

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form 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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/2000
2a Plan sponsor's name and address (employer, if for single-employer plan) GCGA PHYSICIANS, INC. 2925 VERNON PLACE - SUITE 100 CINCINNATI, OH 45219	2b Employer Identification Number (EIN) 31-1559935
	2c Plan sponsor's telephone number 513-751-6667
	2d Business code (see instructions) 621111
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") GCGA PHYSICIANS, INC. 2925 VERNON PLACE - SUITE 100 CINCINNATI, OH 45219	3b Administrator's EIN 31-1559935
	3c Administrator's telephone number 513-751-6667
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a 106
b Total number of participants at the end of the plan year	5b 112
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7 Plan Assets and Liabilities	
	(a) Beginning of Year (b) End of Year
a Total plan assets	7a 6620476 8101833
b Total plan liabilities	7b 0 0
c Net plan assets (subtract line 7b from line 7a).....	7c 6620476 8101833
8 Income, Expenses, and Transfers for this Plan Year	
	(a) Amount (b) Total
a Contributions received or receivable from:	
(1) Employers	8a(1) 548000
(2) Participants	8a(2) 0
(3) Others (including rollovers).....	8a(3) 0
b Other income (loss).....	8b 1357140
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 1905140
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 423783
e Certain deemed and/or corrective distributions (see instructions)....	8e 0
f Administrative service providers (salaries, fees, commissions).....	8f 0
g Other expenses.....	8g 0
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h 423783
i Net income (loss) (subtract line 8h from line 8c).....	8i 1481357
j Transfers to (from) the plan (see instructions).....	8j 0

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	08/26/2011	DANIEL WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/26/2011	DANIEL WALKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN		B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GCGA PHYSICIANS, INC.		D Employer Identification Number (EIN) 31-1559935	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2010			
2 Assets:			
a Market value		2a	4503205
b Actuarial value		2b	4503205
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	0
b For terminated vested participants		3b	11
c For active participants:			
(1) Non-vested benefits		3c(1)	64869
(2) Vested benefits		3c(2)	3494647
(3) Total active		3c(3)	95
d Total		3d	106
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.76 %
6 Target normal cost		6	515379

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	08/12/2011 Signature of actuary CHARLES SCHNEIDER Type or print name of actuary SCHNEIDER & BROWN CO., EA Firm name 4520 COOPER RD STE 203 EA CINCINNATI, OH 45242 Address of the firm	Date 11-02627 Most recent enrollment number 513-984-6100 Telephone number (including area code)
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Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	300528
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	300528
10 Interest on item 9 using prior year's actual return of <u>29.88</u> %	0	89798
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		9236
b Interest on (a) using prior year's effective rate of <u>6.40</u> %		591
c Total available at beginning of current plan year to add to prefunding balance		9827
d Portion of (c) to be added to prefunding balance.....		9501
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	399827

Part III Funding percentages		
14 Funding target attainment percentage.....	14	103.12 %
15 Adjusted funding target attainment percentage.....	15	113.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/04/2010	170000	0			
09/10/2010	80000	0			
10/15/2010	50000	0			
04/25/2011	150000	0			
07/30/2011	98000	0			
			Totals ►	18(b)	548000
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	513063
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(4) 4th
0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	390830
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	390830
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	199827
36 Additional cash requirement (item 34 minus item 35).....	36	191003
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	513063
38 Interest-adjusted excess contributions for current year (see instructions).....	38	322060
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110
1210-0089**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For the calendar plan year 2010 or fiscal plan year beginning		01/01/2010	and ending	12/31/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)		☐ one-participant plan
B This return/report is for:	☐ first return/report	☐ final return/report		
	☐ an amended return/report	☐ short plan year return/report (less than 12 months)		
C Check box if filing under:	☒ Form 5558	☐ automatic extension		☐ DFVC program
	☐ special extension (enter description)			

Part II Basic Plan Information --- enter all requested information.

1a Name of plan GCCA PHYSICIANS, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/2000
2a Plan sponsor's name and address (employer, if for single-employer plan) GCCA PHYSICIANS, INC. 2925 VERNON PLACE - SUITE 100 US CINCINNATI OH 45219	2b Employer Identification Number (EIN) 31-1559935
	2c Plan sponsor's telephone number (513) 751-6667
	2d Business code (see instructions) 621111
3a Plan administrator's name and address (If same as plan employer, enter "Same") Same	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. Sponsor's Name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 106
b Total number of participants at the end of the plan year	5b 112
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	6,620,476	8,101,833
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	6,620,476	8,101,833
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	548,000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers).	8a(3)	0	
b Other income (loss)	8b	1,357,140	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,905,140
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	423,783	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		423,783
i Net income (loss) (subtract line 8h from line 8c)	8i		1,481,357
j Transfers to (from) the plan (see instructions)	8j	0	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2010)
v.092308.1

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

		Yes	No	Amount
10 During the plan year:				
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . . . ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

SCHNEIDER & BROWN Co., E.A.
4520 Cooper Road - Suite 203
Cincinnati, Ohio 45242
Phone: (513) 984-6100
FAX: (513) 984-6105

SIGN & RETURN**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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			DANIEL WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			DANIEL WALKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

