

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2002
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) WICHITA UROLOGY GROUP, P.A. 2626 N WEBB RD WICHITA, KS 67226-8110	2b Employer Identification Number (EIN) 48-1253013 2c Plan Sponsor's telephone number 316-636-6100 2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	AYHAM FARHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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	125
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).			
6a(1) Total number of active participants at the beginning of the plan year		6a(1)	78
6a(2) Total number of active participants at the end of the plan year		6a(2)	78
b Retired or separated participants receiving benefits		6b	4
c Other retired or separated participants entitled to future benefits.....		6c	19
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	101
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	101
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	101
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WICHITA UROLOGY GROUP, P.A.	D Employer Identification Number (EIN) 48-1253013

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	507862-01	15	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	250969
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	19247
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c	Additions: (1) Contributions deposited during the year	7c(1)	500058	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	2148	
	(4) Transferred from separate account	7c(4)	694528	
	(5) Other (specify below)	7c(5)	41556	
▶ FORFEITURES				

(6) Total additions	7c(6)	1238290
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1257537
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e Deductions:

e	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	499739	
	(2) Administration charge made by carrier	7e(2)	289	
	(3) Transferred to separate account	7e(3)	506539	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	1006567
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	250970
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WICHITA UROLOGY GROUP, P.A.	D Employer Identification Number (EIN) 48-1253013	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

IMA WEALTH INC

430 E DOUGLAS STE 400
WICHITA, KS 67202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	16772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	13868	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	2077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ECONOMIC GROUP PENSION SERVICES INC

917 WESTERN AMERICA CIRCLE
SUITE 500
MOBILE, AL 36609

(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	CONTRACT ADMIN	750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>WICHITA UROLOGY GROUP, P.A. SAVINGS 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>WICHITA UROLOGY GROUP, P.A.</u>		D Employer Identification Number (EIN) <u>48-1253013</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	307694	364797
(2) Participant contributions.....	1b(2)	55	1
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	23366918	15524823
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2146257	2147982

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	25820924	18037603

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	25820924	18037603
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	805330	
(B) Participants	2a(1)(B)	362903	
(C) Others (including rollovers)	2a(1)(C)	24225	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1192458
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)	261182	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		261182
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-81471
(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)		-8720348
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-7348179
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	389763	
(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)		389763
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	45379	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		45379
j Total expenses. Add all expense amounts in column (b) and enter total	2j		435142
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-7783321
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: KOCH SIEDHOFF HAND & DUNN LLP

(2) EIN: 48-0922808

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WICHITA UROLOGY GROUP, P.A.		D Employer Identification Number (EIN) 48-1253013
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): 84-0467907		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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 _____

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2022 and 2021

with

Independent Auditors' Report

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2022 and 2021

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Wichita Urology Group, P. A. Savings Plan
Wichita, Kansas

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 2022 Financial Statements

We have performed an audit of the financial statements of Wichita Urology Group, P. A. Savings Plan, an employee benefits plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Wichita Urology Group, P. A. Savings Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section--

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2022 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Wichita Urology Group, P. A. Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Wichita Urology Group, P. A. Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Wichita Urology Group, P. A. Savings Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wichita Urology Group, P. A. Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4j, Schedule of Assets Held at End of Year as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures, in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Koch Siedhoff Hand & Dunn, LLP

Other Matter

The accompanying statement of net assets available for benefits of Wichita Urology Group, P. A. Savings Plan as of December 31, 2021, was not audited or reviewed by us and, accordingly, we do not express an opinion or any other form of assurance on them.

Koch Siedhoff Hand & Dunn LLP

Wichita, Kansas
October 10, 2023

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	Audited <u>2022</u>	Compiled <u>2021</u>
ASSETS		
Investments, participant directed, at fair value	\$ 6,513,359	\$ 7,391,043
Investments, participant directed brokerage account, at fair value	<u>11,159,446</u>	<u>18,122,132</u>
	17,672,805	25,513,175
Receivables:		
Employee contributions	1	55
Employer contributions	<u>364,797</u>	<u>307,694</u>
 Total assets	 18,037,603	 25,820,924
 LIABILITIES	 <u>-</u>	 <u>-</u>
 Net assets available for benefits	 <u>\$18,037,603</u>	 <u>\$25,820,924</u>

See accompanying independent auditors' report and notes to financial statements

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2022

	<u>2022</u>
ADDITIONS	
Additions to net assets attributed to:	
Net depreciation in fair value of investments	\$ (8,801,819)
Dividends	<u>261,182</u>
	(8,540,637)
Contributions:	
Participants	362,903
Employer	805,330
Rollovers	<u>24,225</u>
	<u>1,192,458</u>
Total additions	<u>(7,348,179)</u>
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	389,763
Administrative expenses	<u>45,379</u>
Total deductions	<u>435,142</u>
Net decrease	(7,783,321)
Net assets available for benefits:	
Beginning of year	<u>25,820,924</u>
End of year	<u>\$18,037,603</u>

See accompanying independent auditors' report and notes to financial statements

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

1. DESCRIPTION OF PLAN

The following description of Wichita Urology Group, P.A. ("Company") Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all employees who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In addition to Wichita Urology Group, P.A., the Plan has been adopted by and covers the employees of Wichita Urology Surgery Center, LLC.

