

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 6047(e), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>09/01/1984</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>DAYTON GASTROENTEROLOGY, INC.</u> <u>75 SYLVANIA DR</u> <u>BEAVERCREEK, OH 45440-3237</u>	2b Employer Identification Number (EIN) <u>31-1070615</u> 2c Sponsor's telephone number <u>937-320-5088</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>CRAIG PENNO</u>
	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DAYTON GASTROENTEROLOGY, INC. 75 SYLVANIA DR BEAVERCREEK, OH 45440-3237	3b Administrator's EIN 31-1070615 3c Administrator's telephone number 937-320-5088
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	178
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	152
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	187
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	187
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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) ☐ **0** **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DAYTON GASTROENTEROLOGY, INC.</u>	D Employer Identification Number (EIN) <u>31-1070615</u>

Part I Service Provider Information (see instructions)

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)

JOHNSON INVESTMENTS COUNSEL

3777 WEST FORK ROAD
CINCINNATI, OH 45247

31-1801770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28	INVESTMENT MANAGER	46476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TWG

1111 E TOUHY AVE
SUITE 235
DES PLAINES, IL 60018

36-4028918

(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?
15	RECORDKEEPING	20153	Yes ☒ No ☐	Yes ☐ No ☒	311	Yes ☐ No ☒

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

THE PRIVATE INVESTMENT GROUP

1065 E CENTERVILLE STATION
CENTERVILLE, OH 45459

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 28	INVESTMENT MANAGER	15686	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)

(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 ☐

(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

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DAYTON GASTROENTEROLOGY, INC.</u>	D Employer Identification Number (EIN) <u>31-1070615</u>	

Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a	27790	16089
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8793	207488
(2) Participant contributions	1b(2)	9603	8478
(3) Other.....	1b(3)	1814	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	520336	831495
(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)	0	131332
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	55200
(B) Common	1c(4)(B)	0	3174258
(5) Partnership/joint venture interests	1c(5)		200000
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	18132	120765
(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)	12592151	18632596
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	13178619	23377701

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	13178619	23377701
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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)	987521	
(B) Participants	2a(1)(B)	651870	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1639391
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)	4374	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4374
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		522173
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2165938

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	144360	
(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)		144360
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)	500	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	86999	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		87499
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		231859

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1934079
l Transfers of assets:			
(1) To this plan.....	2l(1)		8265003
(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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: GOLDSHOT, LAMB & HOBBS, INC.

(2) EIN: 31-0971691

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
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.).....		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.)		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.).....		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	
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?		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?		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		
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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	X		

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 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)

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 section 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 2011 This Form is Open to Public Inspection.
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 DAYTON GASTROENTEROLOGY, INC.		D Employer Identification Number (EIN) 31-1070615
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): 31-1475771		
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 and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
YEARS ENDED DECEMBER 31, 2011 AND 2010

GOLDSHOT, LAMB & HOBBS, INC.
CERTIFIED PUBLIC ACCOUNTANTS
3066 KETTERING BOULEVARD
DAYTON, OH 45439

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Goldshot,
Lamb &
Hobbs, Inc.

Certified Public Accountants

Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Dayton Gastroenterology, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Dayton Gastroenterology, Inc. 401(k) Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of Schedule H, line 4i-Schedule of Assets Held (At End of Year) as of or for the year ended December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by MG Trust Company, LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Goldshot, Lamb & Hobbs, Inc.

October 10, 2012

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
Unallocated Cash	\$ 16,089	\$ 27,790
Investments, at Fair Value (Notes C, D, & F)	23,024,881	13,112,487
Receivables:		
Participants' Contributions	8,478	9,603
Employer Contributions	207,488	8,793
Other Contributions	-	1,814
Notes Receivable from Participants	<u>120,765</u>	<u>18,132</u>
Total Receivables	<u>336,731</u>	<u>38,342</u>
<u>TOTAL ASSETS</u>	23,377,701	13,178,619
<u>LIABILITIES</u>	<u>-</u>	<u>-</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 23,377,701</u>	<u>\$ 13,178,619</u>

