

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/2007</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRAL OHIO UROLOGY GROUP, LLC</u> <u>701 TECH CENTER DR, SUITE 250</u> <u>GAHANNA, OH 43230</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-1781799</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-944-4800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-1781799</u>	2c Plan Sponsor's telephone number <u>614-944-4800</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>20-1781799</u>					
2c Plan Sponsor's telephone number <u>614-944-4800</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	RICHARD KLUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor CENTRAL OHIO UROLOGY GROUP, INC. 3100 PLAZA PROPERTIES BLVD. SUITE 310 COLUMBUS, OH 43219-1530	3b Administrator's EIN 20-1781799 3c Administrator's telephone number 614-944-4800
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 206
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) 156 6a(2) 162 6b 0 6c 44 6d 206 6e 0 6f 206 6g 175 6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2R 2T 3D 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO UROLOGY GROUP, LLC	D Employer Identification Number (EIN) 20-1781799	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PENSION CORPORATION OF AMERICA

31-1360674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 60 63	NONE	4357	Yes ☒ No ☐	Yes ☒ No ☐	57882	Yes ☐ No ☒

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

HAMILTON CAPITAL MANAGEMENT, INC.

31-1515316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50 71	NONE	7061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EUBEL BRADY & SUTTMAN ASSET MGT.

31-1386402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50 71	NONE	5875	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)

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 60 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	5325	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 65 71	NONE	900	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION CORPORATION OF AMERICA	60 63	57882

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHARLES SCHWAB TRUST COMPANY 42-1558009	SUB-TRANSFER AGENCY FEES; COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO UROLOGY GROUP, LLC	D Employer Identification Number (EIN) 20-1781799
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND M

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 94-6751924-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1188743
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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)
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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)
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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)
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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)
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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)
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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)
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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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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO UROLOGY GROUP, LLC	D Employer Identification Number (EIN) 20-1781799	

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	796177	907800
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	43214	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	147308	149901
(2) U.S. Government securities	1c(2)	28623	19565
(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)	4936718	6445049
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	805940	1188743
(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)	23792154	24785053
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	94465	0

		(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	30644599 33496111
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	30644599 33496111

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)	330301
	(B) Participants	2a(1)(B)	749209
	(C) Others (including rollovers)	2a(1)(C)	66194
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1145704
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	922678
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	922678
(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)		16744
(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)		5649168
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7734294

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4836933	
(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)		4836933
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)	4357	
(3) Investment advisory and management fees	2i(3)	41492	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		45849
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4882782

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2851512
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: MALONEY & NOVOTNY, LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO UROLOGY GROUP, LLC		D Employer Identification Number (EIN) 20-1781799
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1558009		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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: _____% 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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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

FINANCIAL REPORT

December 31, 2019 and 2018

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

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Central Ohio Urology Group, Inc. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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 (the "financial statements").

Management's Responsibility for the Financial Statements

The Plan Administrator 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Charles Schwab Bank, the "Custodian" of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of December 31, 2019 and 2018 and for the years then ended, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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



Columbus, Ohio
October 15, 2020

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value	\$ 33,496,111	\$ 30,601,385
Contributions receivable		
Employer match	<u>-</u>	<u>43,214</u>
Net assets available for benefits	<u>\$ 33,496,111</u>	<u>\$ 30,644,599</u>

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

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2019 and 2018

	2019	2018
Additions to Net Assets Attributable to		
Investment income:		
Interest and dividend income	\$ 922,678	\$ 1,186,035
Net appreciation in fair value of investments	<u>5,665,912</u>	<u>-</u>
Total investment income	6,588,590	1,186,035
Contributions:		
Participant deferrals	749,209	866,582
Participant rollovers	66,194	-
Employer match	<u>330,301</u>	<u>405,596</u>
Total contributions	<u>1,145,704</u>	<u>1,272,178</u>
	7,734,294	2,458,213
Deductions from Net Assets Attributed to		
Net depreciation in fair value of investments	-	3,080,191
Benefits paid to participants	4,836,933	754,448
Administration and investment fees	<u>45,849</u>	<u>46,012</u>
	<u>4,882,782</u>	<u>3,880,651</u>
Change in net assets available for benefits	2,851,512	(1,422,438)
Net Assets Available for Benefits		
Beginning of year	<u>30,644,599</u>	<u>32,067,037</u>
End of year	<u>\$ 33,496,111</u>	<u>\$ 30,644,599</u>

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN

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

1. *General*

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

2. *Contributions*

Participants may elect to defer a portion of their pretax annual compensation, make after-tax contributions to a Roth 401(k) account, and contribute amounts representing distributions from qualified retirement plans (rollover). Maximum contributions are subject to certain limitations which are established by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

In 2019 and 2018, the Company matched 100% of the participant's deferral on the first 3% of compensation and 50% of the participant's deferral on the next 2% of compensation. The Company's Board of Directors may also elect to make a profit-sharing contribution. The Company did not make a profit-sharing contribution during 2019 or 2018.

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

3. *Participant Accounts*

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

Allocations are based on participant contributions, earnings, compensation, 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.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

3. *Participant Accounts (Continued)*

Plan participants are permitted to determine the investments within their account based on a combination of permitted investment options. The Plan also offers self-directed brokerage accounts, which totaled \$2,663,813 and \$2,103,303 at December 31, 2019 and 2018, respectively, and the underlying investments held in such accounts are presented individually within the fair value hierarchy in Note D. The Company has the sole discretion to determine or change the number and nature of investment options in the Plan.

