investment-Grade Adm	N/A	3,445,895
	Registered Investment Co. - Participant Directed	Vanguard REIT Index Fund Admiral Shares	N/A	645,881
*	Notes Receivable from Participants	Interest: 3.25% - 4.75% Maturity: 1/19 - 9/23 Security: Vested Balances	\$ -	221,441

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

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

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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

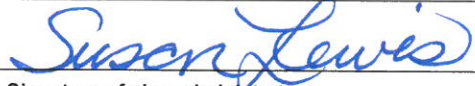
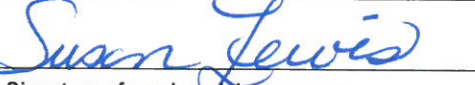
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 09/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DAYTON GASTROENTEROLOGY, INC. 75 SYLVANIA DR BEAVERCREEK OH 45440-3237	2b Employer Identification Number (EIN) 31-1070615 2c Plan Sponsor's telephone number 937-320-5088 2d Business code (see instructions) 621111

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

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

SIGN HERE		10-8-2019	SUSAN LEWIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-8-2019	SUSAN LEWIS
	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 222
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) 184 6a(2) 173 6b 6 6c 46 6d 225 6e 0 6f 225 6g 225 6h 15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

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	Common Stock - Participant Directed	Oracle Corporation	N/A	36,707
	Common Stock - Participant Directed	Parker-Hannifin Corp	N/A	30,872
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The accompanying notes are an integral part of these financial statements.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
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	Common Stock - Participant Directed	Valero Energy Corp	N/A	26,914
	Common Stock - Participant Directed	Walgreens Boots Alli	N/A	33,482
	Common Stock - Participant Directed	Wells Fargo Bk	N/A	53,176
	Common Stock - Participant Directed	Welltower Inc	N/A	82,181
	Partnership - Participant Directed	Advanced Fibers & Powders, LLC	N/A	-
*	Common/Collective Trust - Participant Directed	Ameritrade IDA Asset	N/A	6,172,683
	Common/Collective Trust - Participant Directed	MetLife Stable Value 25157 CI 0	N/A	2,950,272
	Common/Collective Trust - Participant Directed	American Realty Capital New York City REIT	N/A	64,832
	Common/Collective Trust - Participant Directed	Phillips Edison Grocery Center REIT II	N/A	76,643
	Common/Collective Trust - Participant Directed	Business Development Corporation of America	N/A	25,625
	Registered Investment Co. - Participant Directed	AB Global Bond Z	N/A	1,916,115
	Registered Investment Co. - Participant Directed	American Century Mid Cap Value Fund R6	N/A	850,128
	Registered Investment Co. - Participant Directed	American Fund Cap World	N/A	146,749
	Registered Investment Co. - Participant Directed	American Fund New	N/A	139,918
	Registered Investment Co. - Participant Directed	DFA U.S. Small Cap Fund I	N/A	143
	Registered Investment Co. - Participant Directed	Franklin Growth R6	N/A	1,402,507
	Registered Investment Co. - Participant Directed	Invesco Oppenheimer Developing Markets	N/A	1,162,432
	Registered Investment Co. - Participant Directed	Invesco Ultra Short	N/A	145,203
	Registered Investment Co. - Participant Directed	Ishares Short Term	N/A	17,248
	Registered Investment Co. - Participant Directed	Ishares US Basic	N/A	17,967
	Registered Investment Co. - Participant Directed	Ishares US Real Estate	N/A	161,046
	Registered Investment Co. - Participant Directed	Ishares US Telecom ETF	N/A	85,901
	Registered Investment Co. - Participant Directed	Ishares US Utilities	N/A	67,378
	Registered Investment Co. - Participant Directed	Janus Henderson Triton Fund Class N	N/A	1,545,951
	Registered Investment Co. - Participant Directed	Lord Abbett High Yield R6	N/A	456,868
	Registered Investment Co. - Participant Directed	Metropolitan West Total Return Bond I	N/A	1,932,181
	Registered Investment Co. - Participant Directed	MFS Intl Diversification R6	N/A	4,071,610
	Registered Investment Co. - Participant Directed	Oakmark Global Fund	N/A	125,147
	Registered Investment Co. - Participant Directed	PIMCO ETF - Active Bond IV	N/A	40,800

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

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN**EIN: 31-1070615****PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investment Co. - Participant Directed	PIMCO ETF - Enhanced Short Maturity	N/A	\$ 17,162
	Registered Investment Co. - Participant Directed	PIMCO ETF - Investment Grade Corp Bond Index	N/A	39,818
	Registered Investment Co. - Participant Directed	Principal MidCap R6 Fund	N/A	870,536
	Registered Investment Co. - Participant Directed	SPDR Gold Shares	N/A	290,460
	Registered Investment Co. - Participant Directed	Vanguard Equity-Income Fund Adm	N/A	1,712,232
	Registered Investment Co. - Participant Directed	Vanguard Extended Market Index Admiral	N/A	2,421,972
	Registered Investment Co. - Participant Directed	Vanguard 500 Index Fund (Adm)	N/A	1,625,220
	Registered Investment Co. - Participant Directed	Vanguard Short-Term Investment-Grade Adm	N/A	3,445,895
	Registered Investment Co. - Participant Directed	Vanguard REIT Index Fund Admiral Shares	N/A	645,881
*	Notes Receivable from Participants	Interest: 3.25% - 4.75% Maturity: 1/19 - 9/23 Security: Vested Balances	\$ -	221,441

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

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