

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>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.	10/13/2021	ELIZABETH SCHOEN
	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	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.....		6a(1)	162
a(2) Total number of active participants at the end of the plan year		6a(2)	162
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	60
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	222
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 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	
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 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	2000	Yes ☒ No ☐	Yes ☒ No ☐	57087	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	7488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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 ☐	7114	Yes ☐ No ☒

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

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

EUBEL BRADY & SUTTMAN ASSET MGT.

31-1386402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50 71	NONE	5822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 65 71	NONE	1764	Yes ☒ No ☐	Yes ☒ No ☐	39	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	57087
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHARLES SCHWAB TRUST COMPANY 42-1558009	SUB-TRANSFER AGENCY FEES; COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 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	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND M					
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.					
c EIN-PN 94-6751924-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1205821	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>CENTRAL OHIO UROLOGY GROUP, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL OHIO UROLOGY GROUP, LLC</u>	D Employer Identification Number (EIN) <u>20-1781799</u>	

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	907800	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	7879
(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)	149901	990545
(2) U.S. Government securities	1c(2)	19565	393832
(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)	6445049	3180690
(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)	1188743	1205821
(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)	24785053	32444235
(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	33496111 38223002
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	33496111 38223002

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)	367353
	(B) Participants	2a(1)(B)	792574
	(C) Others (including rollovers).....	2a(1)(C)	4432
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1164359
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)	976363
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	976363
(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)		21813
(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)		3378895
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5541430

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	764311	
(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)		764311
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)	2000	
(3) Investment advisory and management fees	2i(3)	48228	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		50228
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		814539

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4726891
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: 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.)

	Yes	No	Amount
4a	X		257957

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

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): 82-3967259		
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 _____

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

FINANCIAL REPORT

December 31, 2020 and 2019

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

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-12
Supplementary Information	
Schedule of Assets (Held at End of Year)	13-19
Schedule of Delinquent Participant Contributions	20

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, 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 (collectively, the "financial statements").

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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, 2020 and 2019 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) and schedule of delinquent participant contributions as of and for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in cursive script that reads "Meloney + Novotny LLC".

Columbus, Ohio
October 8, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value	\$ 38,215,123	\$ 33,496,111
Contributions receivable		
Employer match	<u>7,879</u>	<u>-</u>
Net assets available for benefits	<u>\$ 38,223,002</u>	<u>\$ 33,496,111</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, 2020 and 2019

	2020	2019
Additions to Net Assets		
Investment income:		
Interest and dividend income	\$ 976,363	\$ 922,678
Net appreciation in fair value of investments	<u>3,400,708</u>	<u>5,665,912</u>
Total investment income	4,377,071	6,588,590
Contributions:		
Participant deferrals	792,574	749,209
Participant rollovers	4,432	66,194
Employer match	<u>367,353</u>	<u>330,301</u>
Total contributions	<u>1,164,359</u>	<u>1,145,704</u>
Total additions	5,541,430	7,734,294
Deductions from Net Assets		
Benefits paid	764,311	4,836,933
Administration and investment fees	<u>50,228</u>	<u>45,849</u>
Total deductions	<u>814,539</u>	<u>4,882,782</u>
Change in net assets available for benefits	4,726,891	2,851,512
Net Assets Available for Benefits		
Beginning of year	<u>33,496,111</u>	<u>30,644,599</u>
End of year	<u><u>\$ 38,223,002</u></u>	<u><u>\$ 33,496,111</u></u>

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE A - DESCRIPTION OF PLAN

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

1. *General*

The Plan is a defined contribution plan covering all employees of the Central Ohio Urology Group, Inc. (the "Company") who have reached the age of 21, have completed twelve consecutive months of service, and are employed at the end of the year. 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.

In 2020 and 2019, the Company contributed a safe-harbor match of 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 profit-sharing contributions during 2020 or 2019.

The Plan offers a variety of stocks, bonds, money market funds, mutual funds, exchange traded funds, and a collective investment trust. 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 advisory and investment management fees or withdrawal fees.

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020 and 2019

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 \$3,187,140 and \$2,663,813 at December 31, 2020 and 2019, respectively, and the underlying investments held in such accounts are presented individually within the fair value hierarchy in Note D.

4. *Vesting*

Participants are immediately vested in their deferred salary, 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.

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 or in a single lump-sum payment.