Contributions. Each year, participants may contribute up to 75% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct investment of their accounts into various investment options offered by the Plan. The Company has the option to contribute a discretionary amount of matching contributions to the Plan. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution and Plan earnings. 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.

Vesting. Participants are immediately vested in their contributions and the Company's safe harbor contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service, upon normal retirement age, or upon death or disability while still employed by the Company.

Payment of Benefits. Upon termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. If the participant's vested interest in his or her account does not exceed \$5,000, an automatic distribution may be made. However, if the participant's vested interest in his or her account is greater than \$5,000, consent must be given before distribution will be made.

Forfeited Accounts. Participants who leave the service of the Company before becoming fully vested in the plan forfeit the non-vested portion of the discretionary contributions previously credited to the participants' account, plus actual earnings thereon. Forfeited accounts are used to reduce future employer matching contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. See Note 7 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

3. TAX STATUS

The Company has adopted the prototype plan of Hinkle Law Firm LLC. The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving this determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

4. ADMINISTRATION OF THE PLAN

Certain administrative functions are performed by employees of the Company. No employee receives compensation from the Plan. Some administrative expenses for the Plan are paid directly by the Company.

5. PARTY-IN-INTEREST TRANSACTIONS

The Plan paid recordkeeping and investment advisory fees to the plan trustee of \$45,379 for the year ended December 31, 2022. The Plan has various service providers and these providers are considered parties in interest.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

7. FAIR VALUE MEASUREMENTS (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

8. GROUP ANNUITY CONTRACT WITH EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

The Plan entered into a benefit-responsive guaranteed investment contract with Empower Annuity Insurance Company of America (Empower) totaling \$250,969 in 2022. Empower maintains participant contributions in the Key Guaranteed Portfolio Fund, which is a part of the general account of Empower Annuity Insurance Company of America. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity Insurance Company of America, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

10. FORFEITED ACCOUNTS

During the year ended December 31, 2022, forfeitures of employer matching non-vested accounts was \$41,556. At December 31, 2022, unallocated forfeiture accounts totaled \$38,730. Forfeitures are used to reduce employer match contributions.

11. RISKS AND UNCERTAINTIES

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

12. SUBSEQUENT EVENTS

Management has evaluated all subsequent events since December 31, 2022 through October 10, 2023, the date of the independent auditor's report. There have been no subsequent events that would require changes to the accompanying financial statements or disclosures therein.

SUPPLEMENTAL SCHEDULE

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
 EIN 48-1253013, Plan Number 001
 Form 5500, Schedule H, Line 4i
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	Cash	Cash or equivalents	\$	806,940
	American Funds	American Funds New Perspective R6		185,445
	Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap R6		114,883
	Fidelity	Fidelity 500 Index		280,628
	Fidelity	Fidelity Mid Cap Index		168,190
	Fidelity	Fidelity Small Cap Index		102,029
	Goldman Sachs	Goldman Sachs Small Cap Index		1
	Invesco	Invesco International Diversified R6		269,016
	JP Morgan	JP Morgan Small Cap Growth R6		86,883
	Metropolitan West	Metropolitan West Total Return Bond I		165,460
	Principal	Principal High Yield Fund		10,152
	T. Rowe	T. Rowe Price Capital Appreciation		16,897
	Vanguard	Vanguard Equity-Income Admiral		327,254
	Vanguard	Vanguard Growth Index Admiral		302,448
	Vanguard	Vanguard Target Retirement 2025 Fund		661,373
	Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap R6		43,359
	Fidelity	Fidelity Mid Cap Index		823,843
	Victory Sycamore	Victory Sycamore Established Value R6		932,824
	Fidelity	Fidelity 500 Index		621,324
	Vanguard	Vanguard Equity-Income Admiral Shares		674,795
	Vanguard	Vanguard Growth Index Admiral		349,972
	T. Rowe	T. Rowe Price Capital Appreciation		71,296
	Metropolitan West	Metropolitan West Total Return Bond I		54,318
*	Empower	Empower Investments Fixed Account Series I		250,969
	3M Company	3M Company		14,771
	AbbVie Inc.	AbbVie Inc.		41,610
	Accenture plc	Accenture plc		2,935
	Adobe Inc.	Adobe Inc.		33,653
	AdvanSix Inc.	AdvanSix Inc.		1,711
	Aerojet Rocketdyner	Aerojet Rocketdyner Holdings Inc.		2,349
	Alphabet Inc.	Alphabet Inc.		144,541
	Altria Group, Inc.	Altria Group, Inc.		46,331
	Amazon.com, Inc.	Amazon.com, Inc.		112,560
	Ambac Financial Group	Ambac Financial Group, Inc.		2,616
	American Express	American Express Company		17,899
	American States Water	American States Water Company		1,758
	Ameris Bancorp	Ameris Bancorp		1,744
	Amgen Inc.	Amgen Inc.		3,677
	Amphastar Pharmaceuticals	Amphastar Pharmaceuticals, Inc.		1,317
	Apple Inc.	Apple Inc.		469,598
	Arcus Biosciences, Inc.	Arcus Biosciences, Inc.		1,324
	ARK Fintech Innovation	ARK Fintech Innovation ETF		8,562
	Asbury Automotive	Asbury Automotive Group, Inc.		1,793

