

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>GCGA PHYSICIANS, INC. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1969</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1969</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>01/01/1969</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GCGA PHYSICIANS, INC.</u> <u>2925 VERNON PLACE - SUITE 100</u> <u>CINCINNATI, OH 45219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-1559935</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>513-751-6667</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1559935</u>		2c Sponsor's telephone number <u>513-751-6667</u>		2d Business code (see instructions) <u>621111</u>			
2b Employer Identification Number (EIN) <u>31-1559935</u>									
2c Sponsor's telephone number <u>513-751-6667</u>									
2d Business code (see instructions) <u>621111</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	115
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	96
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits.....		6c	15
d Subtotal. Add lines 6a , 6b , and 6c		6d	112
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	112
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	112
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2H 2J 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan GCGA PHYSICIANS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GCGA PHYSICIANS, INC.	D Employer Identification Number (EIN) 31-1559935

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

THE EVELO/SINGER GROUP

312 WALNUT STREET
SUITE 2400
CINCINNATI, OH 45202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	NONE		Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEBERER REGISTERED INVST ADVRS

201 E. 5TH ST #100
CINCINNATI, OH 45202

01-0640773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	NONE		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 ☐

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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan GCGA PHYSICIANS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GCGA PHYSICIANS, INC.	D Employer Identification Number (EIN) 31-1559935	

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	0	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	336164	548973
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		371
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	622043	735329
	(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)	839745	792236
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18440641	23367059
	(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	20238593	25443968

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20238593	25443968
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1148973	
(B) Participants	2a(1)(B)	146794	
(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)		1295767

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)	51593	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		51593

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	909	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	867048	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		867957

(3) Rents	2b(3)		
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(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)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-80850	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-80850

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3434109
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5568576

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	350371	
(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)		350371
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12830	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12830
j Total expenses. Add all expense amounts in column (b) and enter total	2j		363201

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5205375
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ 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: VONLEHMAN COMPANY

(2) EIN: 31-0905417

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		750000
4e	X		750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>GCGA PHYSICIANS, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GCGA PHYSICIANS, INC.</u>	D Employer Identification Number (EIN) <u>31-1559935</u>

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
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): <u>31-1559935</u> <u>31-6243960</u> 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
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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.
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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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN**

December 31, 2013

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTARY SCHEDULE*

**GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
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INDEPENDENT AUDITORS' REPORT

The Trustees of
GCGA Physicians, Inc.
Profit Sharing Plan
Cincinnati, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of GCGA Physicians, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we Plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of GCGA Physicians, Inc. Profit Sharing Plan as of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule, as shown in the table of contents, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

VonLehman & Company Inc.

**GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

ASSETS

	December 31,	
	2013	2012
Investments at Fair Value		
Cash and Cash Equivalents	\$ 735,329	\$ 622,043
Corporate Stocks and Bonds	792,236	839,745
Mutual Funds	<u>23,367,059</u>	<u>18,440,641</u>
 Total Investments at Fair Value	 <u>24,894,624</u>	 <u>19,902,429</u>
 Receivables		
Employer Contributions	548,973	336,164
Other	<u>371</u>	<u>-</u>
 Total Receivables	 <u>549,344</u>	 <u>336,164</u>
 Net Assets Available for Benefits	 <u><u>\$ 25,443,968</u></u>	 <u><u>\$ 20,238,593</u></u>

See accompanying notes.

**GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Years Ended December 31,	
	2013	2012
Additions To Net Assets Attributed To		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 3,353,259	\$ 2,137,031
Interest and Dividends	919,550	666,328
Net Investment Income	4,272,809	2,803,359
Contributions		
Employer	1,148,973	986,164
Employee	146,794	121,569
Total Contributions	1,295,767	1,107,733
Total Additions	5,568,576	3,911,092
Deductions From Net Assets Attributed To		
Benefits Paid to Participants	350,371	657,012
Administrative and Investment Advisory Fees	12,830	5,609
Total Deductions	363,201	662,621
Net Increase	5,205,375	3,248,471
Net Assets Available for Benefits		
Beginning of Plan Year	20,238,593	16,990,122
End of Plan Year	<u>\$ 25,443,968</u>	<u>\$ 20,238,593</u>

See accompanying notes.

**GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the GCGA Physicians, Inc. (the Company) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Document and the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution Plan covering all employees of the Company except employees who are designated as P.R.N. employees. For the purpose of making employee deferrals, an employee will become a participant in the Plan on the first entry date following the day on which one year of service is completed and age 21 is attained. Entry dates are January 1st, April 1st, July 1st, and October 1st. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan includes both self-directed accounts as well as non-participant directed investments. Participants are permitted to direct the investment of their rollover accounts as well as amounts transferred into the Plan from other plans as described in the Plan document, such as the terminated Safdi, Schneider, Waissbluth & Associates, Inc. Defined Benefit Plan. The trustees of the Plan have complete control over how the remaining amounts of the Plan are invested. At December 31, 2013 and 2012, the nonparticipant-directed investments were in cash and cash equivalents and mutual funds.