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
Investment Income:		
Participant Loan Interest	\$ 4,374	\$ 979
Net Appreciation in Fair Value of Investments	522,173	1,308,880
	<u>526,547</u>	<u>1,309,859</u>
Less Investment Expenses	(86,999)	-
Total Investment Income	<u>439,548</u>	<u>1,309,859</u>
 Contributions:		
Participant 401(k) Deferral	651,870	427,489
Participant Rollover Contributions	-	6,088
Employer	987,521	607,638
Total Contributions	<u>1,639,391</u>	<u>1,041,215</u>
 Transfer of Assets from Gastrointestinal and Liver Disease Consultants, PC Profit Sharing Plan	<u>8,265,003</u>	<u>-</u>
 Total Additions	<u>10,343,942</u>	<u>2,351,074</u>
 <u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>		
Benefits Paid to Participants	144,360	148,475
Administrative Expenses	500	1,490
Total Deductions	<u>144,860</u>	<u>149,965</u>
 <u>NET INCREASE</u>	10,199,082	2,201,109
 <u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of Year	<u>13,178,619</u>	<u>10,977,510</u>
End of Year	<u>\$ 23,377,701</u>	<u>\$ 13,178,619</u>

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN:

The following description of the Dayton Gastroenterology, Inc. 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The plan is a defined contribution plan covering substantially all full-time employees of the Employer. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. *Eligible Participants.* Eligible participants are those employees who are over age 21 and have a minimum twelve months of service.
3. *Contributions.* Eligible participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, limited to the statutory maximum contribution (\$16,500 for participants under the age of 50 and \$22,000 for participants ages 50 and over). The Plan allows eligible participants to make Roth 401(k) (after-tax) contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Employer has a discretionary match provision, which is determined by the Board of Trustees. The Employer also has a discretionary profit sharing provision, which is determined annually by the Board of Trustees. Contributions are subject to certain limitations. Participants direct the investment of their contributions into various investment options offered by the plan.
4. *Participant Accounts.* Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution, (b) plan earnings, (c) forfeitures of terminated participants' nonvested accounts, and (d) charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings 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.
5. *Vesting.* Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.
6. *Participant Loans.* Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25 percent to 10.25 percent, which are commensurate with local prime rates offered by financial institutions. Principal and interest are paid ratably through bi-weekly payroll deductions.
7. *Payment of Benefits.* On termination of service, the participant will receive a lump-sum payment equal to the value of the participant's vested interest in his or her account. The plan allows in-service distributions as follows: on the Employer's contributions, once they have attained the Plan's normal retirement age; on participant's rollover contributions, there is no restriction; on participant's pretax deferrals, once they have attained age 59 1/2. The plan does not allow in-service distributions on Roth 401(k) contributions.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN (Continued):

8. *Forfeitures.* Forfeitures of non-vested money shall first be used to pay plan administrative expense. To the extent any forfeitures remain, they will then be used to reduce any Employer contributions for the plan year in which the forfeiture occurred. Unallocated forfeitures at December 31, 2011 and 2010 were \$16,089 and \$27,790, respectively.
9. *Plan Expenses.* Expenses of maintaining the Plan are absorbed by the plan sponsor or paid through forfeitures. Beginning in 2011, investment management expenses are paid by the participants.

B. SUMMARY OF ACCOUNTING POLICIES:

1. *Basis of Presentation.* The accompanying financial statements of the plan are prepared on the accrual basis of accounting.
2. *Use of Estimates.* The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.
3. *Investment Valuation and Income Recognition.* Investments are reported 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. See Note F for discussion of fair value measurements.

Net appreciation in fair value of investments is reflected in the statement of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold and the change in appreciation from one period to the next. 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. Acquisition costs are included in the cost of investments purchased and sales are recorded net of selling expenses.