See accompanying independent auditors' report.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	AT&T Inc.	AT&T Inc.	\$	58,475
	ATN International, Inc.	ATN International, Inc.		1,676
	Avista Corporation	Avista Corporation		1,774
	B&G Foods, Inc.	B&G Foods, Inc.		758
	Bank of America	Bank of America Corporation		8,313
	BankUnited, Inc.	BankUnited, Inc.		1,529
	Berkshire Hathaway Inc.	Berkshire Hathaway Inc.		988,480
	Block, Inc.	Block, Inc.		251,360
	Boise Cascade Company	Boise Cascade Company		1,717
	Bristol-Myers	Bristol-Myers Squibb Company		21,003
	Calavo Growers, Inc.	Calavo Growers, Inc.		1,235
	California Water	California Water Service Group		1,698
	Cal-Maine Foods, Inc.	Cal-Maine Foods, Inc.		1,797
	Capital One	Capital One Financial Corporation		12,175
	Capital Federal	Capitol Federal Financial, Inc.		1,548
	Chesapeake Utilities	Chesapeake Utilities Corporation		1,536
	Chevron Corporation	Chevron Corporation		46,865
	Citigroup Inc.	Citigroup Inc.		23,817
	Coinbase Global, Inc.	Coinbase Global, Inc.		212,340
	Colgate-Palmolive Co.	Colgate-Palmolive Company		21,956
	Collegium Pharmaceutical	Collegium Pharmaceutical, Inc.		2,227
	ConocoPhillips	ConocoPhillips		20,272
	Consumer Discretionary	Consumer Discretionary Select Sector Fund		19,152
	Consumer Staples	Consumer Staples Select Sector Fund		17,050
	Costco Wholesale	Costco Wholesale Corporation		76,675
	CRISPR Therapeutics AG	CRISPR Therapeutics AG		203,250
	CrowdStrike Holdings, Inc.	CrowdStrike Holdings, Inc.		184,258
	Customers Bancorp, Inc.	Customers Bancorp, Inc.		1,332
	CVS Health Corporation	CVS Health Corporation		15,903
	Dorian LPG Ltd.	Dorian LPG Ltd.		2,103
	DOW Inc.	DOW Inc.		30,896
	Dreyfus	Dreyfus Money Market Fund		266,903
	Eagle Pharmaceuticals, Inc.	Eagle Pharmaceuticals, Inc.		1,169
	Easterly Government	Easterly Government Properties, Inc.		1,284
	Eki Lilly and Company	Eki Lilly and Company		7,683
	Employers Holdings, Inc.	Employers Holdings, Inc.		1,941
	Encore Capital Group, Inc.	Encore Capital Group, Inc.		2,876
	Encore Wire Corporation	Encore Wire Corporation		1,926
	Enova International, Inc.	Enova International, Inc.		1,919
*	6 Meridian	ETC 6 Meridian Quality Growth Equity		38,881
	Exxon Mobil Corporation	Exxon Mobil Corporation		29,766
	Fidelity National	Fidelity National Information Services, Inc.		67,850
	Financial Select Sector	Financial Select Sector SPDR Fund		15,152