Contributions

Each year, participants may contribute up to limits determined by the Internal Revenue Service, as defined in the Plan document. Participants may also contribute amounts representing distributions from certain other retirement plans as described in the Plan document.

The Company will determine the profit sharing contribution it will make to the Plan on an annual basis. All participants who are employed by the Company on the last day of the Plan year and all participants who terminated employment during the Plan year and completed more than 500 hours of service during the Plan year will receive an allocation of the employer profit sharing contribution. Each employee will be assigned to a group as described in the Plan document and will receive an allocation of the profit sharing contribution based on their compensation for the Plan year. The total profit sharing contribution for 2013 was \$1,160,096 of which \$1,148,973 was paid by the Company and the remaining \$11,123 was paid using the balance in the forfeitures account. For 2012, the total profit sharing contribution was \$1,003,081 of which \$986,164 was paid by the Company and the remaining \$16,917 was paid using the balance in the forfeitures account.

Participants' Accounts

Each participant's account is credited with (a) employee elective 401(k) deferrals, (b) allocations of Plan earnings, and (c) employer profit sharing contributions. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their 401(k) elective deferrals and rollover contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of service as defined in the Plan. Vesting begins upon the completion of the second year of service, and a participant is 100% vested after six years of credited service.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Notes receivable from participants are not allowed under this Plan.

Payment of Benefits

Upon termination of service, a participant may elect to receive either a lump sum amount equal to the vested portion of the value of their account or any other form of payment agreed upon by the Plan administrator and participant as described in the Plan Document. If a participant's vested benefit is \$1,000 or less, a distribution can be forced to the participant by the Plan administrator without the participant's consent. If a participant's vested benefit is greater than \$1,000 but does not exceed \$5,000, and the participant does not elect to receive a distribution, the Plan administrator can automatically transfer the benefit to an IRA established in the name of the participant.

Forfeitures

Forfeitures of terminating participants that are not 100% vested are used to reduce the employer's subsequent contributions to the Plan and to restore accounts of rehired employees as provided for in the Plan document.

Administrative Expenses

A portion of the Plan's administrative expenses, which include audit fees, are paid by the Plan sponsor.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements in conformity with accounting principles generally accepted in the United States of America customary for retirement savings plans.

Method of Valuing Investments

If available, quoted market prices are used to value investments. Investments that have no quoted market price are shown at estimated fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Net Assets Available for Plan Benefits

Net assets available for Plan benefits included \$-0- at both December 31, 2013 and 2012 allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated March 11, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving this letter. However, the Plan administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more than likely would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of both December 31, 2013 and 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Currently, the prior three years are open under federal and state statutes of limitations and remain subject to review and change. The Plan is not currently under audit nor has the Plan been contacted by these jurisdictions.

Subsequent Events

The Plan has evaluated subsequent events through October 6, 2014, which is the date on which the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

The following table presents the fair values of investments at December 31, 2013. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2013	
	Number of Shares	Fair Value
Investments at Fair Value		
Dodge & Cox Stock Fund	10,926.546	\$ 1,845,166
DFA U.S. Small Cap Value Fund	53,784.954	1,904,525
Harbor Small Cap Growth Fund	132,444.895	1,977,402
American Funds Growth Fund of America	42,845.631	1,840,220
Pimco Global Advantage	120,390.289	1,329,109
Vanguard Mid Cap Index Signal Fund	56,345.613	2,421,735
Vanguard 500 Index Signal Fund	17,640.213	2,482,331
Loomis Sayles Bond Fund	89,605.031	1,358,412
Other Investments (Less than 5%)	Various	9,735,724
Total Investments at Fair Value		<u>\$ 24,894,624</u>

NOTE 3 – INVESTMENTS (Continued)

The following table presents the fair values of investments at December 31, 2012. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2012	
	Number of Shares	Fair Value
Investments at Fair Value		
Dodge & Cox Stock Fund	15,578.271	\$ 1,898,991
DFA U.S. Small Cap Value Fund	57,366.598	1,503,579
DFA International Value Fund	72,620.621	1,205,502
Harbor Small Cap Growth Fund	123,572.006	1,464,328
American Funds Europacific Growth Fund	30,684.878	1,262,069
American Funds Growth Fund of America	55,905.147	1,917,547
Pimco Total Return Institutional Fund	206,804.598	2,324,484
Vanguard Mid Cap Index Signal Fund	60,307.078	1,940,682
Vanguard 500 Index Signal Fund	17,286.749	1,875,930
Other Investments (Less than 5%)	Various	<u>4,509,317</u>
Total Investments at Fair Value		<u>\$ 19,902,429</u>

During 2013 and 2012, the Plan's investments, including investments bought, sold, as well as held during the years, appreciated in value as follows:

Net Appreciation in Fair Value of Investments

	2013	2012
Corporate Stocks and Bonds and Mutual Funds	<u>\$ 3,353,259</u>	<u>\$ 2,137,031</u>

NOTE 4 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets related to the nonparticipant-directed investments is as follows:

	December 31,	
	2013	2012
Net Assets		
Cash and Cash Equivalents	\$ 697,468	\$ 590,512
Mutual Funds	23,367,059	18,440,641
Receivables-Employer Contributions	548,973	336,164
Other Receivable	<u>371</u>	<u>-</u>
Total Nonparticipant-Directed Net Assets	<u>\$ 24,613,871</u>	<u>\$ 19,367,317</u>