4. *Payment of Benefits.* Benefits are recorded when paid.
5. *Plan Merger.* On January 4, 2011, the Gastrointestinal and Liver Disease Consultants, PC Profit Sharing Plan was merged into the Plan. The total amount transferred into the Plan totaled \$8,265,003. The changes in net assets for the merged plan are included in the statement of changes in net assets available for benefits for the year ended December 31, 2011.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

C. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information is included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	<u>2011</u>	<u>2010</u>
Unallocated Cash	\$ 16,089	\$ 27,790
Investments, at fair value:		
Mutual Funds	1,756,957	740,715
Money Market Funds	652,241	520,336
Common/Collective Trusts	15,419,489	11,851,436
Investment Income	389,043	1,308,880

D. INVESTMENTS:

The plan's investments were held in accounts at MG Trust Company, LLC, Charles Schwab, Fidelity Investments, Oppenheimer & Co., and units were held in Advanced Fibers & Powders, LLC at December 31, 2011 and at MG Trust Company, LLC at December 31, 2010. The following presents investments that represent 5 percent or more of the Plan's net assets:

	<u>2011</u>	<u>2010</u>
Balanced Portfolio	\$ 11,943,520	\$ 10,210,538
Moderate Portfolio	2,348,158	1,640,898

E. PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are collective trust funds invested by Johnson Investment Counsel, Inc. and TD Ameritrade, and, therefore, these transactions qualify as party-in-interest transactions. The advisor picks from a pool of bonds, stocks, and mutual funds to develop a managed account that will meet a participant's investment strategy. It is intended to simplify the investment selection process for the participant.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

F. FAIR VALUE MEASUREMENTS:

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 - Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the plan has the ability to access.
- Level 2 - Inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.
- Level 3 - Inputs are unobservable inputs for the asset or liability and rely on plan management's own assumptions about the assumptions that market participants would use in pricing the asset or liability. (The unobservable inputs should be developed based on the best information available in the circumstances and may include the plan's own data.)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010:

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

Money market funds/Common stock/Preferred stock/Corporate bonds/CDs: Valued at the closing price reported on the active market on which the individual securities are traded.

Partnership: Valued at cost, which approximates fair value.

Common/Collective Trusts: Valued at the closing price or net asset value (NAV) of the underlying readily marketable securities depending on the classification of the underlying securities - closing price for money market funds, government securities, corporate bonds, and equity securities, and NAV for mutual funds.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described 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.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

F. FAIR VALUE MEASUREMENTS (continued):

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010.

Fair Value Measurements on a Recurring Basis
As of December 31, 2011

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 787,746	\$ 0	\$ 0	\$ 787,746
Certificates of Deposit	43,749	0	0	43,749
Corporate Bonds	131,332	0	0	131,332
Preferred Stock	55,200	0	0	55,200
Common Stock	3,174,258	0	0	3,174,258
Partnership	0	0	200,000	200,000
Mutual Funds	3,135,670	0	0	3,135,670
Common/Collective Trusts	0	15,496,926	0	15,496,926
Participant Loans	0	0	120,765	120,765
Total Assets at Fair Value	<u>\$ 7,327,955</u>	<u>\$15,496,926</u>	<u>\$ 320,765</u>	<u>\$23,145,646</u>

Fair Value Measurements on a Recurring Basis
As of December 31, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 740,715	\$ 0	\$ 0	\$ 740,715
Money Market Funds	520,336	0	0	520,336
Common/Collective Trusts	0	11,851,436	0	11,851,436
Participant Loans	0	0	18,132	18,132
Total Assets at Fair Value	<u>\$ 1,261,051</u>	<u>\$11,851,436</u>	<u>\$ 18,132</u>	<u>\$13,130,619</u>

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2011.

Level 3 Assets
Year Ended December 31, 2011

	<u>Participant Loans</u>	<u>Partnership</u>
Balance, beginning of year	\$ 18,132	\$ 0
Investment income	4,374	0
Transfers from GILD Plan	75,666	200,000
New loans issued	111,600	0
Payments received	<u>(89,007)</u>	<u>0</u>
Balance, end of year	<u>\$ 120,765</u>	<u>\$ 200,000</u>

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

G. COMMON/COLLECTIVE TRUSTS:

The Plan invests in the Balanced Managed Account, Moderate Growth Managed Account, Ameritrade Self Directed Managed Account, Health Care REIT Inc, and Healthcare Trust of America, which are common/collective trusts that invest in various readily marketable securities with quoted market prices. The portfolios consist of mutual funds, money market funds, government securities, corporate bonds, and equity securities. The Plan's interest in the trusts is calculated by applying the Plan's ownership percentage in the trust to the total fair value of the trust.