4. *Vesting*

Participants are immediately vested in their participant voluntary contributions, the Company match and the actual earnings related to those account balances. Vesting in the Company's profit-sharing contribution plus related earnings is based on years of service in which the employee works 1,000 hours. After year one, participants earn 20% vesting for each year they work 1,000 hours and become fully vested after six years of credited service. Upon death, disability, or early retirement, as defined by the Plan, participants become fully vested in their account.

5. *Payment of Benefits*

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

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

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

6. *Forfeitures*

The non-vested portion of a participant's account is forfeited upon termination of service. Forfeitures totaling \$69,662 were used to offset the Company's contributions during 2019. There was no use of forfeitures in 2018. At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$29,211 and \$51,441, respectively. These accounts will be used to reduce future employer contributions.

7. *Plan Termination*

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

NOTE B - BASIS OF ACCOUNTING

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

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

1. *Investment Valuation and Income Recognition*

Investments are reported at fair value. The Plan's sponsor determines the Plan's valuation policies utilizing information provided by the investment adviser. See notes C2 and D 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/(depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investment in the limited partnership is valued based on the net equity of the limited partnership divided by limited partnership units outstanding. There is no readily available market value for this investment; therefore, it is valued using Net Asset Value ("NAV") as a practical expedient and has not been classified in the fair value hierarchy.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2. Fair Value Measurements

The carrying values of contributions receivable are reasonable estimates of fair value due to the short-term nature of these financial instruments. The carrying value of the investments approximates their fair value in accordance with U.S. GAAP.

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

The inputs used to measure fair value are classified into three levels:

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

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

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

Investments: The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used from 2018 to 2019:

Money Market Funds, Common Stocks, and Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded. These securities are classified as Level 1.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily price and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as Level 1.

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2. *Fair Value Measurements (Continued)*

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.

3. *Expenses*

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

4. *Benefits Paid to Participants*

Benefits paid to participants are recorded when paid.

5. *Use of Estimates*

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

NOTE D - FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	2019			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 1,105,882	\$ -	\$ -	\$ 1,105,882
Common stocks	2,995,968	-	-	2,995,968
Exchange traded funds	1,652,510	-	-	1,652,510
Government obligations	-	19,565	-	19,565
Mutual funds	26,533,441	-	-	26,533,441
Collective investment trust	-	1,188,743	-	1,188,743
Total assets in fair value hierarchy	<u>\$ 32,287,802</u>	<u>\$ 1,208,308</u>	<u>\$ -</u>	<u>\$ 33,496,111</u>

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

	2018			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 984,745	\$ -	\$ -	\$ 984,745
Common stocks	2,483,555	-	-	2,483,555
Exchange traded funds	1,201,376	-	-	1,201,376
Government obligations	-	28,623	-	28,623
Mutual funds	25,002,679	-	-	25,002,679
Collective investment trust	-	805,940	-	805,940
Total assets in fair value hierarchy	29,672,356	834,563	-	30,506,919
Investments measured at NAV:				
Limited partnership				94,465
	<u>\$ 29,672,356</u>	<u>\$ 834,563</u>	<u>\$ -</u>	<u>\$ 30,601,385</u>

The following table summarizes the investment strategy types of the limited partnership as of December 31, 2018:

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Limited Partnership	\$94,465	None	Quarterly	Within the previous quarter

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

NOTE E - UNAUDITED INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 DFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified to the completeness and accuracy of the following investments reflected in the statements of net assets available for benefits at December 31, 2019 and 2018, the related investment activity reflected below that is included in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, and investment related information in the accompanying notes to the financial statements and supplementary information. This information is unaudited by independent accountants.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE E - UNAUDITED INFORMATION (CONTINUED)

	<u>December 31, 2019</u>	<u>December 31, 2018</u>
Investments, at fair value	\$ 30,832,298	\$ 28,498,082
	<u>Year ended</u> <u>December 31, 2019</u>	<u>Year ended</u> <u>December 31, 2018</u>
Interest and dividend income	\$ 851,662	\$ 1,089,210
Net appreciation/(depreciation) in fair value of investments	5,223,627	(2,823,756)

NOTE F - INCOME TAX STATUS

Effective February 1, 2007, the Company adopted the Pension Corporation of America Prototype Plan. On January 1, 2016 the prototype plan was amended and restated. The prototype plan document was approved by the Internal Revenue Service in a letter dated March 31, 2014 and was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since the adoption, the Plan Administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab Bank was appointed to serve as custodian of the Plan and received custodian and investment fees totaling \$15,941 and \$17,327 for the years ended December 31, 2019 and 2018, respectively. In addition, investment fees are paid to Raymond James and Merrill Lynch totaling \$29,908 and \$28,685 for the years ending December 31, 2019 and 2018, respectively. The Plan holds investments issued by the Charles Schwab Bank, Raymond James, and Merrill Lynch, as noted in the supplemental information.

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

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2019 and 2018

NOTE H - RISKS AND UNCERTAINTIES

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

NOTE I - SUBSEQUENT EVENTS

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

On January 30, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 ("COVID-19") a global health emergency and subsequently declared the COVID-19 outbreak a global pandemic in March 2020. The pandemic has led to volatility in financial markets and the global economy and since the outbreak is still ongoing, the ultimate impact on the financial markets is highly uncertain and cannot be predicted.

In response to the pandemic, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions, and participant loans. In response, the Plan has implemented several relief provisions. With these new provisions, participants may receive a coronavirus-related distribution of up to \$100,000 from their retirement funds through the end of 2020 without a 10% early withdrawal. Additionally, these distributions may be repaid over a three-year period. The new provisions also allow individuals to borrow up to \$100,000, which doubles the amount previously allowed by the Plan. Repayment for these loans can be delayed for one year. Finally, required minimum distributions have been temporarily suspended. No other subsequent events have been identified.