NOTE 4 – NONPARTICIPANT-DIRECTED INVESTMENTS (Continued)

	Years Ended December 31,	
	2013	2012
Changes in Net Assets		
Net Appreciation in Fair Value of Investments	\$ 3,434,110	\$ 2,074,481
Interest and Dividends	867,048	613,598
Contributions	1,295,767	1,107,733
Benefits Paid to Participants and Transfers	<u>(350,371)</u>	<u>(629,849)</u>
Total Change in Nonparticipant-Directed Net Assets	<u>\$ 5,246,554</u>	<u>\$ 3,165,963</u>

NOTE 5 – PLAN TERMINATION

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

NOTE 6 – FORFEITURES

For the years ended December 31, 2013 and 2012, the amount of forfeitures that went to reduce employer contributions totaled \$11,123 and \$16,917, respectively. The amount of forfeitures that was used to restore rehired employee balances totaled \$-0- for both the years ended December 31, 2013 and 2012.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Fees for investment management services and for administrative expenses paid by the Plan to Plan administrators, custodians, and advisors were \$12,830 and \$5,609 for 2013 and 2012, respectively.

There may be additional fees paid with Plan assets included in the net appreciation of fair value of investments line item on the statements of changes in net assets available for benefits.

NOTE 8 – FAIR VALUE MEASUREMENTS

U.S. GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

LEVEL 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

LEVEL 2 – Inputs for the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

LEVEL 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 either December 31, 2013 or 2012.

Mutual Funds – Valued at the net asset value (NAV) of shares held by the Plan at year end

Corporate stocks and bonds - valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may provide 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.

NOTE 8 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash & Cash Equivalents	\$ <u>735,329</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>735,329</u>
Mutual Funds				
Equity/Index Funds	12,471,379	-	-	12,471,379
International Funds	4,656,578	-	-	4,656,578
Real Estate Funds	445,565	-	-	445,565
Fixed Income/Bond Funds	<u>5,793,537</u>	<u>-</u>	<u>-</u>	<u>5,793,537</u>
	<u>23,367,059</u>	<u>-</u>	<u>-</u>	<u>23,367,059</u>
Corporate Stocks and Bonds	<u>792,236</u>	<u>-</u>	<u>-</u>	<u>792,236</u>
Total Assets at Fair Value	\$ <u>24,894,624</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>24,894,624</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2012:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash & Cash Equivalents	\$ <u>622,043</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>622,043</u>
Mutual Funds				
Equity/Index Funds	10,601,056	-	-	10,601,056
International Funds	4,098,063	-	-	4,098,063
Real Estate Funds	578,126	-	-	578,126
Fixed Income/Bond Funds	<u>3,163,396</u>	<u>-</u>	<u>-</u>	<u>3,163,396</u>
	<u>18,440,641</u>	<u>-</u>	<u>-</u>	<u>18,440,641</u>
Corporate Stocks and Bonds	<u>839,745</u>	<u>-</u>	<u>-</u>	<u>839,745</u>
Total Assets at Fair Value	\$ <u>19,902,429</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>19,902,429</u>

NOTE 9 – RISK 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.

