

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>DIGESTIVE SPECIALIST, INC./DIGESTIVE ENDOSCOPY CENTER, LLC 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/15/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/15/1970</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/15/1970</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>DIGESTIVE SPECIALISTS, INC.</u> <u>4340 CLYO ROAD</u> <u>KETTERING, OH 45459</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0785715</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-396-2620</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0785715</u>	2c Plan Sponsor's telephone number <u>937-396-2620</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>31-0785715</u>					
2c Plan Sponsor's telephone number <u>937-396-2620</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.	10/04/2021	RAJKAMAL JIT
	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	218
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	167
a(2) Total number of active participants at the end of the plan year		6a(2)	146
b Retired or separated participants receiving benefits.....		6b	14
c Other retired or separated participants entitled to future benefits		6c	44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	204
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	204
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	204
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	18
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D 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	
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan DIGESTIVE SPECIALIST, INC./DIGESTIVE ENDOSCOPY CENTER, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DIGESTIVE SPECIALISTS, INC.	D Employer Identification Number (EIN) 31-0785715	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLAZA
NEW YORK, NY 10004

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	64576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DYNAMIC PENSION SERVICES, INC.

2176 HEWITT AVENUE, STE A
KETTERING, OH 45440

31-1585572

(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	TPA	11813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

717 17TH STREET, SUITE 1300
DENVER, CO 80202

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	10686	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)

MWG RETIREMENT PLAN SERVICES, LLC

P.O. BOX 16728
JACKSON, MS 39236

72-1396518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORD KEEPER	9154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan DIGESTIVE SPECIALIST, INC./DIGESTIVE ENDOSCOPY CENTER, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DIGESTIVE SPECIALISTS, INC.	D Employer Identification Number (EIN) 31-0785715	

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	726	15349
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	691552	722513
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	153887	112354
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26035526	31591265
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	26881691 32441481
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	26881691 32441481

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	750465
	(B) Participants	2a(1)(B)	640038
	(C) Others (including rollovers).....	2a(1)(C)	25762
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1416265
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3958
	(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)	7093
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11051
(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)	1274814
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1274814
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3736874
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6439004

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	782986	
(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)		782986
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)	26257	
(3) Investment advisory and management fees	2i(3)	64576	
(4) Other.....	2i(4)	5395	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		96228
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		879214

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5559790
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **SKELLEY & COMPANY**

(2) EIN: **31-1449760**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 2020 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan DIGESTIVE SPECIALIST, INC./DIGESTIVE ENDOSCOPY CENTER, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 DIGESTIVE SPECIALISTS, INC.	D Employer Identification Number (EIN) 31-0785715

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): 01-0609808		
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) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____



**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

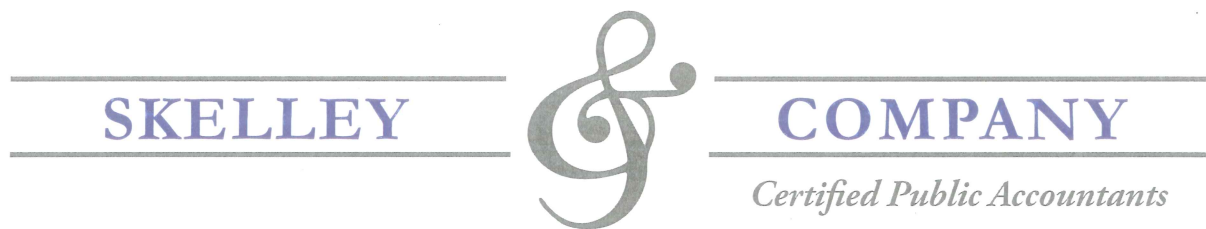
**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

Plan Administrators
Digestive Specialists, Inc./Digestive Endoscopy Center, LLC
401(K) Profit Sharing Plan
Dayton, Ohio

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of the Digestive Specialists, Inc./Digestive Endoscopy Center, LLC. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal controls 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Matrix Trust Company, LLC (Matrix), the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. The plan administrator informed me that Matrix holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Matrix as of, and for the years ended, December 31, 2020 and 2019, that the information provided to the plan administrator by Matrix is complete and accurate.