SUPPLEMENTARY INFORMATION

CENTRAL OHIO UROLOGY GROUP, INC.
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Plan Number 001

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

December 31, 2019

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(e) <u>Current Value</u>
*	SCHWAB CASH	MONEY MARKET FUND	\$ 61,477
	AMERICAN FUNDS AMERICAN BALANCED	MUTUAL FUND	676,214
	AMERICAN FUNDS CAPITAL WORLD G/I	MUTUAL FUND	1,041,216
	COLUMBIA CONTRARIAN CORE FD CL Z	MUTUAL FUND	621,740
	CONESTOGA SMALL CAP FUND	MUTUAL FUND	1,252,595
	EUROPACIFIC GROWTH FUND	MUTUAL FUND	1,629,124
	HARTFORD MID-CAP R4	MUTUAL FUND	1,628,177
	INVESCO OPPENHEIMER DEV MKTS FD Y	MUTUAL FUND	401,876
	METROPOLITAN WEST TOTAL RETURN	MUTUAL FUND	2,421,703
	MFS GROWTH R4	MUTUAL FUND	2,617,501
	MFS VALUE FUND CL	MUTUAL FUND	1,719,262
	PIMCO INCM CL ADMIN CL	MUTUAL FUND	537,287
	PIMCO TOTAL RETURN ADMINISTRATIVE	MUTUAL FUND	860,831
	VANGUARD MID CAP INDEX ADMIRAL	MUTUAL FUND	5,557
	VANGUARD SMALL CAP INDEX ADMIRAL	MUTUAL FUND	23,541
	VANGUARD 500 INDEX FD ADMIRAL SHRS	MUTUAL FUND	985,013
	VICTORY INTEGRITY SMALL-CAP VALUE Y	MUTUAL FUND	573,190
	WELLS FARGO SPECIAL MID CAP VAL ADMI	MUTUAL FUND	1,442,077
	WELLS FARGO STABLE VALUE CL M	COLLECTIVE INVESTMENT TRUST	1,188,743
			19,687,123
*	SCHWAB CASH	MONEY MARKET FUND	846,322
*	SCH VALUE ADVANTAGE MONEY MARKET	MONEY MARKET FUND	149,901
			996,223
	US TREAS STRIP 0% 11/15/20	US TREASURY BOND STRIP	9,865
	US TREAS STRIP 0% 11/15/21	US TREASURY BOND STRIP	9,700
			19,565
	ABBOTT LABORATORIES	COMMON STOCK	37,742
	ABBVIE INC	COMMON STOCK	39,537
	ALLERGAN PLC	COMMON STOCK	17,205
	ALPHABET INC	COMMON STOCK	8,036
	ALPHABET INC	COMMON STOCK	2,674
	AMERICAN INTERNATIONAL GROUP	COMMON STOCK	14,886
	APPLE INC	COMMON STOCK	35,770
	BERKSHIRE HATHAWAY B NEW	COMMON STOCK	120,045
	BP PLC ADR	COMMON STOCK	50,939
	C N X RESOURCES CORP	COMMON STOCK	12,080
	CHEVRON CORPORATION	COMMON STOCK	33,129
	CINCINNATI FINANCIAL CP	COMMON STOCK	53,643
	CISCO SYSTEM INC	COMMON STOCK	14,868

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	CITIGROUP INC NEW	COMMON STOCK	95,069
	COCA COLA COMPANY	COMMON STOCK	83,729
	CONDUENT INCORPORATE	COMMON STOCK	1,451
	CONSOL ENERGY INC	COMMON STOCK	5,383
	D X C TECHNOLOGY COM	COMMON STOCK	1,165
	DANAHER CORPORATION	COMMON STOCK	24,557
	DISCOVERY COMMUNICATIONS SERIES A	COMMON STOCK	18,989
	EVOLUS INC	COMMON STOCK	2,677
	EXXON MOBIL CORP	COMMON STOCK	92,363
	FACEBOOK INC CLASS A	COMMON STOCK	111,451
	FAIRFAX FINL HLDGS LTD	COMMON STOCK	11,743
	FITBIT INC	COMMON STOCK	2,858
	FORD MOTORCAR COMPANY	COMMON STOCK	32,642
	FORTIVE CORPORATION	COMMON STOCK	6,111
	GENERAL DYNAMICS CORP	COMMON STOCK	39,750
	GENERAL ELECTRIC COMPANY	COMMON STOCK	10,490
	GOLDMAN SACHS GROUP INC	COMMON STOCK	11,956
	GROUPON INC CLASS A	COMMON STOCK	4,063
	HRG GROUP INC.	COMMON STOCK	1,029
	HARTFORD FINL SVCS	COMMON STOCK	10,513
	HEWETT-PACKARD COMPANY	COMMON STOCK	5,868
	ILLINOIS TOOL WKS INC	COMMON STOCK	13,472
	INTEL CORP.	COMMON STOCK	239,407
	JP MORGAN CHASE & CO	COMMON STOCK	162,920
	JEFFERIES FINANCIAL	COMMON STOCK	13,997
	JOHNSON & JOHNSON	COMMON STOCK	92,580
	KROGER CO	COMMON STOCK	10,147
	LOCKHEED MARTIN CORP	COMMON STOCK	224,588
	LOEWS CORPORATION	COMMON STOCK	11,023
	MANNKIND CORP	COMMON STOCK	168
	MCKESSON CORP	COMMON STOCK	11,066
	MICRO FOCUS INTERNATIONAL	COMMON STOCK	575
	MICROSOFT CORP.	COMMON STOCK	150,479
	PERSPECTA INC	COMMON STOCK	397
	PROCTER & GAMBLE	COMMON STOCK	301,643
	REPUBLIC SVCS INC	COMMON STOCK	21,601
	STRYKER CORP	COMMON STOCK	14,696
	TELEFLEX INC	COMMON STOCK	7,580
	THERMO FISHER SCIENTIFIC CORP COM	COMMON STOCK	12,995
	US BANKCORP DEL NEW	COMMON STOCK	219,524
	VERIZON COMMUNICATION	COMMON STOCK	5,434
	VERTEX PHARMACEUTICALS	COMMON STOCK	96,776