See accompanying independent auditors' report.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	First Trust Low Duration	First Trust Low Duration Opportunities	\$	54,427
	Fulgent Genetics, Inc.	Fulgent Genetics, Inc.		774
	General Dynamics	General Dynamics Corporation		3,722
	G-III Apparel Group, Ltd	G-III Apparel Group, Ltd		1,056
	Gilead Sciences, Inc.	Gilead Sciences, Inc.		73,983
	Ginkgo Bioworks Holdings	Ginkgo Bioworks Holdings, Inc.		194,350
	Goldman Sachs	Goldman Sachs Access Ultra Short Bond		95,146
	Group 1 Automotive, Inc.	Group 1 Automotive, Inc.		1,804
	Harding Loevner	Harding Loevner Emerging Markets Fund		153,160
	Haverty Furniture	Haverty Furniture Companies, Inc.		1,764
	Health Care Select Sector	Health Care Select Sector SPDR Fund		21,354
	Heartland Express, Inc.	Heartland Express, Inc.		1,672
	Heidrick & Struggles	Heidrick & Struggles International, Inc.		1,594
	Hilltop Holdings, Inc.	Hilltop Holdings, Inc.		1,831
	HomeStreet, Inc.	HomeStreet, Inc.		1,324
	Horace Mann Educators	Horace Mann Educators Corporation		1,906
	Hostess Brands, Inc.	Hostess Brands, Inc.		1,750
	Illumina, Inc.	Illumina, Inc.		202,200
	Industrial Select Sector	Industrial Select Sector SPDR Fund		21,475
	Innoviva, Inc.	Innoviva, Inc.		3,233
	Insteel Industries, Inc.	Insteel Industries, Inc.		1,596
	Intel Corporation	Intel Corporation		113,725
	International Business	International Business Machines Corp.		31,131
	Invesco	Invesco NASDAQ Next Gen 100 ETF		4,867
	Invesco	Invesco Variable Rate Investment Grade		89,846
	Invitae Corporation	Invitae Corporation		101,370
	iShares	iShares 0-5 Yr. Investments Grade Bond		39,532
	iShares	iShares Core S&P Small-Cap ETF		3,596
	iTeos Therapeutics, Inc.	iTeos Therapeutics, Inc.		1,250
	J&J Snack Foods Corp.	J&J Snack Foods Corp.		1,797
	Janus Henderson	Janus Henderson Short Duration Income		54,652
	John B. Sanfilippo	John B. Sanfilippo & Son, Inc.		1,870
	Johnson & Johnson	Johnson & Johnson		20,848
	JPMorgan Chase & Co.	JPMorgan Chase & Co.		17,139
	JP Morgan	JPMorgan Short Duration Core Plus		95,330
	Kulicke and Soffa	Kulicke and Soffa Industries, Inc.		1,505
	Lakeland Financial	Lakeland Financial Corporation		1,459
	Lockheed Martin	Lockheed Martin Corporation		7,784
	Lowe's Companies, Inc.	Lowe's Companies, Inc.		3,586
	LTC Properties, Inc.	LTC Properties, Inc.		1,457
	Lululemon Athletica Inc.	Lululemon Athletica Inc.		192,228
	M.D.C. Holdings, Inc.	M.D.C. Holdings, Inc.		1,548
	Matson, Inc.	Matson, Inc.		1,313
	Meridian Bioscience	Meridian Bioscience		1,793

See accompanying independent auditors' report.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	MercadoLibre, Inc.	MercadoLibre, Inc.	\$	211,560
	Mercer international Inc.	Mercer international Inc.		1,350
	Merck & Co. Inc.	Merck & Co. Inc.		30,173
	Mercury General Corp.	Mercury General Corporation		1,813
	Meritage Homes Corp.	Meritage Homes Corporation		1,844
	MetLife, Inc.	MetLife, Inc.		3,908
	Microsoft Corporation	Microsoft Corporation		123,038
	Middlesex Water Company	Middlesex Water Company		1,416
	Movado Group, Inc.	Movado Group, Inc.		1,548
	Mr. Cooper Group Inc.	Mr. Cooper Group Inc.		1,565
	Mueller Industries, Inc.	Mueller Industries, Inc.		1,534
	National Presto industries	National Presto industries, Inc.		1,643
	Netflix, Inc.	Netflix, Inc.		235,904
	NIKE, Inc.	NIKE, Inc.		3,510
	Northwest Natural Holding	Northwest Natural Holding Company		1,523
	NVIDIA Corporation	NVIDIA Corporation		192,775
	Palantir Technologies Inc.	Palantir Technologies Inc.		128,400
	Pathward Financial, Inc.	Pathward Financial, Inc.		2,153
	Patrick Industries, Inc.	Patrick Industries, Inc.		1,818
	PayPal Holdings, Inc.	PayPal Holdings, Inc.		160,245
	PepsiCo, Inc.	PepsiCo, Inc.		21,371
	Perdoceo Education Corp.	Perdoceo Education Corporation		1,793
	Pfizer Inc.	Pfizer Inc.		40,354
	Philip Morris International	Philip Morris International Inc.		40,352
	Piper Sandler Companies	Piper Sandler Companies		1,823
	PRA Group, Inc.	PRA Group, Inc.		1,520
	Prestige Consumer	Prestige Consumer Healthcare		1,815
	QUALCOMM Incorporated	QUALCOMM Incorporated		2,529
	Rogers Corporation	Rogers Corporation		716
	Safety Insurance Group	Safety Insurance Group, Inc.		1,685
*	Charles Schwab	Schwab 1000 Index ETF		13,441
*	Charles Schwab	Schwab International Equity ETF		1,192
*	Charles Schwab	Schwab International Index Fund		233,295
*	Charles Schwab	Schwab S&P 500 Index Fund		289,174
*	Charles Schwab	Schwab Target 2035 Index Fund		42,587
*	Charles Schwab	Schwab Target 2040 Fund		12,176
*	Charles Schwab	Schwab Target 2040 Index Fund		58,873
*	Charles Schwab	Schwab Target 2045 Index Fund		467,249
*	Charles Schwab	Schwab U.S. Aggregate Bond ETF		8,445
*	Charles Schwab	Schwab U.S. Broad Market ETF		166,590
*	Charles Schwab	Schwab U.S. Large-Cap Growth ETF		39,452
*	Charles Schwab	Schwab U.S. Large-Cap Value ETF		30,515
	Shoe Carnival, Inc.	Shoe Carnival, Inc.		1,793
	Shopify Inc.	Shopify Inc.		284,622