6. *Forfeitures*

The non-vested portion of a participant's account is forfeited upon termination of service. Forfeitures totaling \$4,321 and \$69,662 were used to offset the Company's matching contribution during the years ended December 31, 2020 and 2019, respectively. At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$35,613 and \$29,211, respectively. These accounts will be used to reduce future employer contributions. The employer receivable amount as of December 31, 2020 was reduced by forfeitures of \$31,978.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020 and 2019

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

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.

2. *Fair Value Measurements*

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.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020 and 2019

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2. *Fair Value Measurements (Continued)*

Investments: The following is a description of the valuation methodology used for assets measured at fair value:

Cash and 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 this account is based on its reported net asset value ("NAV"). The NAV is based primarily on observable inputs and the market value of the underlying investments and is classified as Level 2.

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. There have been no changes to the methodologies used from 2019 to 2020. 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*

Benefits are recorded when paid.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020 and 2019

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

5. *Use of Estimates*

The preparation of financial statements in accordance with U.S. GAAP requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from 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, 2020 and 2019:

	2020			
	Level 1	Level 2	Level 3	Total
Cash and money market funds	\$ 990,545	\$ -	\$ -	\$ 990,545
Government obligations	-	393,832	-	393,832
Common stocks	3,180,690	-	-	3,180,690
Mutual funds	30,351,692	-	-	30,351,692
Exchange traded funds	2,092,543	-	-	2,092,543
Collective investment trust	-	1,205,821	-	1,205,821
	<u>\$ 36,615,470</u>	<u>\$ 1,599,653</u>	<u>\$ -</u>	<u>\$ 38,215,123</u>
	2019			
	Level 1	Level 2	Level 3	Total
Cash and money market funds	\$ 1,105,883	\$ -	\$ -	\$ 1,105,883
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	26,533,442	-	-	26,533,442
Collective investment trust	-	1,188,743	-	1,188,743
	<u>\$ 32,287,803</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, 2020 and 2019

NOTE E - UNAUDITED INFORMATION

The plan administrator has elected the method of compliance permitted by 29 CFR 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, 2020 and 2019, 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, 2020 and 2019, and investment related information in the accompanying notes to the financial statements and supplementary information. This information is unaudited by independent accountants.

	<u>December 31, 2020</u>	<u>December 31, 2019</u>
Investments, at fair value	\$ 35,027,983	\$ 30,832,298
	<u>Year ended</u>	
	<u>December 31, 2020</u>	<u>December 31, 2019</u>
Interest and dividend income	\$ 917,308	\$ 851,662
Net appreciation in fair value of investments	2,962,168	5,223,627

The above table excludes self-directed brokerage accounts defined within Note A3 and the related income and appreciation of those accounts.

NOTE F - INCOME TAX STATUS

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, 2020 and 2019, 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.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020 and 2019

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

The Custodian of the Plan received custodian and investment fees totaling \$17,064 and \$15,941 for the years ended December 31, 2020 and 2019, respectively. In addition, investment fees are paid to Raymond James and Merrill Lynch totaling \$33,164 and \$29,908 for the years ending December 31, 2020 and 2019, respectively. The Plan holds investments issued by the Charles Schwab Bank, Raymond James, and Merrill Lynch.

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

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

NOTE H - RISKS AND UNCERTAINTIES

The Plan holds various investment securities. The 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 - COVID-19 PANDEMIC

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. The pandemic has adversely affected domestic and global economic activity and the full impact continues to evolve as of the date of this report. 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.

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, affected participants could 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, required minimum distributions have been temporarily suspended under the provisions of the CARES Act.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020 and 2019

NOTE J - 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. The plan administrator has determined that there were no subsequent events that required disclosure through the evaluation date.