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	WABTEC CORP	COMMON STOCK	389
	WALGREENS BOOTS ALLI	COMMON STOCK	20,636
	WELLS FARGO & CO	COMMON STOCK	13,181
	WYNN RESORTS	COMMON STOCK	69,435
	XEROX CORP	COMMON STOCK	10,766
			2,739,887
	AMERICAN EUROPACIFIC GROWTH FDF2	MUTUAL FUND	67,720
	AQR DIVERSIFIED ARBITRAGE I	MUTUAL FUND	59,534
	AQR LONG SHORT EQUITY CL I	MUTUAL FUND	53,839
	BLACKROCK EQUITY DIVIDEND CL I	MUTUAL FUND	92,908
	BLACKROCK STRAT INCM OPPTY PORT INST	MUTUAL FUND	183,414
	CALVERT ULTRA SHORT DURATION INCM I	MUTUAL FUND	19,670
	COHEN & STEERS REALTY SHARES	MUTUAL FUND	132,520
	DFA EMERGING MARKETS VALUE	MUTUAL FUND	42,254
	DFA GLBL REAL ESTATE SEC PORT INST	MUTUAL FUND	73,304
	DFA INTL SMALL CO PORTFOLIO FUND	MUTUAL FUND	49,498
	DFA US LARGE CAP VALUE PORTFOLIO I	MUTUAL FUND	227,993
	DFA US SMALL CAP VALUEPORT I	MUTUAL FUND	30,198
	DFA US TARGETED VALUE PORT INSTL	MUTUAL FUND	46,062
	DOUBLELINE TOTAL RETURNED FD CL I	MUTUAL FUND	50,542
	EUBEL BRADY & SUTTMA	MUTUAL FUND	56,715
	EUBEL BRADY & SUTTMA	MUTUAL FUND	153,508
	GOLDMAN SACHS STRATEGIC	MUTUAL FUND	59,857
	HARBOR CAPITAL APPRECIATION FD INSTL	MUTUAL FUND	125,003
	HARBOR SMALL CAP VALUE FUND INST CL	MUTUAL FUND	102,541
	HUSSMAN STRATEGIC GROWTH	MUTUAL FUND	48,997
	INVESCO BALANCED RISK ALLOC FD CL Y	MUTUAL FUND	79,886
	INVESCO EQUALLY WEIGHTED S&P 500	MUTUAL FUND	23,209
	IVA INTL FD CL I	MUTUAL FUND	108,012
	JPMORGAN LARGE CAP GROWTH FD	MUTUAL FUND	144,458
	JPMORGAN MID CAP VALUE L	MUTUAL FUND	54,537
	LONGLEAF PARTNERS SMALL CAP FD	MUTUAL FUND	135,913
	LORD ABBETT SHORT DURATION INCM I	MUTUAL FUND	44,489
	MERIDIAN GROWTH FUND LEGACY	MUTUAL FUND	49,254
	METROPOLITAN WEST TOTAL RETURN I	MUTUAL FUND	79,394
	OAKMARK INTL FD INV	MUTUAL FUND	35,419
	PARAMETRIC EMRG MKTS INST	MUTUAL FUND	72,571
	PARNASSUS EQUITY INCOME FD INV	MUTUAL FUND	201,527
	PERFORMANCE TRUST STRAT BD FD	MUTUAL FUND	106,617
	PGIM HIGH YIELD FUND Z	MUTUAL FUND	34,225
	PIMCO COMMODITY REAL RETURN INSTL	MUTUAL FUND	21,557