Disclaimer of Opinion

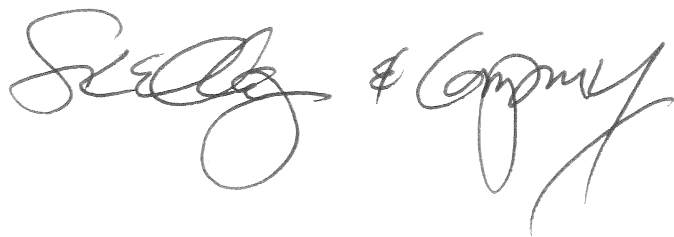
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on the accompanying financial statements and supplementary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

Other Matter

I was engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and I do not express an opinion on the supplemental schedule referred to above.

Report of the Form and Content in Compliance with DOL Rules and Regulations

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

A handwritten signature in cursive script that reads "S. Kelly & Company". The signature is written in dark ink and is positioned to the right of the date and location information.

Dayton, Ohio
September 27, 2021
EIN 31-1449760

DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

ASSETS	2020		2019	
	# of Shares	Amount	# of Shares	Amount
Investments in Registered Investment Companies:				
Alliance Bern High Income	14,547.143	\$ 116,959	14,076.147	\$ 117,254
American Funds Capital World Growth and Income	22,639.918	1,344,132	22,865.399	1,195,174
American Funds Growth Fund of America	68,472.992	4,628,090	67,542.120	3,453,429
Baron Asset Fund	7,085.264	823,875	7,028.145	632,041
Calamos Market Neutral Fd I	73,966.229	1,027,391	73,572.985	979,256
First Eagle Overseas Fund	44,325.691	1,159,117	45,708.753	1,119,407
Franklin Convertible Securities	1,212.644	34,572	750.116	16,345
Franklin Mutual Shares	20,345.380	515,145	25,226.618	694,993
Goldman Sachs Mid Cap Value	22,495.940	839,099	36,035.024	1,244,289
Invesco Oppenheimer Developing Markets	17,547	937,865	-	-
Invesco Oppenheimer International Bond	15,658.071	91,443	15,051	83,985
Invesco Oppenheimer Alternative Investments A	-	-	17,166	782,587
IVY Mid-Cap Growth Fund	54,461.790	2,238,380	35,146.992	1,060,385
Loomis Sayles Inv Grade Bond Fund	89,723.653	1,045,281	72,246.149	818,549
Nicholas Equity Income Fund	41,792.303	623,123	46,327.698	637,006
Oppenheimer Developing Markets Fund	226.374	4,514	658.667	12,712
Parnassus Core Equity Fund	12,278.497	659,969	8,435.931	397,332
PIMCO All Asset All Auth Inst	-	-	6,287.179	52,058
PIMCO Total Return	249,282.046	2,642,390	163,712.263	1,692,785
PGIM Global Real Estate	21,828.623	494,418	21,251.007	513,212
T Rowe Price Cap Appreciation	108,683.603	3,710,458	99,611.948	3,111,877
T Rowe Price Growth Stock	11,878.245	1,151,952	8,570.750	629,007
Vanguard 500 Index Fund - Admiral	4,225.359	1,464,383	7,429.838	2,215,132
Vanguard Developed Markets Index - Admiral	341.409	5,200	-	-
Vanguard Ext Market Index - Admiral	7,262.265	905,968	6,574.870	628,623
Vanguard FTSE All-World Ex-US	21,909.476	796,409	20,521.847	685,224
Vanguard Federal Money Market	1,039,873.296	1,039,873	557,833.011	557,833
Vanguard Growth Index Fund - Admiral	12,487.699	1,629,145	13,276.390	1,245,856
Vanguard High Dividend Yield Index Fund	15,692.404	1,436,012	13,944.713	1,306,759
Vanguard Inflation-protected Securities	406.071	11,500	355.758	9,207
Vanguard Tax Managed Intl	15,488.278	170,836	10,237.688	109,850
Wells Fargo Advantage Government Securities	561.521	6,542	675.771	7,508
Wells Fargo Adv Precious Metal Fund	680.550	37,226	578.237	25,847
		<u>31,591,265</u>		<u>26,035,526</u>
Other assets:				
Cash		15,349		726
Participant loan receivable		112,354		153,887
Employer contributions receivable		<u>722,513</u>		<u>691,552</u>
		<u>850,216</u>		<u>846,165</u>
Total assets		32,441,481		26,881,691
Total Liabilities		<u>-</u>		<u>-</u>
Net Assets Available for Benefits		\$ 32,441,481		\$ 26,881,691

See notes to financial statements.