SUPPLEMENTARY INFORMATION

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 END OF YEAR)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
*	SCHWAB CASH	MONEY MARKET FUND	\$ 509
	AMERICAN FUNDS AMERICAN BALANCED	MUTUAL FUND	856,738
	AMERICAN FUNDS CAPITAL WORLD G/I	MUTUAL FUND	1,221,361
	COLUMBIA CONTRARIAN CORE FD CL Z	MUTUAL FUND	742,621
	CONESTOGA SMALL CAP FUND	MUTUAL FUND	1,555,192
	EUROPACIFIC GROWTH FUND	MUTUAL FUND	1,954,908
	HARTFORD MID-CAP R4	MUTUAL FUND	1,978,988
	INVESTCO OPPENHEIMER DEV MKTS FD Y	MUTUAL FUND	446,988
	METROPOLITAN WEST TOTAL RETURN	MUTUAL FUND	2,658,883
	MFS GROWTH R4	MUTUAL FUND	3,344,130
	MFS VALUE FUND CL	MUTUAL FUND	1,820,044
	PIMCO INCM CL ADMIN CL	MUTUAL FUND	615,493
	PIMCO TOTAL RETURN ADMINISTRATIVE	MUTUAL FUND	1,001,413
	VANDUARD MID CAP INDEX ADMIRAL	MUTUAL FUND	2,004
	VANGUARD SMALL CAP INDEX ADMIRAL	MUTUAL FUND	28,287
	VANGUARD 500 INDEX FD ADMIRAL SHRS	MUTUAL FUND	1,314,519
	VICTORY INTEGRITY SMALL-CAP VALUE Y	MUTUAL FUND	627,046
	WELLS FARGO SPECIAL MID CAP VAL ADMI	MUTUAL FUND	1,564,377
	WELLS FARGO STABLE VALUE CL M	COLLECTIVE INVESTMENT TRUST	1,205,821
*	SCHWAB CASH	MONEY MARKET FUND	878,484
	US TREASURY BILL	US TREASURY BILLS	87,983
	US TREASURY BILL	US TREASURY BILLS	209,914
	US TREASURY BILL	US TREASURY BILLS	85,944
	US TREAS STRIP 0% 11/15/21	US TREASURY BOND STRIP	9,991
	ABBOTT LABORATORIES	COMMON STOCK	47,574
	ABBVIE INC	COMMON STOCK	50,251
	ALPHABET INC	COMMON STOCK	22,784
	ALPHABET INC	COMMON STOCK	3,504
	AMERICAN INTERNATIONAL GROUP	COMMON STOCK	17,832
	AMERISOURCEBERGEN CORP	COMMON STOCK	13,686
	APPLE INC	COMMON STOCK	163,868
	BERKSHIRE HATHAWAY B NEW	COMMON STOCK	122,891
	BP PLC ADR	COMMON STOCK	30,140
	C N X RESOURCES CORP	COMMON STOCK	13,327
	CHEVRON CORPORATION	COMMON STOCK	24,632
	CINCINNATI FINANCIAL CP	COMMON STOCK	45,849
	CISCO SYSTEM INC	COMMON STOCK	21,033

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 END OF YEAR) (CONTINUED)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	CITIGROUP INC NEW	COMMON STOCK	\$ 11,715
	COCA COLA COMPANY	COMMON STOCK	82,958
	CONSOL ENERGY INC	COMMON STOCK	2,675
	D X C TECHNOLOGY COM	COMMON STOCK	798
	DANAHER CORPORATION	COMMON STOCK	12,884
	DISCOVERY COMMUNICATIONS SERIES A	COMMON STOCK	27,382
	EVOLUS INC	COMMON STOCK	739
	EXXON MOBIL CORP	COMMON STOCK	54,787
	FACEBOOK INC CLASS A	COMMON STOCK	93,694
	FAIRFAX FINL HLDGS LTD	COMMON STOCK	14,326
	FITBIT INC	COMMON STOCK	2,958
	FORD MOTORCAR COMPANY	COMMON STOCK	31,494
	FORTIVE CORPORATION	COMMON STOCK	5,666
	GENERAL DYNAMICS CORP	COMMON STOCK	33,545
	GENERAL ELECTRIC COMPANY	COMMON STOCK	10,152
	GOLDMAN SACHS GROUP INC	COMMON STOCK	13,713
	GROUPON INC	COMMON STOCK	3,230
	HARTFORD FINL SVCS	COMMON STOCK	8,474
	HEWETT-PACKARD COMPANY	COMMON STOCK	4,385
	INTEL CORP.	COMMON STOCK	199,286
	JP MORGAN CHASE & CO	COMMON STOCK	153,669
	JEFFERIES FINANCIAL	COMMON STOCK	16,113
	JOHNSON & JOHNSON	COMMON STOCK	99,886
	KROGER CO	COMMON STOCK	11,116
	LABORATORY CP OF AMER HLDG	COMMON STOCK	13,231
	LOCKHEED MARTIN CORP	COMMON STOCK	210,279
	LOEWS CORPORATION	COMMON STOCK	9,454
	MANNKIND CORP	COMMON STOCK	407
	MCKESSON CORP	COMMON STOCK	20,870
	MICROSOFT CORP.	COMMON STOCK	214,429
	PERSPECTA INC	COMMON STOCK	361
	PROCTER & GAMBLE	COMMON STOCK	344,183
	REPUBLIC SVCS INC	COMMON STOCK	23,208
	STEEL DYNAMICS INC	COMMON STOCK	15,117
	STRYKER CORP	COMMON STOCK	17,153
	TELEFLEX INC	COMMON STOCK	8,734
	THERMO FISHER SCIENTIFIC CORP COM	COMMON STOCK	10,247
	US BANKCORP DEL NEW	COMMON STOCK	173,824
	VERIZON COMMUNICATION	COMMON STOCK	5,426
	VERTEX PHARMACEUTICALS	COMMON STOCK	104,462
	VONTIER CORP	COMMON STOCK	1,069