H. PLAN TERMINATION:

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

I. TAX STATUS:

The Plan is a prototype plan designed by their third party administrator. The Internal Revenue Service has determined and informed the third party administrator by a letter dated March 31, 2008, that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

J. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

K. PLAN NAME CHANGE:

On January 1, 2011, the Plan's name was changed from Digestive Care, Inc. 401(k) Plan to Dayton Gastroenterology, Inc. 401(k) Plan.

L. SUBSEQUENT EVENTS:

Subsequent events have been evaluated through October 10, 2012, which is the date the financial statements were available to be issued.

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Non-interest Bearing Cash	Cash	\$ 16,089	\$ 16,089
	Interest-bearing Cash - Participant Directed	Vanguard Prime Money Market Fund	N/A	652,241
*	Interest-bearing Cash - Participant Directed	Schwab US Treasury Money Fund	N/A	61,354
*	Interest-bearing Cash - Participant Directed	Fidelity Cash Reserves	N/A	54,162
	Interest-bearing Cash - Participant Directed	Advantage Primary Liq Fund	N/A	19,989
	Interest-bearing Cash - Participant Directed	CD - Barclays Bank 2.8% Due 11/4/13	N/A	5,149
	Interest-bearing Cash - Participant Directed	CD - Capital One Bank 5.0% Due 12/19/14	N/A	10,967
	Interest-bearing Cash - Participant Directed	CD - Capital One Bank 5.0% Due 1/2/15	N/A	5,488
	Interest-bearing Cash - Participant Directed	CD - Goldman Sachs Bank 5.0% Due 10/8/13	N/A	10,678
	Interest-bearing Cash - Participant Directed	CD - Tenn Commercial Bank 2.1% Due 12/31/12	N/A	5,074
	Interest-bearing Cash - Participant Directed	CD - Wachovia Bank 5.15% Due 11/12/13	N/A	6,393
	Corporate Bonds - Participant Directed	Barclays Bank 5.2% Due 7/10/14	N/A	5,153
	Corporate Bonds - Participant Directed	General Electric Capital 4.85% Due 9/15/12	N/A	5,114
	Corporate Bonds - Participant Directed	General Electric Capital 4.0% Due 2/15/12	N/A	5,019
	Corporate Bonds - Participant Directed	General Electric Capital 6% Due 6/15/12	N/A	10,216
	Corporate Bonds - Participant Directed	Goldman Sachs 6.60% Due 1/15/12	N/A	5,006
	Corporate Bonds - Participant Directed	Hancock John 4.75% Due 9/15/12	N/A	3,051
	Corporate Bonds - Participant Directed	JP Morgan Chase 6.625% Due 3/15/12	N/A	5,058
	Corporate Bonds - Participant Directed	Protective Life 5.0% Due 6/15/12	N/A	2,031
	Corporate Bonds - Participant Directed	Anadarko Pete Corp 5.95% Due 9/15/16	N/A	90,684
	Preferred Stock - Participant Directed	JPMorgan Chase	N/A	55,200
	Common Stock - Participant Directed	AFLAC Inc	N/A	6,143
	Common Stock - Participant Directed	AT&T Inc	N/A	4,748
	Common Stock - Participant Directed	Activision Blizzard Inc	N/A	5,655
	Common Stock - Participant Directed	Amerisource Bergen Corp	N/A	5,839
	Common Stock - Participant Directed	Anadarko Petroleum Corp	N/A	5,496
	Common Stock - Participant Directed	Auto Data Processing	N/A	6,535
	Common Stock - Participant Directed	Cardinal Health Inc	N/A	15,838
	Common Stock - Participant Directed	Centerpoint Energy Inc	N/A	3,114
	Common Stock - Participant Directed	Commerce Bancshares Inc	N/A	5,261
	Common Stock - Participant Directed	ConocoPhillips	N/A	6,048
	Common Stock - Participant Directed	Eaton Corporation	N/A	5,311
	Common Stock - Participant Directed	Herbalife Ltd	N/A	5,012
	Common Stock - Participant Directed	Home Depot Inc	N/A	4,162
	Common Stock - Participant Directed	International Paper Co	N/A	4,736
	Common Stock - Participant Directed	Intl Business Machines	N/A	21,514
	Common Stock - Participant Directed	Jabil Circuit Inc	N/A	6,999
	Common Stock - Participant Directed	KLA Tencor Corp	N/A	7,865
	Common Stock - Participant Directed	Kroger Company	N/A	5,546
	Common Stock - Participant Directed	Marathon Oil Corp	N/A	6,088