SUPPLEMENTARY SCHEDULE

GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1559935
PLAN NO. 001

Description of Investments	Interest Rate	Shares/ Quantity	Cost	Market Value
Cash and Cash Equivalents				
Cash		818.000 Shares	\$ 818	\$ 818
*Schwab Government Money Market Fund		697,468.000 Shares	697,468	697,468
BBIF Money Fund		36,524.000 Shares	36,524	36,524
FIA Card Services Account		519.000 Shares	519	519
Total Cash and Cash Equivalents				735,329
Corporate Stocks and Bonds				
Aegon Perpetual Cap Sec Pfd Stock	6.375%	753 Shares	^	17,616
Aegon Non-Cum Float Rate Pfd Stock	4.000%	181 Shares	^	3,562
Aegon Non-Cum Sub Notes	8.000%	339 Shares	4,094	9,556
Alexandria Real Estate Equity Income Pfd Stock	6.450%	48 Shares	^	1,018
Allstate Corp Pfd Stock - Series A	5.625%	51 Shares	1,270	1,071
Allstate Corp Sub Deb	5.100%	51 Shares	1,304	1,230
Allstate Corp Pfd Stock - Series C	6.750%	81 Shares	2,008	2,078
American Financial Group Senior Notes	5.750%	88 Shares	2,182	1,878
Ameriprise Financial Inc. Senior Notes	7.750%	165 Shares	^	4,232
American Financial Group Senior Notes	6.375%	80 Shares	^	1,894
Aflac Inc. Sub Deb	5.500%	181 Shares	4,399	3,841
Affiliated Managers Group Inc. Senior Notes	5.250%	51 Shares	1,291	1,302
Affiliated Managers Group Inc. Senior Notes	6.375%	84 Shares	2,109	1,911
Arch Capital Group LTD Series C	6.750%	282 Shares	1,003	6,466
Aspen Insurance Holding LTD		113 Shares	^	2,767
Aspen Insurance Holding LTD	5.950%	166 Shares	4,213	3,763
Axis Capital Holdings LTD Series C	6.875%	254 Shares	1,289	5,989
Axis Capital Holdings LTD Series D	5.500%	179 Shares	4,472	3,328
Bank of NY Mellon Series C Non-Cum Pfd Stock	5.200%	556 Shares	13,750	11,537
Barclays Bank PLC Amer Dep Shares	6.625%	268 Shares	^	6,470
Barclays Bank PLC New Money Series 3	7.100%	335 Shares	^	8,432
Barclays Bank PLC American Dep Shares Series 4	7.750%	248 Shares	^	6,282
Barclays Bank PLC American Dep Shares Series 5	8.125%	128 Shares	^	3,247
BB&T Corp Series F Non-Cum	5.200%	77 Shares	1,778	1,444
BB&T Corp Series G Non-Cum	5.200%	455 Shares	10,259	8,554
BB&T Corp Series E Non-Cum Pfd Stock	5.625%	576 Shares	13,880	11,722
Boston Properties Inc. Series B	5.250%	70 Shares	1,734	1,331
Capital One Financial Corp Series B Non-Cum Pfd Stock	6.000%	542 Shares	13,515	11,783
Charles Schwab Non-Cum Series B	6.000%	247 Shares	1,404	5,432
Citigroup Cap Trust IX Pfd Sec	6.000%	424 Shares	^	10,642
Citigroup Cap Trust XIII Fix/Flat Rate Trust Pfd	7.875%	348 Shares	1,070	9,483
Citigroup Cap Trust XI Trust Pfd Secs	6.000%	148 Shares	^	3,682
Citigroup Cap Trust XVII Trust Preferred Secs	6.350%	139 Shares	^	3,482
Citigroup Inc. Series J Non-Cum	7.125%	145 Shares	3,643	3,761
Citigroup Inc. Series K Non-Cum	6.875%	113 Shares	2,821	2,863
Citigroup Inc. Series C Non-Cum	5.800%	326 Shares	8,033	6,924
Comcast Corp Notes	5.000%	170 Shares	4,192	3,509
DB Cont Capital Trust II New Money	6.550%	709 Shares	^	17,654
DB Cont Capital Trust III Cum Trust Pfd Sec	7.600%	187 Shares	101	4,855
Digital Rlty Tr Inc.	7.000%	73 Shares	^	1,585
Digital Rlty Tr Inc. Series F Cum Redeemable Pfd	6.625%	112 Shares	760	2,305

* Party-in-Interest

Information is not readily available

^ Historical cost information is not readily available.

GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1559935
PLAN NO. 001
(CONTINUED)