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 END OF YEAR) (CONTINUED)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	WALGREENS BOOTS ALLI	COMMON STOCK	\$ 13,958
	WELLS FARGO & CO	COMMON STOCK	14,637
	WYNN RESORTS	COMMON STOCK	225,660
	XEROX CORP	COMMON STOCK	6,771
	AMERICAN EUROPACIFIC GROWTH FDF2	MUTUAL FUND	61,992
	AQR DIVERSIFIED ARBITRAGE I	MUTUAL FUND	43,722
	AQR LONG SHORT EQUITY CL I	MUTUAL FUND	46,348
	ARTISAN INTL SM MID FD ADV	MUTUAL FUND	177,180
	BLACKROCK EQUITY DIVIDEND CL I	MUTUAL FUND	62,244
	BLACKROCK STRAT INCM OPPTY PORT INST	MUTUAL FUND	104,002
	BLACKROCK HEALTH SCIENCES OPP INSTL	MUTUAL FUND	196,636
	CALVERT ULTRA SHORT DURATION INCM I	MUTUAL FUND	19,848
	COHEN & STEERS REALTY SHARES	MUTUAL FUND	139,800
	DFA EMERGING MARKETS VALUE	MUTUAL FUND	43,409
	DFA INTL SMALL CAP VALUE PORT INSTL	MUTUAL FUND	38,169
	DFA US LARGE CAP VALUE PORTFOLIO I	MUTUAL FUND	300,534
	DFA US TARGETED VALUE PORT INSTL	MUTUAL FUND	72,242
	DIAMOND HILL LARGE CAP FUND CL I	MUTUAL FUND	60,772
	EUBEL BRADY & SUTTMA INCM & APPR FD	MUTUAL FUND	60,044
	EUBEL BRADY & SUTTMA INCM FD	MUTUAL FUND	136,428
	HARBOR CAPITAL APPRECIATION FD INSTL	MUTUAL FUND	133,937
	HARBOR SMALL CAP VALUE FUND INST CL	MUTUAL FUND	116,019
	IVA INTL FD CL I	MUTUAL FUND	141,089
	JPMORGAN LARGE CAP GROWTH FD	MUTUAL FUND	48,778
	JPMORGAN MID CAP VALUE L	MUTUAL FUND	47,967
	LONGLEAF PARTNERS SMALL CAP FD	MUTUAL FUND	141,541
	MATTEWS PACIFIC TIGER FD INSTL	MUTUAL FUND	33,572
	MERIDIAN GROWTH FUND LEGACY	MUTUAL FUND	61,531
	METROPOLITAN WEST TOTAL RETURN I	MUTUAL FUND	245,898
	PARAMETRIC EMRG MKTS INST	MUTUAL FUND	74,579
	PARNASSUS EQUITY INCOME FD INV	MUTUAL FUND	148,113
	PERFORMANCE TRUST STRAT BD FD	MUTUAL FUND	112,724
	PGIM HIGH YIELD FUND Z	MUTUAL FUND	36,137
	PIMCO COMMODITY REAL RETURN INSTL	MUTUAL FUND	21,733
	PIMCO INCM FD INST CL	MUTUAL FUND	493,105
	PIMCO REAL RETURN FD INSTL	MUTUAL FUND	227,305
	PRUDENTIAL SHORT TRM CORP BND FD CL Z	MUTUAL FUND	78,702
	RAINIER INVT MGMT MUT FDS	MUTUAL FUND	47,198
*	SCHWAB HEALTH CARE FUND	MUTUAL FUND	177,067