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	PIMCO INCM FD INST CL	MUTUAL FUND	466,093
	PIMCO REAL RETURN FD INSTL	MUTUAL FUND	72,873
	PRUDENTIAL SHORT TRM CORP BND FD CL Z	MUTUAL FUND	8,383
	PUTNAN ULTRA SHORT DURATION INCM A	MUTUAL FUND	147,798
*	SCHWAB HEALTH CARE FUND	MUTUAL FUND	156,890
*	SCHWAB INTL INDEX FD	MUTUAL FUND	45,360
*	SCHWAB S&P 500 INDEX FUND - SELECT S	MUTUAL FUND	75,430
*	SCHWAB SMALL CAP INDEX SELECT	MUTUAL FUND	49,597
	T ROWE PRICE INTL DISCOVERY FUND	MUTUAL FUND	35,583
	T ROWE PRICE SHORT-TERM BOND FUND	MUTUAL FUND	13,268
	TCW TOTAL RETURN BOND FUND	MUTUAL FUND	55,487
	TWEEDY BROWNE GLOBAL VALUE FD	MUTUAL FUND	54,967
	VANGUARD EMRG MKTS STK INDEX FD ADM	MUTUAL FUND	142,449
	VANGUARD EQUITY INC FD ADMIRAL SHS	MUTUAL FUND	59,025
	VANGUARD EURO STK INDEX ADMIRAL SHS	MUTUAL FUND	117,042
	VANGUARD INFLATION PROTECTED SEC FD	MUTUAL FUND	109,286
	VANGUARD INTERM TERM BD INDEX ADM	MUTUAL FUND	64,095
	VANGUARD MID CAP INDEX FUND ADMIRAL	MUTUAL FUND	95,391
	VANGUARD MID CAP VAL	MUTUAL FUND	114,910
	VANGUARD MID-CAP GROWTH INDEX ADMIRA	MUTUAL FUND	110,289
	VANGUARD PACIFIC STOCK INDEX ADMIRAL	MUTUAL FUND	109,578
	VANGUARD REAL ESTATE IN FD ADM SHRS	MUTUAL FUND	246,493
	VANGUARD SHORT TERM BD INDEX FUND	MUTUAL FUND	124,917
	VANGUARD SMALL CAP GROWHT INDEX ADMI	MUTUAL FUND	134,846
	VANGUARD SMALL CAP VALUE INDEX ADMIR	MUTUAL FUND	113,063
	VANGUARD TOTAL BOND MKT INDEX ADM	MUTUAL FUND	116,443
	VANGUARD TOTAL INTL BD INDEX ADMIRAL	MUTUAL FUND	121,953
	VANGUARD TOTAL STOCK MKT INDX FD ADM	MUTUAL FUND	292,580
	VANGUARD 500 INDEX F	MUTUAL FUND	111,534
	VIRTUS SEIX US GOV SEC ULTRA	MUTUAL FUND	1,444
	WEITZ PARTNERS III	MUTUAL FUND	72,468
	WESTERN ASSET CORE BOND FUND	MUTUAL FUND	41,468
			6,348,151
*	CHARLES SCHWAB US MC ETF	EXCHANGE TRADED FUNDS	15,158
*	CHARLES SCHWAB US REIT ETF	EXCHANGE TRADED FUNDS	47,503
	FIRST TRUST INTERNET INDEX CF ETF	EXCHANGE TRADED FUNDS	24,207
	ISHARES CORE MSCI EMERGIN ETF	EXCHANGE TRADED FUNDS	26,934
	ISHARES CORE S&P ETF MIDCAP	EXCHANGE TRADED FUNDS	126,168
	ISHARES CORE S&P SMALL CAP	EXCHANGE TRADED FUNDS	50,981
	ISHARES CORE S&P 500	EXCHANGE TRADED FUNDS	121,861
*	SCHWAB EMERGING MARKETS EQUITY ETF	EXCHANGE TRADED FUNDS	19,515

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

December 31, 2019

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(e) <u>Current Value</u>
*	Schwab Fundamental Intl LG CO ETF	EXCHANGE TRADED FUNDS	100,497
*	Schwab Intl EQ ETF	EXCHANGE TRADED FUNDS	52,227
*	Schwab Short-Term US Treasury ETF	EXCHANGE TRADED FUNDS	22,867
*	Schwab US Broad Market ETF	EXCHANGE TRADED FUNDS	44,744
	SPDR Gold Trust SPDR Gold Shares	EXCHANGE TRADED FUNDS	13,433
	Vanguard FTSE Emerging Mkts ETF	EXCHANGE TRADED FUNDS	24,002
	Vanguard High Dividend Yield ETF	EXCHANGE TRADED FUNDS	127,273
	Vanguard Intermediate-Term Corp ETF	EXCHANGE TRADED FUNDS	164,394
	Vanguard Short-Term ETF Inv Pro Secs	EXCHANGE TRADED FUNDS	34,151
	Vanguard Small-Cap Growth ETF	EXCHANGE TRADED FUNDS	25,434
			1,041,348
			11,145,174
*	Raymond James Bank	MONEY MARKET FUND	31,070
	Alphabet Incorporated Class C	COMMON STOCK	34,763
	Alphabet Incorporated Class A	COMMON STOCK	34,824
	Amazon.com Incorporated	COMMON STOCK	79,457
	Apple Incorporated	COMMON STOCK	102,778
	Evolut	COMMON STOCK	4,260
	Angel Oak Multi-Strategy Inc Fund	MUTUAL FUND	80,590
	Capital World Growth & Income Fund	MUTUAL FUND	89,814
	Goldman Sachs International Small Cap	MUTUAL FUND	56,776
	Guggenheim Macro Opportunities Fund	MUTUAL FUND	72,219
	Janus Henderson Intl Opportunities FD	MUTUAL FUND	69,154
	Lazard Emerging Market Portfolio	MUTUAL FUND	57,645
	Natixis Oakmark International Fund Cl A	MUTUAL FUND	62,428
	PIMCO Income Fund Class I2	MUTUAL FUND	102,024
	Putnam Capital Spectrum Fund	MUTUAL FUND	70,734
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	Investco FTSE RAFI US	EXCHANGE TRADED FUNDS	58,793
	iShares TR Core S&P	EXCHANGE TRADED FUNDS	57,857
	Vanguard Dividend Appreciation ETF	EXCHANGE TRADED FUNDS	108,205
			1,240,134
*	Cash-Merrill Lynch	MONEY MARKET FUND	1,789
	BIF Money Fund	MONEY MARKET FUND	15,323
	Comm Services Select	MUTUAL FUNDS	82,697
	Consumer Discretionary	MUTUAL FUNDS	108,865
	Doubleline Total Return	MUTUAL FUNDS	65,906
	Eventide Gilead Fund	MUTUAL FUNDS	102,729
	Eventide Healthcare & Life Science Fund	MUTUAL FUNDS	82,169
	First Eagle Global Fund	MUTUAL FUNDS	68,617