Description of Investments	Interest Rate	Shares/ Face Amount	Cost	Market Value
Corporate Stocks and Bonds (Continued)				
Digital Rlty Tr Inc. Series G Cum Redeemable Pfd	5.875%	123 Shares	\$ 2,986	\$ 2,232
Dominion Resources Series A Jr Sub Note	8.375%	254 Shares	^	6,538
DTE Energy Co. Series C Junior Sub Debentures	5.250%	51 Shares	1,274	983
DTE Energy Co. Series I Cum Jr Sub Debs	6.500%	74 Shares	^	1,789
Duke Energy Corp Junior Sub Debentures	5.125%	122 Shares	3,054	2,519
Entergy Arkansas Pfd Stock	#	86 Shares	^	2,011
Entergy Arkansas Inc. First Mortgage Bonds	4.900%	51 Shares	1,278	1,032
Entergy Arkansas New Money Pfd Stock	4.750%	97 Shares	2,268	1,853
Entergy LA, LLC Pfd Stock	#	46 Shares	^	1,110
Entergy Louisiana LLC New Money	6.000%	118 Shares	965	2,843
Entergy Louisiana LLC New Money	4.700%	64 Shares	1,249	1,238
Entergy Mississippi Inc. Pfd Stock	6.000%	89 Shares	^	2,124
Entergy Texas Inc. Pfd Stock	#	81 Shares	^	2,083
First Niagara Financial Group Perpetual Pfd Series B	8.625%	171 Shares	^	4,764
General Electric Cap Corp Senior Notes	4.875%	392 Shares	9,635	7,950
General Electric Cap Corp Senior Notes	4.875%	427 Shares	10,621	8,719
General Electric Cap Corp Senior Notes	4.700%	436 Shares	10,815	8,467
Goldman Sachs Group Inc. Series I	5.950%	435 Shares	10,838	9,305
Goldman Sachs Group \$25 Par Senior Notes	6.125%	568 Shares	78	13,836
Goldman Sachs Group \$25 Par Senior Notes	6.500%	411 Shares	133	10,370
Goldman Sachs Group Inc. Non-Cum Float Rate Pfd	3.750%	76 Shares	^	1,372
Hartford Financial Services Group Pfd Stock	#	151 Shares	^	4,328
Health Care REIT Inc. Series J Cum Redeemable Pfd Stock	6.500%	205 Shares	79	4,664
Hospitality Prop Trust Pfd Stock	7.125%	218 Shares	^	5,042
HSBC Holdings PLC Series A Pfd Stock	6.200%	127 Shares	75	3,137
HSBC Holdings PLC Pfd Stock	8.000%	1,089 Shares	2,806	29,338
ING Group Perpetual Debt Sec	6.125%	420 Shares	^	9,723
INF Group Prep Hybrid Capital Secs	6.375%	131 Shares	^	3,105
ING Group Global Sub Debt Secs	7.050%	541 Shares	^	11,361
ING Group Global Debt Secs	7.200%	345 Shares	^	8,763
Integry's Energy Group Inc. Jr. Sub Notes	6.000%	498 Shares	12,264	11,927
Interstate Power and Light Pfd Stock - Series D	5.100%	87 Shares	2,183	1,817
JP Morgan Chase & Co. Series P Non-Cum Pfd Stock	5.450%	409 Shares	10,128	8,295
JP Morgan Chase & Co Series O Non-Cum Pfd Stock	5.500%	701 Shares	17,061	14,420
Kimco Realty Corp Class J Cum Redeemable Perpetual	5.500%	82 Shares	2,030	1,595
Kimco Realty Corp Cum Perpetual Class K Pfd Stock	5.625%	87 Shares	2,142	1,710
Kimco Realty Corp Cum Pfd Stock Series H	6.900%	175 Shares	^	4,169
Kimco Realty Corp Class I Cum Redeemable Pfd Stock	6.000%	241 Shares	^	5,030
Lloyds Banking Group PLC Senior Notes	7.750%	907 Shares	1,520	24,172
MetLife Inc. Series B Non-Cum	6.5	83 Shares	2,079	2,067
Morgan Stanley New Money Series A	#	192 Shares	^	3,610
Morgan Stanley Capital Trust VII Capital Securities	6.600%	157 Shares	^	3,815
Morgan Stanley Capital Trust IV Def Int Trust Pfd Secs	6.250%	253 Shares	1,326	5,991
Morgan Stanley Capital Trust V Def Int Trust Pfd Secs	5.750%	172 Shares	^	3,848
Morgan Stanley Capital Trust VIII Capital Securities	6.450%	72 Shares	^	1,715
Morgan Stanley Capital Trust III Cap Trust Sec	6.250%	283 Shares	^	6,789
Morgan Stanley Series E Non-Cum	7.125%	127 Shares	3,223	3,315
National Retail Property Inc. Series E Cum Redeemable Pfd Stock	5.700%	190 Shares	4,291	3,610
National Retail Property Inc. Series D Cum Redeemable Pfd Stock	6.625%	206 Shares	^	4,563

* Party-in-Interest

Information is not readily available

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GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1559935
PLAN NO. 001
(CONTINUED)