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 END OF YEAR) (CONTINUED)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
*	Schwab Intl Index FD	MUTUAL FUND	\$ 49,055
*	Schwab Small Cap Index Select	MUTUAL FUND	59,583
	TCW Total Return Bond Fund	MUTUAL FUND	26,813
	Vanguard EMRG MKTS STK Index FD ADM	MUTUAL FUND	164,159
	Vanguard Equity Inc FD Admiral SHS	MUTUAL FUND	60,873
	Vanguard Euro STK Index Admiral SHS	MUTUAL FUND	124,580
	Vanguard Inflation Protected Sec FD	MUTUAL FUND	121,196
	Vanguard Mid Cap Index Fund Admiral	MUTUAL FUND	112,790
	Vanguard Mid Cap Val	MUTUAL FUND	130,241
	Vanguard Mid-Cap Growth Index Admira	MUTUAL FUND	148,315
	Vanguard Pacific Stock Index Admiral	MUTUAL FUND	127,730
	Vanguard Real Estate In FD ADM SHRS	MUTUAL FUND	235,020
	Vanguard Short Term BD Index Fund	MUTUAL FUND	130,777
	Vanguard Small Cap Growth Index Admi	MUTUAL FUND	182,427
	Vanguard Small Cap Value Index Admir	MUTUAL FUND	132,474
	Vanguard Total Bond Mkt Index ADM	MUTUAL FUND	125,431
	Vanguard Total Intl BD Index Admiral	MUTUAL FUND	127,488
	Vanguard Total Stock Mkt Indx FD ADM	MUTUAL FUND	385,071
	Vanguard 500 Index F	MUTUAL FUND	142,367
	Virtus SEIX US Gov Sec Ultra	MUTUAL FUND	32,388
	Western Asset Core Bond Fund	MUTUAL FUND	50,415
*	Charles Schwab US MC ETF	EXCHANGE TRADED FUNDS	115,156
*	Charles Schwab US REIT ETF	EXCHANGE TRADED FUNDS	40,314
	First Trust Internet Index CF ETF	EXCHANGE TRADED FUNDS	163,842
	iShares Core MSCI Emergin ETF	EXCHANGE TRADED FUNDS	31,082
	iShares MSCI EAFE Value ETF	EXCHANGE TRADED FUNDS	21,334
*	Schwab Emerging Markets Equity ETF	EXCHANGE TRADED FUNDS	21,853
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	SPDR S&P 500 Value ETF	EXCHANGE TRADED FUNDS	58,325
	Vanguard FTSE Emerging Mkts ETF	EXCHANGE TRADED FUNDS	27,657
	Vanguard High Dividend Yield ETF	EXCHANGE TRADED FUNDS	128,903
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	Vanguard Small-Cap Growth ETF	EXCHANGE TRADED FUNDS	76,818

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 END OF YEAR) (CONTINUED)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
*	RAYMOND JAMES BANK	MONEY MARKET FUND	\$ 17,939
	ALPHABET INCORPORATED CLASS C	COMMON STOCK	45,549
	ALPHABET INCORPORATED CLASS A	COMMON STOCK	45,569
	AMAZON COM INCORPORATED	COMMON STOCK	74,909
	APPLE INCORPORATED	COMMON STOCK	80,941
	CAMPING WORLD HLDGS INCORPORATED CLASS	COMMON STOCK	26,050
	EVOLUS	COMMON STOCK	1,176
	ANGEL OAK MULTI-STRATEGY INC FUND	MUTUAL FUND	105,475
	BLACKROCK HEALTH SCIENCES TRUST II	MUTUAL FUND	57,300
	CAPITAL WORLD GROWTH & INCOME FUND	MUTUAL FUND	103,893
	GOLDMAN SACHS INTERNATIONAL SMALL CAP	MUTUAL FUND	87,980
	GOLDMAN SACHS GQG PARTERNS INTL OPPOR	MUTUAL FUND	108,472
	GUGGENHEIM MACRO OPPORTUNITIES FUND	MUTUAL FUND	83,286
	IVY EMERGING MARKETS EQUITY FUND CLASS I	MUTUAL FUND	97,147
	LAZARD EMERGING MARKET PORTFOLIO	MUTUAL FUND	57,620
	NATIXIS OAKMARK INTERNATIONAL FUND CL A	MUTUAL FUND	110,938
	PIMCO INCOME FUND CLASS I2	MUTUAL FUND	92,695
	INVESTCO FTSE RAFI US	EXCHANGE TRADED FUNDS	61,805
	ISHARES TR CORE S&P	EXCHANGE TRADED FUNDS	64,235
	ISHARES TR MORTGE REL	EXCHANGE TRADED FUNDS	31,860
	VANGUARD DIVIDEND APPRECIATION ETF	EXCHANGE TRADED FUNDS	122,536
*	CASH-MERRILL LYNCH	MONEY MARKET FUND	1,701
	BIF MONEY FUND	MONEY MARKET FUND	91,912
	COMM SERVICES SELECT	MUTUAL FUND	107,226
	CONSUMER DISCRETIONARY	MUTUAL FUND	93,252
	DOUBLELINE TOTAL RETURN	MUTUAL FUND	142,245
	EVENTIDE GILEAD FUND	MUTUAL FUND	104,555
	EVENTIDE HEALTHCARE & LIFE SCIENCE FUND	MUTUAL FUND	95,093
	FIRST EAGLE GLOBAL FUND	MUTUAL FUND	79,628
	HEALTH CARE SELECT SPDR	MUTUAL FUND	89,391
	LOOMIS SAYLES INVT GRADE	MUTUAL FUND	69,237
	LORD ABBETT SHORT DURATION	MUTUAL FUND	141,532
	MFS VALUE FD CL I	MUTUAL FUND	81,018
	NUVEEN LARGE CAP GROWTH	MUTUAL FUND	86,032
	PACER BENCHMARK DATA	MUTUAL FUND	5,127
	FIRST TRUST CLOUD	EXCHANGE TRADED FUNDS	72,128
	FIRST TRUST DOW JONES	EXCHANGE TRADED FUNDS	67,065
	ISHARES NASDAQ BIOTECH	EXCHANGE TRADED FUNDS	37,570
	PROSHARES ONLINE RETAIL	EXCHANGE TRADED FUNDS	10,771