See accompanying independent auditors' report.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	Simon Property Group, Inc.	Simon Property Group, Inc.	\$	15,507
	Sonic Automotive, Inc.	Sonic Automotive, Inc.		1,922
	SPDR S&P 500 ETF Trust	SPDR S&P 500 ETF Trust		5,354
	Spirit AeroSystems	Spirit AeroSystems Holdings, Inc.		148,177
	Stone Ridge Trust II	Reinsurance Risk Prem Interval Fund		234,778
	Sturm, Ruger & Company	Sturm, Ruger & Company, Inc.		1,417
	Technology Select Sector	Technology Select Sector SPDR Fund		39,505
	Teladoc Health, Inc.	Teladoc Health, Inc.		118,250
	Tesla, Inc.	Tesla, Inc.		184,770
	Texas Instruments Inc.	Texas Instruments Incorporated		3,139
	Bank of New York	The Bank of New York Mellon Corp.		16,772
	The Boeing Company	The Boeing Company		21,384
	The Buckle, Inc.	The Buckle, Inc.		2,540
	The Carlyle Group Inc.	The Carlyle Group Inc.		29,840
	The Coca-Cola Company	The Coca-Cola Company		3,371
	The Home Depot, Inc.	The Home Depot, Inc.		3,474
	The Kraft Heinz Company	The Kraft Heinz Company		35,100
	The Procter & Gamble Co.	The Procter & Gamble Company		41,796
	The Trade Desk, Inc.	The Trade Desk, Inc.		201,735
	TimkenSteel Corporation	TimkenSteel Corporation		1,799
	Tootsie Roll Industries, Inc.	Tootsie Roll Industries, Inc.		2,043
	TreeHouse Foods, Inc.	TreeHouse Foods, Inc.		1,975
	Trex Company, Inc.	Trex Company, Inc.		160,854
	Tri Pointe Homes, Inc.	Tri Pointe Homes, Inc.		1,785
	Trinseo PLC	Trinseo PLC		1,136
	TrustCo Bank Corp NY	TrustCo Bank Corp NY		1,917
	U.S. Bancorp	U.S. Bancorp		27,855
	Unilever PLC	Unilever PLC		9,161
	uniQure N.V.	uniQure N.V.		1,564
	UnitedHealth Group Inc.	UnitedHealth Group Incorporated		3,181
	Unitil Corporation	Unitil Corporation		1,592
	Unity Software Inc.	Unity Software Inc.		221,573
	Universal Corporation	Universal Corporation		1,796
	Universal Health Realty	Universal Health Realty Income Trust		1,575
	Universal Insurance	Universal Insurance Holdings, Inc.		1,472
	Upstart Holdings, Inc.	Upstart Holdings, Inc.		6,610
	USANA Health Sciences	USANA Health Sciences, Inc.		1,277
	Vanguard	Vanguard 500 Index Fund		37,031
	Vanguard	Vanguard Short-Term Treasury Fund		120,613
	Verizon Communications	Verizon Communications Inc.		29,289
	Vir Biotechnology, Inc.	Vir Biotechnology, Inc.		1,493
	Visa Inc.	Visa Inc.		154,102
	Vista Outdoor Inc.	Vista Outdoor Inc.		1,438
	Walgreens Boots Alliance	Walgreens Boots Alliance, Inc.		17,972

See accompanying independent auditors' report.

(Continued)

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
 EIN 48-1253013, Plan Number 001
 Form 5500, Schedule H, Line 4i
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	Walmart Inc.	Walmart Inc.		\$ 21,360
	Warber Bros. Discovery	Warber Bros. Discovery, Inc.		2,682
	WD-40 Company	WD-40 Company		1,610
	Westamerica Bancorp.	Westamerica Bancorporation		1,710
	Zoom Video	Zoom Video Communications, Inc.		321,764
	Zumiez Inc.	Zumiez Inc.		1,348
	Total Investments			<u>\$ 17,672,805</u>

* Party-In-Interest

See accompanying independent auditors' report.

WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	Cash	Cash or equivalents	\$	806,940
	American Funds	American Funds New Perspective R6		185,445
	Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap R6		114,883
	Fidelity	Fidelity 500 Index		280,628
	Fidelity	Fidelity Mid Cap Index		168,190
	Fidelity	Fidelity Small Cap Index		102,029
	Goldman Sachs	Goldman Sachs Small Cap Index		1
	Invesco	Invesco International Diversified R6		269,016
	JP Morgan	JP Morgan Small Cap Growth R6		86,883
	Metropolitan West	Metropolitan West Total Return Bond I		165,460
	Principal	Principal High Yield Fund		10,152
	T. Rowe	T. Rowe Price Capital Appreciation		16,897
	Vanguard	Vanguard Equity-Income Admiral		327,254
	Vanguard	Vanguard Growth Index Admiral		302,448
	Vanguard	Vanguard Target Retirement 2025 Fund		661,373
	Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap R6		43,359
	Fidelity	Fidelity Mid Cap Index		823,843
	Victory Sycamore	Victory Sycamore Established Value R6		932,824
	Fidelity	Fidelity 500 Index		621,324
	Vanguard	Vanguard Equity-Income Admiral Shares		674,795
	Vanguard	Vanguard Growth Index Admiral		349,972
	T. Rowe	T. Rowe Price Capital Appreciation		71,296
	Metropolitan West	Metropolitan West Total Return Bond I		54,318
*	Empower	Empower Investments Fixed Account Series I		250,969
	3M Company	3M Company		14,771
	AbbVie Inc.	AbbVie Inc.		41,610
	Accenture plc	Accenture plc		2,935
	Adobe Inc.	Adobe Inc.		33,653
	AdvanSix Inc.	AdvanSix Inc.		1,711
	Aerojet Rocketdyner	Aerojet Rocketdyner Holdings Inc.		2,349
	Alphabet Inc.	Alphabet Inc.		144,541
	Altria Group, Inc.	Altria Group, Inc.		46,331
	Amazon.com, Inc.	Amazon.com, Inc.		112,560
	Ambac Financial Group	Ambac Financial Group, Inc.		2,616
	American Express	American Express Company		17,899
	American States Water	American States Water Company		1,758
	Ameris Bancorp	Ameris Bancorp		1,744
	Amgen Inc.	Amgen Inc.		3,677
	Amphastar Pharmaceuticals	Amphastar Pharmaceuticals, Inc.		1,317
	Apple Inc.	Apple Inc.		469,598
	Arcus Biosciences, Inc.	Arcus Biosciences, Inc.		1,324
	ARK Fintech Innovation	ARK Fintech Innovation ETF		8,562
	Asbury Automotive	Asbury Automotive Group, Inc.		1,793

See accompanying independent auditors' report.

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WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	AT&T Inc.	AT&T Inc.	\$	58,475
	ATN International, Inc.	ATN International, Inc.		1,676
	Avista Corporation	Avista Corporation		1,774
	B&G Foods, Inc.	B&G Foods, Inc.		758
	Bank of America	Bank of America Corporation		8,313
	BankUnited, Inc.	BankUnited, Inc.		1,529
	Berkshire Hathaway Inc.	Berkshire Hathaway Inc.		988,480
	Block, Inc.	Block, Inc.		251,360
	Boise Cascade Company	Boise Cascade Company		1,717
	Bristol-Myers	Bristol-Myers Squibb Company		21,003
	Calavo Growers, Inc.	Calavo Growers, Inc.		1,235
	California Water	California Water Service Group		1,698
	Cal-Maine Foods, Inc.	Cal-Maine Foods, Inc.		1,797
	Capital One	Capital One Financial Corporation		12,175
	Capital Federal	Capitol Federal Financial, Inc.		1,548
	Chesapeake Utilities	Chesapeake Utilities Corporation		1,536
	Chevron Corporation	Chevron Corporation		46,865
	Citigroup Inc.	Citigroup Inc.		23,817
	Coinbase Global, Inc.	Coinbase Global, Inc.		212,340
	Colgate-Palmolive Co.	Colgate-Palmolive Company		21,956
	Collegium Pharmaceutical	Collegium Pharmaceutical, Inc.		2,227
	ConocoPhillips	ConocoPhillips		20,272
	Consumer Discretionary	Consumer Discretionary Select Sector Fund		19,152
	Consumer Staples	Consumer Staples Select Sector Fund		17,050
	Costco Wholesale	Costco Wholesale Corporation		76,675
	CRISPR Therapeutics AG	CRISPR Therapeutics AG		203,250
	CrowdStrike Holdings, Inc.	CrowdStrike Holdings, Inc.		184,258
	Customers Bancorp, Inc.	Customers Bancorp, Inc.		1,332
	CVS Health Corporation	CVS Health Corporation		15,903
	Dorian LPG Ltd.	Dorian LPG Ltd.		2,103
	DOW Inc.	DOW Inc.		30,896
	Dreyfus	Dreyfus Money Market Fund		266,903
	Eagle Pharmaceuticals, Inc.	Eagle Pharmaceuticals, Inc.		1,169
	Easterly Government	Easterly Government Properties, Inc.		1,284
	Eki Lilly and Company	Eki Lilly and Company		7,683
	Employers Holdings, Inc.	Employers Holdings, Inc.		1,941
	Encore Capital Group, Inc.	Encore Capital Group, Inc.		2,876
	Encore Wire Corporation	Encore Wire Corporation		1,926
	Enova International, Inc.	Enova International, Inc.		1,919
*	6 Meridian	ETC 6 Meridian Quality Growth Equity		38,881
	Exxon Mobil Corporation	Exxon Mobil Corporation		29,766
	Fidelity National	Fidelity National Information Services, Inc.		67,850
	Financial Select Sector	Financial Select Sector SPDR Fund		15,152

See accompanying independent auditors' report.