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

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	HEALTH CARE SELECT SPDR	MUTUAL FUNDS	49,708
	LOOMIS SAYLES INVT GRADE	MUTUAL FUNDS	66,509
	LORD ABBETT SHORT DURATION	MUTUAL FUNDS	92,645
	LORD ABBETT FLOATING RATE FUND CL F	MUTUAL FUNDS	66,614
	MFS VALUE FD CL I	MUTUAL FUNDS	115,989
	NUVEEN LARGE CAP GROWTH	MUTUAL FUNDS	105,206
	REAL ESTATE SELECT	MUTUAL FUNDS	12,606
	FIRST TRUST CLOUD	EXCHANGE TRADED FUNDS	53,971
	FIRST TRUST DOW JONES	EXCHANGE TRADED FUNDS	54,813
	ISHARES NASDAQ BIOTECH	EXCHANGE TRADED FUNDS	29,404
	SPDR US FINANCIAL SECTOR	EXCHANGE TRADED FUNDS	28,502
	VANGUARD CONSUMER STAPLES	EXCHANGE TRADED FUNDS	32,079
	VANGUARD MATERIALS	EXCHANGE TRADED FUNDS	12,743
	VANGUARD INFORMATION TECH	EXCHANGE TRADED FUNDS	130,015
	VANGUARD INDUSTRIAL	EXCHANGE TRADED FUNDS	44,779
			<u>1,423,679</u>
			<u>\$ 33,496,111</u>

* - Party-in-interest

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

Part II Basic Plan Information—enter all requested information

1a Name of plan CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 02/01/2007
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Central Ohio Urology Group, LLC 701 Tech Center Dr, Suite 250 Gahanna OH 43230	2b Employer Identification Number (EIN) 20-1781799 2c Plan Sponsor's telephone number 614-944-4800 2d Business code (see instructions) 621111

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

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

SIGN HERE		<u>10-14-20</u>	Richard Klump
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

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

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(e) <u>Current Value</u>
*	SCHWAB CASH	MONEY MARKET FUND	\$ 61,477
	AMERICAN FUNDS AMERICAN BALANCED	MUTUAL FUND	676,214
	AMERICAN FUNDS CAPITAL WORLD G/I	MUTUAL FUND	1,041,216
	COLUMBIA CONTRARIAN CORE FD CL Z	MUTUAL FUND	621,740
	CONESTOGA SMALL CAP FUND	MUTUAL FUND	1,252,595
	EUROPACIFIC GROWTH FUND	MUTUAL FUND	1,629,124
	HARTFORD MID-CAP R4	MUTUAL FUND	1,628,177
	INVESCO OPPENHEIMER DEV MKTS FD Y	MUTUAL FUND	401,876
	METROPOLITAN WEST TOTAL RETURN	MUTUAL FUND	2,421,703
	MFS GROWTH R4	MUTUAL FUND	2,617,501
	MFS VALUE FUND CL	MUTUAL FUND	1,719,262
	PIMCO INCM CL ADMIN CL	MUTUAL FUND	537,287
	PIMCO TOTAL RETURN ADMINISTRATIVE	MUTUAL FUND	860,831
	VANGUARD MID CAP INDEX ADMIRAL	MUTUAL FUND	5,557
	VANGUARD SMALL CAP INDEX ADMIRAL	MUTUAL FUND	23,541
	VANGUARD 500 INDEX FD ADMIRAL SHRS	MUTUAL FUND	985,013
	VICTORY INTEGRITY SMALL-CAP VALUE Y	MUTUAL FUND	573,190
	WELLS FARGO SPECIAL MID CAP VAL ADMI	MUTUAL FUND	1,442,077
	WELLS FARGO STABLE VALUE CL M	COLLECTIVE INVESTMENT TRUST	1,188,743
			19,687,123
*	SCHWAB CASH	MONEY MARKET FUND	846,322
*	SCH VALUE ADVANTAGE MONEY MARKET	MONEY MARKET FUND	149,901
			996,223
	US TREAS STRIP 0% 11/15/20	US TREASURY BOND STRIP	9,865
	US TREAS STRIP 0% 11/15/21	US TREASURY BOND STRIP	9,700
			19,565
	ABBOTT LABORATORIES	COMMON STOCK	37,742
	ABBVIE INC	COMMON STOCK	39,537
	ALLERGAN PLC	COMMON STOCK	17,205
	ALPHABET INC	COMMON STOCK	8,036
	ALPHABET INC	COMMON STOCK	2,674
	AMERICAN INTERNATIONAL GROUP	COMMON STOCK	14,886
	APPLE INC	COMMON STOCK	35,770
	BERKSHIRE HATHAWAY B NEW	COMMON STOCK	120,045
	BP PLC ADR	COMMON STOCK	50,939
	C N X RESOURCES CORP	COMMON STOCK	12,080
	CHEVRON CORPORATION	COMMON STOCK	33,129
	CINCINNATI FINANCIAL CP	COMMON STOCK	53,643
	CISCO SYSTEM INC	COMMON STOCK	14,868