* Known to be a party-in-interest to the Plan

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DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock - Participant Directed	Merck & Co Inc	N/A	\$ 5,768
	Common Stock - Participant Directed	Norfolk Southern Corp	N/A	5,537
	Common Stock - Participant Directed	Time Warner Cable	N/A	3,687
	Common Stock - Participant Directed	US Bancorp	N/A	6,032
	Common Stock - Participant Directed	United Parcel Service	N/A	5,489
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	Common Stock - Participant Directed	V F Corporation	N/A	4,953
	Common Stock - Participant Directed	Vectren Corp	N/A	3,265
	Common Stock - Participant Directed	Wells Fargo & Co	N/A	17,225
	Common Stock - Participant Directed	Williams Companies	N/A	6,934
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	Common Stock - Participant Directed	Apple Inc	N/A	12,555
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	Common Stock - Participant Directed	E M C Corp Mass	N/A	10,512
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	Common Stock - Participant Directed	Exxon Mobil Corporation	N/A	13,646
	Common Stock - Participant Directed	Fifth Third Bancorp	N/A	13,216
	Common Stock - Participant Directed	Ford Motor Company	N/A	8,124
	Common Stock - Participant Directed	Google Inc	N/A	16,148
	Common Stock - Participant Directed	JPMorgan Case & Co	N/A	44,223
	Common Stock - Participant Directed	Macys Inc	N/A	9,364
	Common Stock - Participant Directed	McKesson Corporation	N/A	10,829
	Common Stock - Participant Directed	Microsoft Corp	N/A	14,512
	Common Stock - Participant Directed	National Oilwell Varco	N/A	12,510
	Common Stock - Participant Directed	Nike Inc	N/A	9,637
	Common Stock - Participant Directed	Occidental Pete Corp	N/A	13,305
	Common Stock - Participant Directed	P G & E Corp	N/A	9,728
	Common Stock - Participant Directed	Union Pacific Corp	N/A	11,865
	Common Stock - Participant Directed	Verizon Communications	N/A	14,443
	Common Stock - Participant Directed	Wal-Mart Stores Inc	N/A	12,609
	Common Stock - Participant Directed	Yum Brands	N/A	8,970
	Common Stock - Participant Directed	Assured Guaranty Ltd	N/A	65,700
	Common Stock - Participant Directed	Bunge Limited	N/A	228,600
	Common Stock - Participant Directed	Everest RE Group Ltd	N/A	168,180
	Common Stock - Participant Directed	Renaissance RE Holdings Ltd	N/A	74,370
	Common Stock - Participant Directed	Abbott Labs	N/A	168,690
	Common Stock - Participant Directed	Alico Inc	N/A	38,740
	Common Stock - Participant Directed	Annaly Cap Mgmt Inc	N/A	47,880
	Common Stock - Participant Directed	Arch Coal Inc	N/A	55,160