**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2 0 2 0</u>	<u>2 0 1 9</u>
ADDITIONS TO NET ASSETS:		
Investment income:		
Net investment gain		
from mutual funds	\$ 206,973	\$ 3,023,882
Unrealized appreciation (depreciation)		
in fair value of investments	<u>4,815,766</u>	<u>2,064,868</u>
	5,022,739	5,088,750
Employee Contributions	640,038	563,836
Employee Rollovers	25,762	4,790
Employer Contributions	<u>750,465</u>	<u>691,552</u>
TOTAL ADDITIONS	<u>6,439,004</u>	<u>6,348,928</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	782,986	1,300,010
Administrative expenses	<u>96,228</u>	<u>86,603</u>
TOTAL DEDUCTIONS	<u>879,214</u>	<u>1,386,613</u>
NET INCREASE	5,559,790	4,962,315
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>26,881,691</u>	<u>21,919,376</u>
End of year	<u>\$ 32,441,481</u>	<u>\$ 26,881,691</u>

See notes to financial statements.

**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the Digestive Specialists, Inc./Digestive Endoscopy Center, LLC, "(Company") 401(k) Profit Sharing Plan ("Plan"), formerly known as the Digestive Specialists, Inc. 401(k) Profit Sharing Plan, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all full-time employees of the Company who have twelve months of service, are age twenty-one or older and have 1000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan assets are held in a Trust whose Trustee is Matrix Trust Company, LLC (Matrix), a regulated and supervised trust company. The Trust has thirty-one mutual fund options available to participants.

Contributions – Each year, participants may elect to defer a maximum of 75% of their wages up to the maximum allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their accounts using the various investment options offered by the Plan. The Company has adopted the "safe harbor" feature which requires the Company to annually contribute an amount equal to at least 3% of each participant's compensation. Additional profit-sharing amounts are contributed at the discretion of the Company's Board of Directors.

Participant Accounts – Each participant's account is credited with the participant's contribution, the Company's contribution and an allocation of Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are self-directed.

Participant Loans – Participants may borrow from their account a minimum of \$1,000 up to the lesser of the maximum of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates prime plus 1% as published in the Wall Street Journal on the date the loan is processed, which is commensurate with current interest rates charged for loans made under similar circumstances by persons in the business of lending money.

Effective March 2020 through December 31st, 2020, Congress passed the CARES act in response to the COVID-19 pandemic. The bill was created to provide financial aid for individuals affected by the pandemic and included provisions allowing access to retirement savings. The SRSP adopted the provisions for coronavirus-related distributions and allowed for in-service withdrawals, increased maximum loan limits from \$50,000 or 50% of the vested account balance to \$100,000 or 100% of the vested account balance, and increased the loan repayment schedule.

Vesting – Participants are immediately vested in their contributions plus earnings. Vesting in the Company's contribution portion of their accounts, plus earnings on this portion, is based on years of continuous service. A participant is 100% vested after six years of credited service.

**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE A – DESCRIPTION OF PLAN (continued)

Payment of Benefits – On termination of service due to death, disability or retirement, a participant will receive a monthly annuity payment for their lifetime, joint and 50% survivor annuity if married, or they may elect to receive another payment option. These options are a lump-sum payment of their vested interest or an annuity with installment payments on a monthly or other periodic basis. If a participant dies before receiving all payments, the balance of the account will be paid to their beneficiary if the periodic payment option is selected.

If a participant's vested interest is \$5,000 or less, it may be paid out in one lump sum.

Forfeited Accounts – Forfeited nonvested accounts may be used to reduce future employer contributions or pay Plan expenses. If an employee returns to work before five consecutive one-year breaks in service, the participant may restore the forfeited portion of their account by repaying any payment received at termination. The balance in the forfeiture account was \$5,207 and \$2,236 at December 31, 2020 and 2019, respectively. The amount of forfeitures used was \$5,559 and \$2,772 in 2020 and 2019, respectively.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Plan Expenses – The Plan pays a portion of the administrative expenses for the plan's operations.

Marketable securities and securities transactions – Marketable securities are carried at fair value determined by the Plan Trustee, Matrix, based on their quoted market value. ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a consistent framework for measuring fair value and, with certain exceptions, this framework is generally applied to all financial statement items required to be measured at fair value. The standard requires fair value measurements to be classified and disclosed in one of the following three categories:

- *Level 1* – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- *Level 2* – Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the assets or liability; and
- *Level 3* – Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable.