Description of Investments	Interest Rate	Shares/ Face Amount	Cost	Market Value
Corporate Stocks and Bonds (Continued)				
Nextera Energy Capital Series J Jr Sub Deb	5.000%	128 Shares	\$ 2,865	\$ 2,337
Nextera Energy Capital Series G Pfd Stock	#	79 Shares	^	1,651
Nextera Energy Capital Series H Jr Sub Deb	5.625%	114 Shares	798	2,298
Nextera Energy Capital Cum Series I JR Sub Deb	5.125%	323 Shares	7,410	5,976
Partner RE Ltd. Perpetual Services Series F	5.875%	161 Shares	3,965	3,255
Partner RE Ltd. Series D Cum Pfd Shares	6.500%	270 Shares	^	6,116
Partner RE Ltd. Cum Redeemable Pfd Series E	7.250%	120 Shares	^	3,036
PNC Financial Services Series P Pfd Stock	#	834 Shares	12,350	21,059
PPL Capital Funding Inc. Series B	5.900%	86 Shares	2,138	1,786
Protective Life Corporation Capital Securities	6.250%	183 Shares	886	3,971
Protective Life Corporation Capital Securities	6.000%	93 Shares	2,301	1,973
Prudential Financial Junior Sub Note	5.700%	259 Shares	6,455	5,398
Prudential Financial Junior Sub Note	5.750%	205 Shares	5,063	4,330
PS Business Parks Inc. Series R Cum Pfd Shares	6.875%	44 Shares	^	1,056
PS Business Parks Inc. Series T Cum Redeemable Pfd Stock	6.000%	244 Shares	^	4,929
PS Business Parks Inc. Series U Cum Pfd Stock	5.750%	51 Shares	1,274	980
PS Business Parks Inc. Series S Cum Pfd Stock	6.450%	154 Shares	^	3,365
Public Storage Cum Pfd Shares, Series U	5.625%	80 Shares	^	1,619
Public Storage Series V Cum Pfd Shares	5.375%	50 Shares	1,236	977
Public Storage Series P Cum Pfd Shares	6.500%	43 Shares	^	1,021
Public Storage Series W Cum Pfd Shares	5.200%	202 Shares	4,561	3,808
Public Storage Series X Cum Pfd Shares	5.200%	87 Shares	2,164	1,642
Public Storage Series T Cum Pfd Shares	5.750%	180 Shares	^	3,798
Public Storage Series R Cum Pfd Shares	6.350%	225 Shares	^	5,254
Public Storage Series S Cum Pfd Shares	5.900%	263 Shares	^	5,681
Public Storage Series Q Cum Pfd Shares	6.500%	150 Shares	^	3,506
Qwest Corp. Pfd Stock	7.375%	208 Shares	^	4,811
Qwest Corp. \$25 Par Senior Notes	7.500%	309 Shares	^	7,240
Qwest Corp. \$25 Par Senior Notes	7.000%	160 Shares	^	3,510
Qwest Corp. Par Senior Notes	7.000%	80 Shares	2,070	1,750
Raymond James Financial Pfd Stock	#	206 Shares	^	5,150
Realty Income Series F	#	302 Shares	1,649	7,227
Regency Centers Corporation Series 6	6.625%	156 Shares	^	3,385
Regency Centers Corporation New Money Series 7	6.000%	50 Shares	1,237	999
Renaissancere Holdings Ltd. Series E Pref Shares	5.375%	225 Shares	5,371	4,154
Renaissancere Holdings Ltd. Cum Series C Pref Shares	6.080%	82 Shares	^	1,780
Royal Bk of Scotland Grp PLC Series L	5.750%	792 Shares	687	15,468
Royal Bk of Scotland Grp PLC Series M	6.400%	78 Shares	1,552	1,630
Royal Bk of Scotland Grp PLC Non-Cum Series N	6.350%	254 Shares	4,663	5,197
Royal Bk of Scotland Grp CAT II Non-Cum Series R	6.125%	126 Shares	2,461	2,514
Royal BK of Scotland Grp PLC New Money Series S	6.600%	114 Shares	2,061	2,452
Scana Corp Series A Junior Sub Debt	7.700%	37 Shares	^	971
Senior Housing Property Trust Senior Notes	5.625%	176 Shares	4,275	3,568
Stanley Black & Decker Junior Sub Debenture	5.750%	264 Shares	6,653	5,644
State Street Corp Series C Non-Cum	5.250%	247 Shares	6,034	5,113
TCF Financial Co Pfd Stock	#	128 Shares	3,310	3,158
Telephone & Data Systems Senior Notes	5.875%	171 Shares	4,227	3,307
Telephone & Data Systems \$25 Senior Notes	6.875%	72 Shares	^	1,630
Telephone & Data Systems \$25 Par Senior Notes	7.000%	148 Shares	^	3,419

* Party-in-Interest

Information is not readily available

^ Historical cost information is not readily available.

GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1559935
PLAN NO. 001
(CONTINUED)

Description of Investments	Interest Rate	Shares/ Face Amount	Cost	Market Value
Corporate Stocks and Bonds (Continued)				
Torchmark Corp Jr Sub Deb	5.875%	51 Shares	\$ 1,276	\$ 1,106
UBS Pref Funding Trust IV Preferred Stock	#	436 Shares	^	6,584
US Bancorp Pfd Stock	#	265 Shares	7,367	6,970
US Bancorp Shares Series B	#	82 Shares	^	1,594
US Bancorp Series G Pfd Stock	#	93 Shares	^	2,572
US Bancorp Series H Pfd Stock	5.150%	141 Shares	3,540	2,816
US Cellular Corp \$25 Par Senior Notes	6.950%	46 Shares	^	1,042
Vodafone Group PLC	#	575 Shares	^	22,603
Ventas Realty LP Senior Notes	5.450%	180 Shares	4,458	3,841
Vornado Rlty Tr Ser J Cum Redeemable Pfd Shares	6.875%	103 Shares	^	2,478
Vornado Rlty Tr Cum Series K Pfd Shares	5.700%	116 Shares	2,916	2,292
Vornado Rlty Tr Cum Series L Pfd Shares	5.400%	88 Shares	2,174	1,650
Vornado Rlty LP Senior Unsecured Notes	7.875%	461 Shares	^	11,981
W.R. Berkley Corporation Sub Deb	5.625%	195 Shares	4,894	4,019
Weingarten Realty Series F Depositary Shares	6.500%	51 Shares	^	1,157
Weingarten Realty New Money Pfd Stock	#	98 Shares	^	2,035
Wells Fargo & Co Non-Cum Class A	5.250%	79 Shares	1,860	1,590
Wells Fargo & Co Non-Cum Class A	5.125%	79 Shares	1,635	1,604
Wells Fargo & Co New Series J	8.000%	39 Shares	1,143	1,090
Wells Fargo & Co Non-Cum	5.850%	542 Shares	13,284	12,775
Total Corporate Stocks and Bonds				<u>792,236</u>
Mutual Funds				
American Funds Europacific Growth Fund		24,013.463 Shares	796,886	1,176,179
American Funds Growth Fund of America		42,845.631 Shares	^	1,840,220
DFA Emerging Markets Value Fund		40,534.001 Shares	^	1,119,143
DFA International Small Cap Value Fund		57,723.380 Shares	^	1,174,671
DFA International Value Fund		59,837.878 Shares	^	1,186,585
DFA Real Estate Securities Fund		17,183.370 Shares	^	445,565
DFA U.S. Small Cap Value Fund		53,784.954 Shares	^	1,904,525
Dodge & Cox Stock Fund		10,926.546 Shares	^	1,845,166
Doubleline Total Return Fund		110,749.029 Shares	1,234,037	1,193,875
Harbor Small Cap Growth Fund		132,444.895 Shares	^	1,977,402
Loomis Sayles Bond Fund		89,605.031 Shares	1,362,043	1,358,412
Pimco Global Advantage Fund		120,390.289 Shares	1,352,354	1,329,109
Pimco Real Return Fund		62,929.331 Shares	663,876	690,335
Pimco Total Return Institutional Fund		114,294.305 Shares	1,256,403	1,221,806
Vanguard 500 Index Signal Fund		17,640.213 Shares	^	2,482,331
Vanguard Mid Cap Index Signal Fund		56,345.613 Shares	^	2,421,735
Total Mutual Funds				<u>23,367,059</u>
Total Assets Held for Investment				<u>\$ 24,894,624</u>