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EIN: 31-1070615

PLAN #002

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

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	Common Stock - Participant Directed	Archer Daniels Midland Co	N/A	\$ 28,600
	Common Stock - Participant Directed	Beam Inc	N/A	51,230
	Common Stock - Participant Directed	Centurylink Inc	N/A	37,200
	Common Stock - Participant Directed	Consolidated Edison Inc	N/A	62,030
	Common Stock - Participant Directed	Diamond Offshore Drilling Inc	N/A	110,480
	Common Stock - Participant Directed	Firstenergy Corp	N/A	265,800
	Common Stock - Participant Directed	Fortune Brands Home & Sec Inc	N/A	17,030
	Common Stock - Participant Directed	GlaxoSmithKline	N/A	91,260
	Common Stock - Participant Directed	Gold Fields Ltd	N/A	152,500
	Common Stock - Participant Directed	Hess Corp	N/A	113,600
	Common Stock - Participant Directed	Lilly Eli & Co	N/A	41,560
	Common Stock - Participant Directed	Novartis	N/A	171,510
	Common Stock - Participant Directed	Pfizer Inc	N/A	42,631
	Common Stock - Participant Directed	RWE	N/A	105,735
	Common Stock - Participant Directed	Southern Co	N/A	138,870
	Common Stock - Participant Directed	Statoil ASA	N/A	153,660
	Partnership - Participant Directed	Advanced Fibers & Powders, LLC	N/A	200,000
*	Common/Collective Trust - Participant Directed	Balanced Portfolio	N/A	11,943,520
*	Common/Collective Trust - Participant Directed	Moderate Portfolio	N/A	2,348,158
*	Common/Collective Trust - Participant Directed	Ameritrade Self Directed	N/A	1,127,811
	Common/Collective Trust - Participant Directed	Health Care REIT Inc	N/A	62,437
	Common/Collective Trust - Participant Directed	Healthcare Trust of America	N/A	15,000
	Mutual Fund - Participant Directed	Columbia Acorn Fund	N/A	46,312
	Mutual Fund - Participant Directed	Artisan Mid Cap Value Fund	N/A	37,263
	Mutual Fund - Participant Directed	Dodge & Cox Stock Fund	N/A	156,184
	Mutual Fund - Participant Directed	Dodge & Cox Income Fund	N/A	280,720
	Mutual Fund - Participant Directed	Harbor International Fund	N/A	16,158
	Mutual Fund - Participant Directed	PIMCO Commodity Real Return Strategy Fund	N/A	11,418
	Mutual Fund - Participant Directed	Royce Pennsylvania Mutual Investment Fund	N/A	22,402
	Mutual Fund - Participant Directed	PIMCO Total Return Fund	N/A	587,660
	Mutual Fund - Participant Directed	John Hancock III Rainier Growth Fund	N/A	206,368
	Mutual Fund - Participant Directed	First Eagle Overseas Fund	N/A	17,003
	Mutual Fund - Participant Directed	Thornburg International Value Fund	N/A	31,736
	Mutual Fund - Participant Directed	Vanguard Intermediate-Term Bond Fund	N/A	343,735
	Mutual Fund - Participant Directed	American Fund Cap World	N/A	56,531
	Mutual Fund - Participant Directed	American Fund New	N/A	56,614
	Mutual Fund - Participant Directed	Mutual Global Discovery	N/A	56,500
	Mutual Fund - Participant Directed	Ishares Trust DJ US Basic	N/A	8,681
	Mutual Fund - Participant Directed	Growth Fund of America	N/A	70,422
	Mutual Fund - Participant Directed	American Fund WA Mutual	N/A	74,561
	Mutual Fund - Participant Directed	Blackrock Mid Cap Value	N/A	24,160

* Known to be a party-in-interest to the Plan

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DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN**EIN: 31-1070615****PLAN #002****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Mutual Fund - Participant Directed	ING Corporate Leaders	N/A	\$ 77,460
	Mutual Fund - Participant Directed	Marsico 21st Century Fund	N/A	70,840
	Mutual Fund - Participant Directed	Ranier Small/Mid Cap	N/A	24,547
	Mutual Fund - Participant Directed	Ishares Silver Trust Ishares	N/A	16,164
	Mutual Fund - Participant Directed	Wisdomtree Asia Local Debt Fund	N/A	45,081
	Mutual Fund - Participant Directed	Wisdomtree Emerging Markets	N/A	98,496
	Mutual Fund - Participant Directed	Fidelity Floating Rate High Income	N/A	7,951
	Mutual Fund - Participant Directed	Doubleline Emerging Market Fixed Income	N/A	25,090
	Mutual Fund - Participant Directed	PIMCO All Assets All Authority	N/A	29,909
	Mutual Fund - Participant Directed	PIMCO All Asset Fund	N/A	20,937
	Mutual Fund - Participant Directed	ASA Gold & Precious Metals	N/A	183,274
	Mutual Fund - Participant Directed	Eaton Vance Floating Rate Inc	N/A	177,875
	Mutual Fund - Participant Directed	LMP Cap & Income Fund	N/A	86,520
	Mutual Fund - Participant Directed	Morgan Stanley Emerging Markets	N/A	155,650
	Mutual Fund - Participant Directed	Putnam Master Inter Income	N/A	11,448
	* Participant Loans	Interest: 3.25% - 9.25%	0	120,765
		Maturity: 12/12 - 10/22 Security: Vested Balances		