Participant Loan Receivables – Participant Loan Receivables are reported at their unpaid principal balance. Interest income is recorded on the cash basis. Related fees are charged directly to the borrowing participant's account and are included in the administrative expenses when incurred. At December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the delinquent participant note receivable is deemed a benefit payment based on the terms of the Plan document.

**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates – The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments (level 1) are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recognized when received and included in the investment gains.

Subsequent Events – Subsequent events were evaluated through September 27, 2021, which is the date the financial statements were available to be issued.

NOTE C - INVESTMENTS

In addition to the investments shown in the Statements of Net Assets Available for Benefits, Matrix provided information regarding the change in value of those investments. The Plan's investments (including realized gains and losses on investments bought and sold), increased (decreased) during the year ended December 31, as follows:

**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE C – INVESTMENTS (continued)

	<u>2 0 2 0</u>	<u>2 0 1 9</u>
Alliance Bern High Income - A	\$ (295)	\$ 17,393
American Funds Capital World Growth and Income	148,958	194,658
American Funds Growth Fund of America	1,174,661	580,748
Baron Asset Fund	191,833	65,696
Calamos Market Neutral Fund	48,134	177,511
First Eagle Overseas Fund - A	39,709	354,243
Franklin Convertible Securities	18,227	4,112
Franklin Mutual Shares	(179,848)	52,101
Goldman Sachs Mid Cap Value - A	(405,191)	323,245
Harbor International - Retirement Class	-	(489,150)
Invesco Oppenheimer Developing Markets Fund	155,278	-
Invesco Oppenheimer International Bond	7,458	83,985
Invesco Oppenheimer Alternative Investments A	-	782,587
IVY Mid-Cap Growth	1,177,995	17,540
Loomis Sayles Inv Grd Bd Fd	226,732	50,554
Neuberger Berman International	-	(489,393)
Nicholas Equity Income Fd	(13,883)	629,006
Oppenheimer Developing Markets	(8,198)	(562,927)
Oppenheimer International Bond Fund A	-	(84,484)
Parnassus Inc. Fund Equity Income	262,637	305,591
PIMCO All Asset All Auth Inst	(52,058)	(19,693)
PIMCO Total Return	949,605	122,972
PGIM Global Real Estate	(18,794)	114,200
T Rowe Price Cap Appreciation	598,581	512,835
T Rowe Price Growth Stock	522,945	26,780
Vanguard 500 Index – Admiral	(750,749)	705,871
Vanguard Developed Markets Index - Admiral	5,200	-
Vanguard Ext Market Index – Admiral	277,344	172,740
Vanguard FTSE All-World Ex-US	111,185	676,929
Vanguard Federal Money Market	482,040	(41,324)
Vanguard Growth Index Fund - Admiral	383,289	503,295
Vanguard High Dividend Yield Index Fund	129,253	135,245
Vanguard Inflation-protected Securities	2,293	779
Vanguard Tax Managed Intl	60,985	11,742
Wells Fargo Advantage Government Securities	(966)	435
Wells Fargo Adv Precious Metal Fund	11,379	9,331
	<u>\$ 5,555,739</u>	<u>\$ 4,945,155</u>

NOTE D – PLAN TERMINATION

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

**DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE E - TAX STATUS

Effective January 1, 2016, the Plan was amended and restated to allow the merger of the DECL retirement Plan and to comply with other miscellaneous required provisions. With the advice of Plan council, the Company is relying on an advisory letter by the Internal Revenue Service that the Plan is qualified under Code Section 401 to the extent provided in Revenue Ruling 2011-49, and any superseding guidance.

NOTE F – RISKS AND UNCERTAINTIES

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

NOTE G – ADMINISTRATIVE EXPENSES

The Annual Return/Report of Employee Benefit Plan (Form 5500) requires the reporting of direct compensation of \$5,000 or more paid to Plan service providers on Schedule C. In 2020 and 2019, Schedule C reports a total of \$96,228 and \$75,383, respectively, was paid to service providers; those amounts are included in the amounts reported on Schedule H.

Included in the amounts on Schedule H in 2020 and 2019 were other expenses for investment advisor fees, trading fees, plan administration and recordkeeping the aggregate amount paid was \$96,228 and \$86,603, respectively. The Company pays the Plan audit fees directly.