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 END OF YEAR) (CONTINUED)

December 31, 2020

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	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	SPDR US FINANCIAL SECTOR	EXCHANGE TRADED FUNDS	\$ 34,963
	VANGUARD CONSUMER STAPLES	EXCHANGE TRADED FUNDS	52,524
	VANGUARD MATERIALS	EXCHANGE TRADED FUNDS	13,029
	VANGUARD INFORMATION TECH	EXCHANGE TRADED FUNDS	166,281
	VANGUARD INDUSTRIAL	EXCHANGE TRADED FUNDS	67,486
			<u>\$ 38,215,123</u>

* - Party-in-interest

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

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

EIN 20-1781799

Plan Number 001

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

Year ended December 31, 2020

Participant Contributions Transferred Late to the Plan	Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 257,957		\$ -	\$ 257,957	\$ -	\$ -

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 01/01/2020 and ending 12/31/2020	
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	Elizabeth Schoen, Esq. F5D2C5B007B6423...	October 13, 2021 9:00 AM EDT	Elizabeth Schoen
	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

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 END OF YEAR)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
*	SCHWAB CASH	MONEY MARKET FUND	\$ 509
	AMERICAN FUNDS AMERICAN BALANCED	MUTUAL FUND	856,738
	AMERICAN FUNDS CAPITAL WORLD G/I	MUTUAL FUND	1,221,361
	COLUMBIA CONTRARIAN CORE FD CL Z	MUTUAL FUND	742,621
	CONESTOGA SMALL CAP FUND	MUTUAL FUND	1,555,192
	EUROPACIFIC GROWTH FUND	MUTUAL FUND	1,954,908
	HARTFORD MID-CAP R4	MUTUAL FUND	1,978,988
	INVESTCO OPPENHEIMER DEV MKTS FD Y	MUTUAL FUND	446,988
	METROPOLITAN WEST TOTAL RETURN	MUTUAL FUND	2,658,883
	MFS GROWTH R4	MUTUAL FUND	3,344,130
	MFS VALUE FUND CL	MUTUAL FUND	1,820,044
	PIMCO INCM CL ADMIN CL	MUTUAL FUND	615,493
	PIMCO TOTAL RETURN ADMINISTRATIVE	MUTUAL FUND	1,001,413
	VANDUARD MID CAP INDEX ADMIRAL	MUTUAL FUND	2,004
	VANGUARD SMALL CAP INDEX ADMIRAL	MUTUAL FUND	28,287
	VANGUARD 500 INDEX FD ADMIRAL SHRS	MUTUAL FUND	1,314,519
	VICTORY INTEGRITY SMALL-CAP VALUE Y	MUTUAL FUND	627,046
	WELLS FARGO SPECIAL MID CAP VAL ADMI	MUTUAL FUND	1,564,377
	WELLS FARGO STABLE VALUE CL M	COLLECTIVE INVESTMENT TRUST	1,205,821
*	SCHWAB CASH	MONEY MARKET FUND	878,484
	US TREASURY BILL	US TREASURY BILLS	87,983
	US TREASURY BILL	US TREASURY BILLS	209,914
	US TREASURY BILL	US TREASURY BILLS	85,944
	US TREAS STRIP 0% 11/15/21	US TREASURY BOND STRIP	9,991
	ABBOTT LABORATORIES	COMMON STOCK	47,574
	ABBVIE INC	COMMON STOCK	50,251
	ALPHABET INC	COMMON STOCK	22,784
	ALPHABET INC	COMMON STOCK	3,504
	AMERICAN INTERNATIONAL GROUP	COMMON STOCK	17,832
	AMERISOURCEBERGEN CORP	COMMON STOCK	13,686
	APPLE INC	COMMON STOCK	163,868
	BERKSHIRE HATHAWAY B NEW	COMMON STOCK	122,891
	BP PLC ADR	COMMON STOCK	30,140
	C N X RESOURCES CORP	COMMON STOCK	13,327
	CHEVRON CORPORATION	COMMON STOCK	24,632
	CINCINNATI FINANCIAL CP	COMMON STOCK	45,849
	CISCO SYSTEM INC	COMMON STOCK	21,033