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

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	CITIGROUP INC NEW	COMMON STOCK	95,069
	COCA COLA COMPANY	COMMON STOCK	83,729
	CONDUENT INCORPORATE	COMMON STOCK	1,451
	CONSOL ENERGY INC	COMMON STOCK	5,383
	D X C TECHNOLOGY COM	COMMON STOCK	1,165
	DANAHER CORPORATION	COMMON STOCK	24,557
	DISCOVERY COMMUNICATIONS SERIES A	COMMON STOCK	18,989
	EVOLUS INC	COMMON STOCK	2,677
	EXXON MOBIL CORP	COMMON STOCK	92,363
	FACEBOOK INC CLASS A	COMMON STOCK	111,451
	FAIRFAX FINL HLDGS LTD	COMMON STOCK	11,743
	FITBIT INC	COMMON STOCK	2,858
	FORD MOTORCAR COMPANY	COMMON STOCK	32,642
	FORTIVE CORPORATION	COMMON STOCK	6,111
	GENERAL DYNAMICS CORP	COMMON STOCK	39,750
	GENERAL ELECTRIC COMPANY	COMMON STOCK	10,490
	GOLDMAN SACHS GROUP INC	COMMON STOCK	11,956
	GROUPON INC CLASS A	COMMON STOCK	4,063
	HRG GROUP INC.	COMMON STOCK	1,029
	HARTFORD FINL SVCS	COMMON STOCK	10,513
	HEWETT-PACKARD COMPANY	COMMON STOCK	5,868
	ILLINOIS TOOL WKS INC	COMMON STOCK	13,472
	INTEL CORP.	COMMON STOCK	239,407
	JP MORGAN CHASE & CO	COMMON STOCK	162,920
	JEFFERIES FINANCIAL	COMMON STOCK	13,997
	JOHNSON & JOHNSON	COMMON STOCK	92,580
	KROGER CO	COMMON STOCK	10,147
	LOCKHEED MARTIN CORP	COMMON STOCK	224,588
	LOEWS CORPORATION	COMMON STOCK	11,023
	MANNKIND CORP	COMMON STOCK	168
	MCKESSON CORP	COMMON STOCK	11,066
	MICRO FOCUS INTERNATIONAL	COMMON STOCK	575
	MICROSOFT CORP.	COMMON STOCK	150,479
	PERSPECTA INC	COMMON STOCK	397
	PROCTER & GAMBLE	COMMON STOCK	301,643
	REPUBLIC SVCS INC	COMMON STOCK	21,601
	STRYKER CORP	COMMON STOCK	14,696
	TELEFLEX INC	COMMON STOCK	7,580
	THERMO FISHER SCIENTIFIC CORP COM	COMMON STOCK	12,995
	US BANKCORP DEL NEW	COMMON STOCK	219,524
	VERIZON COMMUNICATION	COMMON STOCK	5,434
	VERTEX PHARMACEUTICALS	COMMON STOCK	96,776

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

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	WABTEC CORP	COMMON STOCK	389
	WALGREENS BOOTS ALLI	COMMON STOCK	20,636
	WELLS FARGO & CO	COMMON STOCK	13,181
	WYNN RESORTS	COMMON STOCK	69,435
	XEROX CORP	COMMON STOCK	10,766
			2,739,887
	AMERICAN EUROPACIFIC GROWTH FDF2	MUTUAL FUND	67,720
	AQR DIVERSIFIED ARBITRAGE I	MUTUAL FUND	59,534
	AQR LONG SHORT EQUITY CL I	MUTUAL FUND	53,839
	BLACKROCK EQUITY DIVIDEND CL I	MUTUAL FUND	92,908
	BLACKROCK STRAT INCM OPPTY PORT INST	MUTUAL FUND	183,414
	CALVERT ULTRA SHORT DURATION INCM I	MUTUAL FUND	19,670
	COHEN & STEERS REALTY SHARES	MUTUAL FUND	132,520
	DFA EMERGING MARKETS VALUE	MUTUAL FUND	42,254
	DFA GLBL REAL ESTATE SEC PORT INST	MUTUAL FUND	73,304
	DFA INTL SMALL CO PORTFOLIO FUND	MUTUAL FUND	49,498
	DFA US LARGE CAP VALUE PORTFOLIO I	MUTUAL FUND	227,993
	DFA US SMALL CAP VALUEPORT I	MUTUAL FUND	30,198
	DFA US TARGETED VALUE PORT INSTL	MUTUAL FUND	46,062
	DOUBLELINE TOTAL RETURNED FD CL I	MUTUAL FUND	50,542
	EUBEL BRADY & SUTTMA	MUTUAL FUND	56,715
	EUBEL BRADY & SUTTMA	MUTUAL FUND	153,508
	GOLDMAN SACHS STRATEGIC	MUTUAL FUND	59,857
	HARBOR CAPITAL APPRECIATION FD INSTL	MUTUAL FUND	125,003
	HARBOR SMALL CAP VALUE FUND INST CL	MUTUAL FUND	102,541
	HUSSMAN STRATEGIC GROWTH	MUTUAL FUND	48,997
	INVESCO BALANCED RISK ALLOC FD CL Y	MUTUAL FUND	79,886
	INVESCO EQUALLY WEIGHTED S&P 500	MUTUAL FUND	23,209
	IVA INTL FD CL I	MUTUAL FUND	108,012
	JPMORGAN LARGE CAP GROWTH FD	MUTUAL FUND	144,458
	JPMORGAN MID CAP VALUE L	MUTUAL FUND	54,537
	LONGLEAF PARTNERS SMALL CAP FD	MUTUAL FUND	135,913
	LORD ABBETT SHORT DURATION INCM I	MUTUAL FUND	44,489
	MERIDIAN GROWTH FUND LEGACY	MUTUAL FUND	49,254
	METROPOLITAN WEST TOTAL RETURN I	MUTUAL FUND	79,394
	OAKMARK INTL FD INV	MUTUAL FUND	35,419
	PARAMETRIC EMRG MKTS INST	MUTUAL FUND	72,571
	PARNASSUS EQUITY INCOME FD INV	MUTUAL FUND	201,527
	PERFORMANCE TRUST STRAT BD FD	MUTUAL FUND	106,617
	PGIM HIGH YIELD FUND Z	MUTUAL FUND	34,225
	PIMCO COMMODITY REAL RETURN INSTL	MUTUAL FUND	21,557