* Party-in-Interest

Information is not readily available

^ Historical cost information is not readily available.

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 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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 CGGA PHYSICIANS, INC. PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/1969</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1969	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1969					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CGGA PHYSICIANS, INC. 2925 VERNON PLACE - SUITE 100 US CINCINNATI OH 45219	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 2px;">2b Employer Identification Number (EIN) 31-1559935</td> </tr> <tr> <td style="padding: 2px;">2c Sponsor's telephone number (513) 751-6667</td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1559935	2c Sponsor's telephone number (513) 751-6667	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 31-1559935					
2c Sponsor's telephone number (513) 751-6667					
2d Business code (see instructions) 621111					

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

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

SIGN HERE	 Signature of plan administrator	<u>10-9-14</u> Date	DANIEL WALKER Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10-9-14</u> Date	Same Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v.130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 115
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 96	
b Retired or separated participants receiving benefits	6b 1	
c Other retired or separated participants entitled to future benefits	6c 15	
d Subtotal. Add lines 6a, 6b, and 6c	6d 112	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0	
f Total. Add lines 6d and 6e	6f 112	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 112	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2H 2J 2R		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1559935
PLAN NO. 001

Description of Investments	Interest Rate	Shares/ Quantity	Cost	Market Value
Cash and Cash Equivalents				
Cash		818.000 Shares	\$ 818	\$ 818
*Schwab Government Money Market Fund		697,468.000 Shares	697,468	697,468
BBIF Money Fund		36,524.000 Shares	36,524	36,524
FIA Card Services Account		519.000 Shares	519	519
Total Cash and Cash Equivalents				735,329
Corporate Stocks and Bonds				
Aegon Perpetual Cap Sec Pfd Stock	6.375%	753 Shares	^	17,616
Aegon Non-Cum Float Rate Pfd Stock	4.000%	181 Shares	^	3,562
Aegon Non-Cum Sub Notes	8.000%	339 Shares	4,094	9,556
Alexandria Real Estate Equity Income Pfd Stock	6.450%	48 Shares	^	1,018
Allstate Corp Pfd Stock - Series A	5.625%	51 Shares	1,270	1,071
Allstate Corp Sub Deb	5.100%	51 Shares	1,304	1,230
Allstate Corp Pfd Stock - Series C	6.750%	81 Shares	2,008	2,078
American Financial Group Senior Notes	5.750%	88 Shares	2,182	1,878
Ameriprise Financial Inc. Senior Notes	7.750%	165 Shares	^	4,232
American Financial Group Senior Notes	6.375%	80 Shares	^	1,894
Aflac Inc. Sub Deb	5.500%	181 Shares	4,399	3,841
Affiliated Managers Group Inc. Senior Notes	5.250%	51 Shares	1,291	1,302
Affiliated Managers Group Inc. Senior Notes	6.375%	84 Shares	2,109	1,911
Arch Capital Group LTD Series C	6.750%	282 Shares	1,003	6,466
Aspen Insurance Holding LTD		113 Shares	^	2,767
Aspen Insurance Holding LTD	5.950%	166 Shares	4,213	3,763
Axis Capital Holdings LTD Series C	6.875%	254 Shares	1,289	5,989
Axis Capital Holdings LTD Series D	5.500%	179 Shares	4,472	3,328
Bank of NY Mellon Series C Non-Cum Pfd Stock	5.200%	556 Shares	13,750	11,537
Barclays Bank PLC Amer Dep Shares	6.625%	268 Shares	^	6,470
Barclays Bank PLC New Money Series 3	7.100%	335 Shares	^	8,432
Barclays Bank PLC American Dep Shares Series 4	7.750%	248 Shares	^	6,282
Barclays Bank PLC American Dep Shares Series 5	8.125%	128 Shares	^	3,247
BB&T Corp Series F Non-Cum	5.200%	77 Shares	1,778	1,444
BB&T Corp Series G Non-Cum	5.200%	455 Shares	10,259	8,554
BB&T Corp Series E Non-Cum Pfd Stock	5.625%	576 Shares	13,880	11,722
Boston Properties Inc. Series B	5.250%	70 Shares	1,734	1,331
Capital One Financial Corp Series B Non-Cum Pfd Stock	6.000%	542 Shares	13,515	11,783
Charles Schwab Non-Cum Series B	6.000%	247 Shares	1,404	5,432
Citigroup Cap Trust IX Pfd Sec	6.000%	424 Shares	^	10,642
Citigroup Cap Trust XIII Fix/Flat Rate Trust Pfd	7.875%	348 Shares	1,070	9,483
Citigroup Cap Trust XI Trust Pfd Secs	6.000%	148 Shares	^	3,682
Citigroup Cap Trust XVII Trust Preferred Secs	6.350%	139 Shares	^	3,482
Citigroup Inc. Series J Non-Cum	7.125%	145 Shares	3,643	3,761
Citigroup Inc. Series K Non-Cum	6.875%	113 Shares	2,821	2,863
Citigroup Inc. Series C Non-Cum	5.800%	326 Shares	8,033	6,924
Comcast Corp Notes	5.000%	170 Shares	4,192	3,509
DB Cont Capital Trust II New Money	6.550%	709 Shares	^	17,654
DB Cont Capital Trust III Cum Trust Pfd Sec	7.600%	187 Shares	101	4,855
Digital Rlty Tr Inc.	7.000%	73 Shares	^	1,585
Digital Rlty Tr Inc. Series F Cum Redeemable Pfd	6.625%	112 Shares	760	2,305