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WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	First Trust Low Duration	First Trust Low Duration Opportunities	\$	54,427
	Fulgent Genetics, Inc.	Fulgent Genetics, Inc.		774
	General Dynamics	General Dynamics Corporation		3,722
	G-III Apparel Group, Ltd	G-III Apparel Group, Ltd		1,056
	Gilead Sciences, Inc.	Gilead Sciences, Inc.		73,983
	Ginkgo Bioworks Holdings	Ginkgo Bioworks Holdings, Inc.		194,350
	Goldman Sachs	Goldman Sachs Access Ultra Short Bond		95,146
	Group 1 Automotive, Inc.	Group 1 Automotive, Inc.		1,804
	Harding Loevner	Harding Loevner Emerging Markets Fund		153,160
	Haverty Furniture	Haverty Furniture Companies, Inc.		1,764
	Health Care Select Sector	Health Care Select Sector SPDR Fund		21,354
	Heartland Express, Inc.	Heartland Express, Inc.		1,672
	Heidrick & Struggles	Heidrick & Struggles International, Inc.		1,594
	Hilltop Holdings, Inc.	Hilltop Holdings, Inc.		1,831
	HomeStreet, Inc.	HomeStreet, Inc.		1,324
	Horace Mann Educators	Horace Mann Educators Corporation		1,906
	Hostess Brands, Inc.	Hostess Brands, Inc.		1,750
	Illumina, Inc.	Illumina, Inc.		202,200
	Industrial Select Sector	Industrial Select Sector SPDR Fund		21,475
	Innoviva, Inc.	Innoviva, Inc.		3,233
	Insteel Industries, Inc.	Insteel Industries, Inc.		1,596
	Intel Corporation	Intel Corporation		113,725
	International Business	International Business Machines Corp.		31,131
	Invesco	Invesco NASDAQ Next Gen 100 ETF		4,867
	Invesco	Invesco Variable Rate Investment Grade		89,846
	Invitae Corporation	Invitae Corporation		101,370
	iShares	iShares 0-5 Yr. Investments Grade Bond		39,532
	iShares	iShares Core S&P Small-Cap ETF		3,596
	iTeos Therapeutics, Inc.	iTeos Therapeutics, Inc.		1,250
	J&J Snack Foods Corp.	J&J Snack Foods Corp.		1,797
	Janus Henderson	Janus Henderson Short Duration Income		54,652
	John B. Sanfilippo	John B. Sanfilippo & Son, Inc.		1,870
	Johnson & Johnson	Johnson & Johnson		20,848
	JPMorgan Chase & Co.	JPMorgan Chase & Co.		17,139
	JP Morgan	JPMorgan Short Duration Core Plus		95,330
	Kulicke and Soffa	Kulicke and Soffa Industries, Inc.		1,505
	Lakeland Financial	Lakeland Financial Corporation		1,459
	Lockheed Martin	Lockheed Martin Corporation		7,784
	Lowe's Companies, Inc.	Lowe's Companies, Inc.		3,586
	LTC Properties, Inc.	LTC Properties, Inc.		1,457
	Lululemon Athletica Inc.	Lululemon Athletica Inc.		192,228
	M.D.C. Holdings, Inc.	M.D.C. Holdings, Inc.		1,548
	Matson, Inc.	Matson, Inc.		1,313
	Meridian Bioscience	Meridian Bioscience		1,793

See accompanying independent auditors' report.

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WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
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SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	MercadoLibre, Inc.	MercadoLibre, Inc.	\$	211,560
	Mercer international Inc.	Mercer international Inc.		1,350
	Merck & Co. Inc.	Merck & Co. Inc.		30,173
	Mercury General Corp.	Mercury General Corporation		1,813
	Meritage Homes Corp.	Meritage Homes Corporation		1,844
	MetLife, Inc.	MetLife, Inc.		3,908
	Microsoft Corporation	Microsoft Corporation		123,038
	Middlesex Water Company	Middlesex Water Company		1,416
	Movado Group, Inc.	Movado Group, Inc.		1,548
	Mr. Cooper Group Inc.	Mr. Cooper Group Inc.		1,565
	Mueller Industries, Inc.	Mueller Industries, Inc.		1,534
	National Presto industries	National Presto industries, Inc.		1,643
	Netflix, Inc.	Netflix, Inc.		235,904
	NIKE, Inc.	NIKE, Inc.		3,510
	Northwest Natural Holding	Northwest Natural Holding Company		1,523
	NVIDIA Corporation	NVIDIA Corporation		192,775
	Palantir Technologies Inc.	Palantir Technologies Inc.		128,400
	Pathward Financial, Inc.	Pathward Financial, Inc.		2,153
	Patrick Industries, Inc.	Patrick Industries, Inc.		1,818
	PayPal Holdings, Inc.	PayPal Holdings, Inc.		160,245
	PepsiCo, Inc.	PepsiCo, Inc.		21,371
	Perdoceo Education Corp.	Perdoceo Education Corporation		1,793
	Pfizer Inc.	Pfizer Inc.		40,354
	Philip Morris International	Philip Morris International Inc.		40,352
	Piper Sandler Companies	Piper Sandler Companies		1,823
	PRA Group, Inc.	PRA Group, Inc.		1,520
	Prestige Consumer	Prestige Consumer Healthcare		1,815
	QUALCOMM Incorporated	QUALCOMM Incorporated		2,529
	Rogers Corporation	Rogers Corporation		716
	Safety Insurance Group	Safety Insurance Group, Inc.		1,685
*	Charles Schwab	Schwab 1000 Index ETF		13,441
*	Charles Schwab	Schwab International Equity ETF		1,192
*	Charles Schwab	Schwab International Index Fund		233,295
*	Charles Schwab	Schwab S&P 500 Index Fund		289,174
*	Charles Schwab	Schwab Target 2035 Index Fund		42,587
*	Charles Schwab	Schwab Target 2040 Fund		12,176
*	Charles Schwab	Schwab Target 2040 Index Fund		58,873
*	Charles Schwab	Schwab Target 2045 Index Fund		467,249
*	Charles Schwab	Schwab U.S. Aggregate Bond ETF		8,445
*	Charles Schwab	Schwab U.S. Broad Market ETF		166,590
*	Charles Schwab	Schwab U.S. Large-Cap Growth ETF		39,452
*	Charles Schwab	Schwab U.S. Large-Cap Value ETF		30,515
	Shoe Carnival, Inc.	Shoe Carnival, Inc.		1,793
	Shopify Inc.	Shopify Inc.		284,622