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

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	PIMCO INCM FD INST CL	MUTUAL FUND	466,093
	PIMCO REAL RETURN FD INSTL	MUTUAL FUND	72,873
	PRUDENTIAL SHORT TRM CORP BND FD CL Z	MUTUAL FUND	8,383
	PUTNAN ULTRA SHORT DURATION INCM A	MUTUAL FUND	147,798
*	SCHWAB HEALTH CARE FUND	MUTUAL FUND	156,890
*	SCHWAB INTL INDEX FD	MUTUAL FUND	45,360
*	SCHWAB S&P 500 INDEX FUND - SELECT S	MUTUAL FUND	75,430
*	SCHWAB SMALL CAP INDEX SELECT	MUTUAL FUND	49,597
	T ROWE PRICE INTL DISCOVERY FUND	MUTUAL FUND	35,583
	T ROWE PRICE SHORT-TERM BOND FUND	MUTUAL FUND	13,268
	TCW TOTAL RETURN BOND FUND	MUTUAL FUND	55,487
	TWEEDY BROWNE GLOBAL VALUE FD	MUTUAL FUND	54,967
	VANGUARD EMRG MKTS STK INDEX FD ADM	MUTUAL FUND	142,449
	VANGUARD EQUITY INC FD ADMIRAL SHS	MUTUAL FUND	59,025
	VANGUARD EURO STK INDEX ADMIRAL SHS	MUTUAL FUND	117,042
	VANGUARD INFLATION PROTECTED SEC FD	MUTUAL FUND	109,286
	VANGUARD INTERM TERM BD INDEX ADM	MUTUAL FUND	64,095
	VANGUARD MID CAP INDEX FUND ADMIRAL	MUTUAL FUND	95,391
	VANGUARD MID CAP VAL	MUTUAL FUND	114,910
	VANGUARD MID-CAP GROWTH INDEX ADMIRA	MUTUAL FUND	110,289
	VANGUARD PACIFIC STOCK INDEX ADMIRAL	MUTUAL FUND	109,578
	VANGUARD REAL ESTATE IN FD ADM SHRS	MUTUAL FUND	246,493
	VANGUARD SHORT TERM BD INDEX FUND	MUTUAL FUND	124,917
	VANGUARD SMALL CAP GROWHT INDEX ADMI	MUTUAL FUND	134,846
	VANGUARD SMALL CAP VALUE INDEX ADMIR	MUTUAL FUND	113,063
	VANGUARD TOTAL BOND MKT INDEX ADM	MUTUAL FUND	116,443
	VANGUARD TOTAL INTL BD INDEX ADMIRAL	MUTUAL FUND	121,953
	VANGUARD TOTAL STOCK MKT INDX FD ADM	MUTUAL FUND	292,580
	VANGUARD 500 INDEX F	MUTUAL FUND	111,534
	VIRTUS SEIX US GOV SEC ULTRA	MUTUAL FUND	1,444
	WEITZ PARTNERS III	MUTUAL FUND	72,468
	WESTERN ASSET CORE BOND FUND	MUTUAL FUND	41,468
			6,348,151
*	CHARLES SCHWAB US MC ETF	EXCHANGE TRADED FUNDS	15,158
*	CHARLES SCHWAB US REIT ETF	EXCHANGE TRADED FUNDS	47,503
	FIRST TRUST INTERNET INDEX CF ETF	EXCHANGE TRADED FUNDS	24,207
	ISHARES CORE MSCI EMERGIN ETF	EXCHANGE TRADED FUNDS	26,934
	ISHARES CORE S&P ETF MIDCAP	EXCHANGE TRADED FUNDS	126,168
	ISHARES CORE S&P SMALL CAP	EXCHANGE TRADED FUNDS	50,981
	ISHARES CORE S&P 500	EXCHANGE TRADED FUNDS	121,861
*	SCHWAB EMERGING MARKETS EQUITY ETF	EXCHANGE TRADED FUNDS	19,515

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

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(e) <u>Current Value</u>
*	Schwab Fundamental Intl LG CO ETF	EXCHANGE TRADED FUNDS	100,497
*	Schwab Intl EQ ETF	EXCHANGE TRADED FUNDS	52,227
*	Schwab Short-Term US Treasury ETF	EXCHANGE TRADED FUNDS	22,867
*	Schwab US Broad Market ETF	EXCHANGE TRADED FUNDS	44,744
	SPDR Gold Trust SPDR Gold Shares	EXCHANGE TRADED FUNDS	13,433
	Vanguard FTSE Emerging Mkts ETF	EXCHANGE TRADED FUNDS	24,002
	Vanguard High Dividend Yield ETF	EXCHANGE TRADED FUNDS	127,273
	Vanguard Intermediate-Term Corp ETF	EXCHANGE TRADED FUNDS	164,394
	Vanguard Short-Term ETF Inv Pro Secs	EXCHANGE TRADED FUNDS	34,151
	Vanguard Small-Cap Growth ETF	EXCHANGE TRADED FUNDS	25,434
			1,041,348
			11,145,174
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	Alphabet Incorporated Class C	COMMON STOCK	34,763
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**CENTRAL OHIO UROLOGY GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN 20-1781799

Plan Number 001

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

December 31, 2019

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	HEALTH CARE SELECT SPDR	MUTUAL FUNDS	49,708
	LOOMIS SAYLES INVT GRADE	MUTUAL FUNDS	66,509
	LORD ABBETT SHORT DURATION	MUTUAL FUNDS	92,645
	LORD ABBETT FLOATING RATE FUND CL F	MUTUAL FUNDS	66,614
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			<u>\$ 33,496,111</u>

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