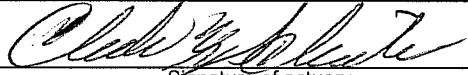
A Name of plan GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ GCGA PHYSICIANS, INC.		D Employer Identification Number (EIN) 31-1559935
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>		
2 Assets:		
a Market value	2a	4,503,205
b Actuarial value	2b	4,503,205
3 Funding target/participant count breakdown		
		(1) Number of participants
a For retired participants and beneficiaries receiving payment	3a	0
b For terminated vested participants	3b	11
c For active participants:		
(1) Non-vested benefits	3c(1)	64,869
(2) Vested benefits	3c(2)	3,494,647
(3) Total active	3c(3)	3,559,516
d Total	3d	3,978,846
4 If the plan is at-risk, check the box and complete lines a and b ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.76
6 Target normal cost	6	515,379

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		08/12/2011
Signature of actuary		Date
Charles Schneider		11-02627
Type or print name of actuary		Most recent enrollment number
Schneider & Brown Co., EA		(513) 984-6100
Firm name		Telephone number (including area code)
4520 Cooper Rd Ste 203 EA		
US Cincinnati OH 45242		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	300,528
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	300,528
10 Interest on item 9 using prior year's actual return of <u>29.88</u> %	0	89,798
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		9,236
b Interest on (a) using prior year's effective rate of <u>6.40</u> %		591
c Total available at beginning of current plan year to add to prefunding balance . . .		9,827
d Portion of item (c) to be added to prefunding balance		9,501
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	399,827

Part III Funding percentages

14 Funding target attainment percentage	14	103.12 %
15 Adjusted funding target attainment percentage	15	113.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/04/2010	170,000				
09/10/2010	80,000				
10/15/2010	50,000				
04/25/2011	150,000				
07/30/2011	98,000				
Totals ▶ 18(b)				548,000	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	513,063

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes	☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment 5.03 %	2nd segment 6.73 %	3rd segment 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	390,830
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	390,830
	Carryover balance	Prefunding Balance
35 Balances used to offset funding requirement	0	199,827
36 Additional cash requirement (item 34 minus item 35)	36	191,003
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	513,063
38 Interest-adjusted excess contributions for current year (see instructions)	38	322,060
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

Attachment to 2010 Schedule SB, Part V – EIN: 31-1559935 PN:002

**GCGA PHYSICIANS, INC.
Defined Benefit Plan**

SUMMARY OF PLAN PROVISIONS

Plan Administrator:	GCGA Physicians, Inc.
Plan Trustees:	Various named physician shareholders.
Effective Date:	January 1, 2000
Plan Year:	January 1 thru December 31
Eligibility Requirements	
Year of Service:	1000 Hours per employment year.
Minimum Service:	1 Year
Minimum Age:	Age 21
Entry Date:	January 1st nearest completion of above. • Part-time PRN (as needed basis) employees not eligible. • Service with CCR, HSC, PHC Ohio, Inc, & CCR, included for benefits /participation.
Employee Groups:	Group 1: Shareholders & Practice Administrator Group 2: All other participants.
Pension Benefits:	Group 1: 3% Avg Comp. Per yr Participation- max 25 yrs Group 2: ½% of compensation - max 25 Years Offset: Above benefit is offset by actuarial equivalent of Profit Sharing Account accumulated from 7.5% of annual Comp. Allocations. The offset shall not reduce accrued Benefit by more than ½% Avg. Comp. Per. Yr Participation.
Minimum Pension:	Regardless of the above, minimum pension shall not be less than \$3.33 per month per year of participation – max 25 years.
Actuarial Equivalence:	GARU 94 at 6% interest. IRC 417(e): Aug. rate for following Yr.
Vesting Requirements:	
Year of Service:	1000 Hours in plan year
Vesting Schedule:	
Years of Service	1 2 3 4 5 6
Vested Percent	0% 20% 40% 60% 80% 100%
Normal Retirement Age:	Age 65 & 5 years participation.
Vested Distributions:	
Termination:	After end of year in which termination occurs.
Retirement:	On request after age 65.

GCGA PHYSICIANS, INC.
DEFINED BENEFIT PLAN

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2010 to 12/31/2010

Valuation Date: 1/1/2010

	<u>For PPA Funding</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Segment 1 5.03%	Segment 1 3.60%	Pre-Retirement 6.00%
	Segment 2 6.73%	Segment 2 5.31%	Post-Retirement 5.50%
	Segment 3 6.82%	Segment 3 5.47%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	2010 Applicable Mortality Table from Rev Rul 2006-67	2010 Applicable Mortality Table from Rev Rul 2006-67
Assumed Benefit Form For Funding		Lump Sum	
Calculated Effective Interest Rate		6.76%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

GCGA Physicians, Inc. Defined Benefit Plan
EIN: 31-1559935 PN:002

Attachment to 2010 Schedule SB, line 22 – Description of Weighted Average Retirement Age

The retirement age shown on item 22 is the average expected retirement age of all non-retired participants. Active and vested terminated participants are assumed to retire at the plan's normal retirement age. If actively employed and eligible for normal retirement, retirement is assumed at the end of the current year.

GCGA PHYSICIANS, INC.**DEFINED BENEFIT PLAN**

Schedule of Active Participant Data

Plan Year: 1/1/2010 to 12/31/2010

Valuation Date: 1/1/2010

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	5	13	4	6	6	1	2	5	3	0	0	45
5-9	0	3	5	2	4	3	2	4	3	0	0	26
10-14	0	0	2	0	1	8	6	4	2	1	0	24
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	16	11	8	11	12	10	13	8	1	0	95

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 42.4

Average Service: 5