See accompanying independent auditors' report.

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WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
EIN 48-1253013, Plan Number 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	Simon Property Group, Inc.	Simon Property Group, Inc.	\$	15,507
	Sonic Automotive, Inc.	Sonic Automotive, Inc.		1,922
	SPDR S&P 500 ETF Trust	SPDR S&P 500 ETF Trust		5,354
	Spirit AeroSystems	Spirit AeroSystems Holdings, Inc.		148,177
	Stone Ridge Trust II	Reinsurance Risk Prem Interval Fund		234,778
	Sturm, Ruger & Company	Sturm, Ruger & Company, Inc.		1,417
	Technology Select Sector	Technology Select Sector SPDR Fund		39,505
	Teladoc Health, Inc.	Teladoc Health, Inc.		118,250
	Tesla, Inc.	Tesla, Inc.		184,770
	Texas Instruments Inc.	Texas Instruments Incorporated		3,139
	Bank of New York	The Bank of New York Mellon Corp.		16,772
	The Boeing Company	The Boeing Company		21,384
	The Buckle, Inc.	The Buckle, Inc.		2,540
	The Carlyle Group Inc.	The Carlyle Group Inc.		29,840
	The Coca-Cola Company	The Coca-Cola Company		3,371
	The Home Depot, Inc.	The Home Depot, Inc.		3,474
	The Kraft Heinz Company	The Kraft Heinz Company		35,100
	The Procter & Gamble Co.	The Procter & Gamble Company		41,796
	The Trade Desk, Inc.	The Trade Desk, Inc.		201,735
	TimkenSteel Corporation	TimkenSteel Corporation		1,799
	Tootsie Roll Industries, Inc.	Tootsie Roll Industries, Inc.		2,043
	TreeHouse Foods, Inc.	TreeHouse Foods, Inc.		1,975
	Trex Company, Inc.	Trex Company, Inc.		160,854
	Tri Pointe Homes, Inc.	Tri Pointe Homes, Inc.		1,785
	Trinseo PLC	Trinseo PLC		1,136
	TrustCo Bank Corp NY	TrustCo Bank Corp NY		1,917
	U.S. Bancorp	U.S. Bancorp		27,855
	Unilever PLC	Unilever PLC		9,161
	uniQure N.V.	uniQure N.V.		1,564
	UnitedHealth Group Inc.	UnitedHealth Group Incorporated		3,181
	Unitil Corporation	Unitil Corporation		1,592
	Unity Software Inc.	Unity Software Inc.		221,573
	Universal Corporation	Universal Corporation		1,796
	Universal Health Realty	Universal Health Realty Income Trust		1,575
	Universal Insurance	Universal Insurance Holdings, Inc.		1,472
	Upstart Holdings, Inc.	Upstart Holdings, Inc.		6,610
	USANA Health Sciences	USANA Health Sciences, Inc.		1,277
	Vanguard	Vanguard 500 Index Fund		37,031
	Vanguard	Vanguard Short-Term Treasury Fund		120,613
	Verizon Communications	Verizon Communications Inc.		29,289
	Vir Biotechnology, Inc.	Vir Biotechnology, Inc.		1,493
	Visa Inc.	Visa Inc.		154,102
	Vista Outdoor Inc.	Vista Outdoor Inc.		1,438
	Walgreens Boots Alliance	Walgreens Boots Alliance, Inc.		17,972

See accompanying independent auditors' report.

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WICHITA UROLOGY GROUP, P.A. SAVINGS PLAN
 EIN 48-1253013, Plan Number 001
 Form 5500, Schedule H, Line 4i
 SCHEDULE OF ASSETS HELD AT END OF YEAR
 December 31, 2022

(A)	(B) Identity of Issue Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
	Walmart Inc.	Walmart Inc.		\$ 21,360
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	Westamerica Bancorp.	Westamerica Bancorporation		1,710
	Zoom Video	Zoom Video Communications, Inc.		321,764
	Zumiez Inc.	Zumiez Inc.		1,348
	Total Investments			<u>\$ 17,672,805</u>

* Party-In-Interest

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