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

EIN 20-1781799

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

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	CITIGROUP INC NEW	COMMON STOCK	\$ 11,715
	COCA COLA COMPANY	COMMON STOCK	82,958
	CONSOL ENERGY INC	COMMON STOCK	2,675
	D X C TECHNOLOGY COM	COMMON STOCK	798
	DANAHER CORPORATION	COMMON STOCK	12,884
	DISCOVERY COMMUNICATIONS SERIES A	COMMON STOCK	27,382
	EVOLUS INC	COMMON STOCK	739
	EXXON MOBIL CORP	COMMON STOCK	54,787
	FACEBOOK INC CLASS A	COMMON STOCK	93,694
	FAIRFAX FINL HLDGS LTD	COMMON STOCK	14,326
	FITBIT INC	COMMON STOCK	2,958
	FORD MOTORCAR COMPANY	COMMON STOCK	31,494
	FORTIVE CORPORATION	COMMON STOCK	5,666
	GENERAL DYNAMICS CORP	COMMON STOCK	33,545
	GENERAL ELECTRIC COMPANY	COMMON STOCK	10,152
	GOLDMAN SACHS GROUP INC	COMMON STOCK	13,713
	GROUPON INC	COMMON STOCK	3,230
	HARTFORD FINL SVCS	COMMON STOCK	8,474
	HEWETT-PACKARD COMPANY	COMMON STOCK	4,385
	INTEL CORP.	COMMON STOCK	199,286
	JP MORGAN CHASE & CO	COMMON STOCK	153,669
	JEFFERIES FINANCIAL	COMMON STOCK	16,113
	JOHNSON & JOHNSON	COMMON STOCK	99,886
	KROGER CO	COMMON STOCK	11,116
	LABORATORY CP OF AMER HLDG	COMMON STOCK	13,231
	LOCKHEED MARTIN CORP	COMMON STOCK	210,279
	LOEWS CORPORATION	COMMON STOCK	9,454
	MANNKIND CORP	COMMON STOCK	407
	MCKESSON CORP	COMMON STOCK	20,870
	MICROSOFT CORP.	COMMON STOCK	214,429
	PERSPECTA INC	COMMON STOCK	361
	PROCTER & GAMBLE	COMMON STOCK	344,183
	REPUBLIC SVCS INC	COMMON STOCK	23,208
	STEEL DYNAMICS INC	COMMON STOCK	15,117
	STRYKER CORP	COMMON STOCK	17,153
	TELEFLEX INC	COMMON STOCK	8,734
	THERMO FISHER SCIENTIFIC CORP COM	COMMON STOCK	10,247
	US BANKCORP DEL NEW	COMMON STOCK	173,824
	VERIZON COMMUNICATION	COMMON STOCK	5,426
	VERTEX PHARMACEUTICALS	COMMON STOCK	104,462
	VONTIER CORP	COMMON STOCK	1,069