* Known to be a party-in-interest to the Plan

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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 2011 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information					
1a Name of plan Dayton Gastroenterology, Inc. 401(k) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/1984</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 09/01/1984	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 09/01/1984					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) DAYTON GASTROENTEROLOGY, INC. 75 SYLVANIA DR BEAVERCREEK OH 45440-3237	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-1070615</td> </tr> <tr> <td>2c Sponsor's telephone number 937-320-5088</td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1070615	2c Sponsor's telephone number 937-320-5088	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 31-1070615					
2c Sponsor's telephone number 937-320-5088					
2d Business code (see instructions) 621111					

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

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

SIGN HERE		<u>10/11/12</u> Date	Craig Penno Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DAYTON GASTROENTEROLOGY, INC. 75 SYLVANIA DR BEAVERCREEK OH 45440-3237		3b Administrator's EIN 31-1070615 3c Administrator's telephone number 937-320-5088
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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	178
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants.....	6a	152
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	187
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e.....	6f	187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	187
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7
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 Characteristic Codes in the instructions: 2E 2G 2J 2K 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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	Non-interest Bearing Cash	Cash	\$ 16,089	\$ 16,089
	Interest-bearing Cash - Participant Directed	Vanguard Prime Money Market Fund	N/A	652,241
*	Interest-bearing Cash - Participant Directed	Schwab US Treasury Money Fund	N/A	61,354
*	Interest-bearing Cash - Participant Directed	Fidelity Cash Reserves	N/A	54,162
	Interest-bearing Cash - Participant Directed	Advantage Primary Liq Fund	N/A	19,989
	Interest-bearing Cash - Participant Directed	CD - Barclays Bank 2.8% Due 11/4/13	N/A	5,149
	Interest-bearing Cash - Participant Directed	CD - Capital One Bank 5.0% Due 12/19/14	N/A	10,967
	Interest-bearing Cash - Participant Directed	CD - Capital One Bank 5.0% Due 1/2/15	N/A	5,488
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	Corporate Bonds - Participant Directed	Barclays Bank 5.2% Due 7/10/14	N/A	5,153
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	Common Stock - Participant Directed	Verizon Communications	N/A	14,443
	Common Stock - Participant Directed	Wal-Mart Stores Inc	N/A	12,609
	Common Stock - Participant Directed	Yum Brands	N/A	8,970
	Common Stock - Participant Directed	Assured Guaranty Ltd	N/A	65,700
	Common Stock - Participant Directed	Bunge Limited	N/A	228,600
	Common Stock - Participant Directed	Everest RE Group Ltd	N/A	168,180
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EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stock - Participant Directed	Archer Daniels Midland Co	N/A	\$ 28,600
	Common Stock - Participant Directed	Beam Inc	N/A	51,230
	Common Stock - Participant Directed	Centurylink Inc	N/A	37,200
	Common Stock - Participant Directed	Consolidated Edison Inc	N/A	62,030
	Common Stock - Participant Directed	Diamond Offshore Drilling Inc	N/A	110,480
	Common Stock - Participant Directed	Firstenergy Corp	N/A	265,800
	Common Stock - Participant Directed	Fortune Brands Home & Sec Inc	N/A	17,030
	Common Stock - Participant Directed	GlaxoSmithKline	N/A	91,260
	Common Stock - Participant Directed	Gold Fields Ltd	N/A	152,500
	Common Stock - Participant Directed	Hess Corp	N/A	113,600
	Common Stock - Participant Directed	Lilly Eli & Co	N/A	41,560
	Common Stock - Participant Directed	Novartis	N/A	171,510
	Common Stock - Participant Directed	Pfizer Inc	N/A	42,631
	Common Stock - Participant Directed	RWE	N/A	105,735
	Common Stock - Participant Directed	Southern Co	N/A	138,870
	Common Stock - Participant Directed	Statoil ASA	N/A	153,660
	Partnership - Participant Directed	Advanced Fibers & Powders, LLC	N/A	200,000
*	Common/Collective Trust - Participant Directed	Balanced Portfolio	N/A	11,943,520
*	Common/Collective Trust - Participant Directed	Moderate Portfolio	N/A	2,348,158
*	Common/Collective Trust - Participant Directed	Ameritrade Self Directed	N/A	1,127,811
	Common/Collective Trust - Participant Directed	Health Care REIT Inc	N/A	62,437
	Common/Collective Trust - Participant Directed	Healthcare Trust of America	N/A	15,000
	Mutual Fund - Participant Directed	Columbia Acorn Fund	N/A	46,312
	Mutual Fund - Participant Directed	Artisan Mid Cap Value Fund	N/A	37,263
	Mutual Fund - Participant Directed	Dodge & Cox Stock Fund	N/A	156,184
	Mutual Fund - Participant Directed	Dodge & Cox Income Fund	N/A	280,720
	Mutual Fund - Participant Directed	Harbor International Fund	N/A	16,158
	Mutual Fund - Participant Directed	PIMCO Commodity Real Return Strategy Fund	N/A	11,418
	Mutual Fund - Participant Directed	Royce Pennsylvania Mutual Investment Fund	N/A	22,402
	Mutual Fund - Participant Directed	PIMCO Total Return Fund	N/A	587,660
	Mutual Fund - Participant Directed	John Hancock III Rainier Growth Fund	N/A	206,368
	Mutual Fund - Participant Directed	First Eagle Overseas Fund	N/A	17,003
	Mutual Fund - Participant Directed	Thornburg International Value Fund	N/A	31,736
	Mutual Fund - Participant Directed	Vanguard Intermediate-Term Bond Fund	N/A	343,735
	Mutual Fund - Participant Directed	American Fund Cap World	N/A	56,531
	Mutual Fund - Participant Directed	American Fund New	N/A	56,614
	Mutual Fund - Participant Directed	Mutual Global Discovery	N/A	56,500
	Mutual Fund - Participant Directed	Ishares Trust DJ US Basic	N/A	8,681
	Mutual Fund - Participant Directed	Growth Fund of America	N/A	70,422
	Mutual Fund - Participant Directed	American Fund WA Mutual	N/A	74,561
	Mutual Fund - Participant Directed	Blackrock Mid Cap Value	N/A	24,160