NOTE H – SUBSEQUENT EVENTS

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

The Company has evaluated subsequent events through September 27, 2021 which is the date the financial statements were completed.

SUPPLEMENTARY INFORMATION

DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN

EIN: 31-0785715
PLAN NUMBER: 002

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

DECEMBER 31, 2020

(a) (b) Identity of issue, borrower, lessor, or similar party		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
Alliance Bern High Income		14,547.143	Shares	\$ 125,923	\$ 116,959
American Funds Capital World Growth and Income		22,639.918	Shares	1,120,092	1,344,132
American Funds Growth Fund of America		68,472.992	Shares	3,394,543	4,628,090
Baron Asset Fund		7,085.264	Shares	539,227	823,875
Calamos Market Neutral Fd I		73,966.229	Shares	969,035	1,027,391
First Eagle Overseas Fund		44,325.691	Shares	1,095,725	1,159,117
Franklin Convertible Securities		1,212.644	Shares	31,121	34,572
Franklin Mutual Shares		20,345.380	Shares	576,540	515,145
Goldman Sachs Mid Cap Value		22,495.940	Shares	792,303	839,099
Invesco Oppenheimer Developing Markets		17.547	Shares	675,640	937,865
Invesco Oppenheimer International Bond		15,658.071	Shares	86,861	91,443
IVY Mid-Cap Growth Fund		54,461.790	Shares	1,679,972	2,238,380
Loomis Sayles Inv Grade Bond Fund		89,723.653	Shares	1,014,060	1,045,281
Neuberger Berman International		41,792.303	Shares	542,449	623,123
Nicholas Equity Income Fund		226.374	Shares	4,306	4,514
Parnassus Core Equity Fund		12,278.497	Shares	594,037	659,969
PIMCO Total Return		249,282.046	Shares	2,606,866	2,642,390
PGIM Global Real Estate		21,828.623	Shares	522,494	494,418
T Rowe Price Cap Appreciation		108,683.603	Shares	3,213,266	3,710,458
T Rowe Price Growth Stock		11,878.245	Shares	991,946	1,151,952
Vanguard 500 Index - Admiral		4,225.359	Shares	1,019,523	1,464,383
Vanguard Developed Markets Index - Admiral		341.409	Shares	4,202	5,200
Vanguard Ext Market Index - Admiral		7,262.265	Shares	607,434	905,968
Vanguard FTSE All-World Ex-US		21,909.476	Shares	707,388	796,409
Vanguard Federal Money Market		1,039,873.296	Shares	1,039,873	1,039,873
Vanguard Growth Index Fund - Admiral		12,487.699	Shares	1,289,236	1,629,145
Vanguard High Dividend Yield Index Fund		15,692.404	Shares	1,310,819	1,436,012
Vanguard Inflation-Protected Securities		406.071	Shares	10,957	11,500
Vanguard Short Term Investment Grade Fund		15,488.278	Shares	165,655	170,836
Wells Fargo Advantage Government Securities		561.521	Shares	6,341	6,542
Wells Fargo Adv Precious Metal Fund		680.550	Shares	37,664	37,226
				26,775,499	31,591,265
Other assets:					
Cash				15,349	15,349
Participant Loan Receivables	Prime plus 1%, ranging from 4.25% to 6.50%			112,354	112,354
Employer Contributions Receivable				722,513	722,513
Net Assets Held at End of Year				<u>\$ 27,625,715</u>	<u>\$ 32,441,481</u>

See notes to Financial Statements

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 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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 Digestive Specialist, Inc./Digestive Endoscopy Center, LLC 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>07/15/1970</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) Digestive Specialists, Inc. 4340 Clio Road Kettering OH 45459	2b Employer Identification Number (EIN) 31-0785715 2c Plan Sponsor's telephone number 937-396-2620 2d Business code (see instructions) 621111

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

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

SIGN HERE	 Signature of plan administrator	10/04/2021	Rajkamal Jit
		Date	Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/04/2021	Rajkamal Jit
		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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	218
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	167
a(2) Total number of active participants at the end of the plan year		6a(2)	146
b Retired or separated participants receiving benefits		6b	14
c Other retired or separated participants entitled to future benefits		6c	44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	204
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	204
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	204
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	18
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D 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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

DIGESTIVE SPECIALISTS, INC./DIGESTIVE ENDOSCOPY CENTER, LLC
401(K) PROFIT SHARING PLAN

EIN: 31-0785715
PLAN NUMBER: 002

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