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

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	WALGREENS BOOTS ALLI	COMMON STOCK	\$ 13,958
	WELLS FARGO & CO	COMMON STOCK	14,637
	WYNN RESORTS	COMMON STOCK	225,660
	XEROX CORP	COMMON STOCK	6,771
	AMERICAN EUROPACIFIC GROWTH FDF2	MUTUAL FUND	61,992
	AQR DIVERSIFIED ARBITRAGE I	MUTUAL FUND	43,722
	AQR LONG SHORT EQUITY CL I	MUTUAL FUND	46,348
	ARTISAN INTL SM MID FD ADV	MUTUAL FUND	177,180
	BLACKROCK EQUITY DIVIDEND CL I	MUTUAL FUND	62,244
	BLACKROCK STRAT INCM OPPTY PORT INST	MUTUAL FUND	104,002
	BLACKROCK HEALTH SCIENCES OPP INSTL	MUTUAL FUND	196,636
	CALVERT ULTRA SHORT DURATION INCM I	MUTUAL FUND	19,848
	COHEN & STEERS REALTY SHARES	MUTUAL FUND	139,800
	DFA EMERGING MARKETS VALUE	MUTUAL FUND	43,409
	DFA INTL SMALL CAP VALUE PORT INSTL	MUTUAL FUND	38,169
	DFA US LARGE CAP VALUE PORTFOLIO I	MUTUAL FUND	300,534
	DFA US TARGETED VALUE PORT INSTL	MUTUAL FUND	72,242
	DIAMOND HILL LARGE CAP FUND CL I	MUTUAL FUND	60,772
	EUBEL BRADY & SUTTMA INCM & APPR FD	MUTUAL FUND	60,044
	EUBEL BRADY & SUTTMA INCM FD	MUTUAL FUND	136,428
	HARBOR CAPITAL APPRECIATION FD INSTL	MUTUAL FUND	133,937
	HARBOR SMALL CAP VALUE FUND INST CL	MUTUAL FUND	116,019
	IVA INTL FD CL I	MUTUAL FUND	141,089
	JPMORGAN LARGE CAP GROWTH FD	MUTUAL FUND	48,778
	JPMORGAN MID CAP VALUE L	MUTUAL FUND	47,967
	LONGLEAF PARTNERS SMALL CAP FD	MUTUAL FUND	141,541
	MATTEWS PACIFIC TIGER FD INSTL	MUTUAL FUND	33,572
	MERIDIAN GROWTH FUND LEGACY	MUTUAL FUND	61,531
	METROPOLITAN WEST TOTAL RETURN I	MUTUAL FUND	245,898
	PARAMETRIC EMRG MKTS INST	MUTUAL FUND	74,579
	PARNASSUS EQUITY INCOME FD INV	MUTUAL FUND	148,113
	PERFORMANCE TRUST STRAT BD FD	MUTUAL FUND	112,724
	PGIM HIGH YIELD FUND Z	MUTUAL FUND	36,137
	PIMCO COMMODITY REAL RETURN INSTL	MUTUAL FUND	21,733
	PIMCO INCM FD INST CL	MUTUAL FUND	493,105
	PIMCO REAL RETURN FD INSTL	MUTUAL FUND	227,305
	PRUDENTIAL SHORT TRM CORP BND FD CL Z	MUTUAL FUND	78,702
	RAINIER INVT MGMT MUT FDS	MUTUAL FUND	47,198
*	SCHWAB HEALTH CARE FUND	MUTUAL FUND	177,067

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	LOOMIS SAYLES INVT GRADE	MUTUAL FUND	69,237
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	MFS VALUE FD CL I	MUTUAL FUND	81,018
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	FIRST TRUST CLOUD	EXCHANGE TRADED FUNDS	72,128
	FIRST TRUST DOW JONES	EXCHANGE TRADED FUNDS	67,065
	ISHARES NASDAQ BIOTECH	EXCHANGE TRADED FUNDS	37,570
	PROSHARES ONLINE RETAIL	EXCHANGE TRADED FUNDS	10,771

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 END OF YEAR) (CONTINUED)

December 31, 2020

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>
	SPDR US FINANCIAL SECTOR	EXCHANGE TRADED FUNDS	\$ 34,963
	VANGUARD CONSUMER STAPLES	EXCHANGE TRADED FUNDS	52,524
	VANGUARD MATERIALS	EXCHANGE TRADED FUNDS	13,029
	VANGUARD INFORMATION TECH	EXCHANGE TRADED FUNDS	166,281
	VANGUARD INDUSTRIAL	EXCHANGE TRADED FUNDS	67,486
			<u>\$ 38,215,123</u>

* - Party-in-interest

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