* Known to be a party-in-interest to the Plan

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

DAYTON GASTROENTEROLOGY, INC. 401(K) PLAN

EIN: 31-1070615

PLAN #002

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Mutual Fund - Participant Directed	ING Corporate Leaders	N/A	\$ 77,460
	Mutual Fund - Participant Directed	Marsico 21st Century Fund	N/A	70,840
	Mutual Fund - Participant Directed	Ranier Small/Mid Cap	N/A	24,547
	Mutual Fund - Participant Directed	Ishares Silver Trust Ishares	N/A	16,164
	Mutual Fund - Participant Directed	Wisdomtree Asia Local Debt Fund	N/A	45,081
	Mutual Fund - Participant Directed	Wisdomtree Emerging Markets	N/A	98,496
*	Mutual Fund - Participant Directed	Fidelity Floating Rate High Income	N/A	7,951
	Mutual Fund - Participant Directed	Doubleline Emerging Market Fixed Income	N/A	25,090
	Mutual Fund - Participant Directed	PIMCO All Assets All Authority	N/A	29,909
	Mutual Fund - Participant Directed	PIMCO All Asset Fund	N/A	20,937
	Mutual Fund - Participant Directed	ASA Gold & Precious Metals	N/A	183,274
	Mutual Fund - Participant Directed	Eaton Vance Floating Rate Inc	N/A	177,875
	Mutual Fund - Participant Directed	LMP Cap & Income Fund	N/A	86,520
	Mutual Fund - Participant Directed	Morgan Stanley Emerging Markets	N/A	155,650
	Mutual Fund - Participant Directed	Putnam Master Inter Income	N/A	11,448
*	Participant Loans	Interest: 3.25% - 9.25% Maturity: 12/12 - 10/22 Security: Vested Balances	0	120,765

* Known to be a party-in-interest to the Plan

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