* Party-in-Interest

Information is not readily available

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GCGA PHYSICIANS, INC.
PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1559935
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(CONTINUED)

Description of Investments	Interest Rate	Shares/ Face Amount	Cost	Market Value
Corporate Stocks and Bonds (Continued)				
Digital Rlty Tr Inc. Series G Cum Redeemable Pfd	5.875%	123 Shares	\$ 2,986	\$ 2,232
Dominion Resources Series A Jr Sub Note	8.375%	254 Shares	^	6,538
DTE Energy Co. Series C Junior Sub Debentures	5.250%	51 Shares	1,274	983
DTE Energy Co. Series I Cum Jr Sub Debs	6.500%	74 Shares	^	1,789
Duke Energy Corp Junior Sub Debentures	5.125%	122 Shares	3,054	2,519
Entergy Arkansas Pfd Stock	#	86 Shares	^	2,011
Entergy Arkansas Inc. First Mortgage Bonds	4.900%	51 Shares	1,278	1,032
Entergy Arkansas New Money Pfd Stock	4.750%	97 Shares	2,268	1,853
Entergy LA, LLC Pfd Stock	#	46 Shares	^	1,110
Entergy Louisiana LLC New Money	6.000%	118 Shares	965	2,843
Entergy Louisiana LLC New Money	4.700%	64 Shares	1,249	1,238
Entergy Mississippi Inc. Pfd Stock	6.000%	89 Shares	^	2,124
Entergy Texas Inc. Pfd Stock	#	81 Shares	^	2,083
First Niagara Financial Group Perpetual Pfd Series B	8.625%	171 Shares	^	4,764
General Electric Cap Corp Senior Notes	4.875%	392 Shares	9,635	7,950
General Electric Cap Corp Senior Notes	4.875%	427 Shares	10,621	8,719
General Electric Cap Corp Senior Notes	4.700%	436 Shares	10,815	8,467
Goldman Sachs Group Inc. Series I	5.950%	435 Shares	10,838	9,305
Goldman Sachs Group \$25 Par Senior Notes	6.125%	568 Shares	78	13,836
Goldman Sachs Group \$25 Par Senior Notes	6.500%	411 Shares	133	10,370
Goldman Sachs Group Inc. Non-Cum Float Rate Pfd	3.750%	76 Shares	^	1,372
Hartford Financial Services Group Pfd Stock	#	151 Shares	^	4,328
Health Care REIT Inc. Series J Cum Redeemable Pfd Stock	6.500%	205 Shares	79	4,664
Hospitality Prop Trust Pfd Stock	7.125%	218 Shares	^	5,042
HSBC Holdings PLC Series A Pfd Stock	6.200%	127 Shares	75	3,137
HSBC Holdings PLC Pfd Stock	8.000%	1,089 Shares	2,806	29,338
ING Group Perpetual Debt Sec	6.125%	420 Shares	^	9,723
INF Group Prep Hybrid Capital Secs	6.375%	131 Shares	^	3,105
ING Group Global Sub Debt Secs	7.050%	541 Shares	^	11,361
ING Group Global Debt Secs	7.200%	345 Shares	^	8,763
Integry's Energy Group Inc. Jr. Sub Notes	6.000%	498 Shares	12,264	11,927
Interstate Power and Light Pfd Stock - Series D	5.100%	87 Shares	2,183	1,817
JP Morgan Chase & Co. Series P Non-Cum Pfd Stock	5.450%	409 Shares	10,128	8,295
JP Morgan Chase & Co Series O Non-Cum Pfd Stock	5.500%	701 Shares	17,061	14,420
Kimco Realty Corp Class J Cum Redeemable Perpetual	5.500%	82 Shares	2,030	1,595
Kimco Realty Corp Cum Perpetual Class K Pfd Stock	5.625%	87 Shares	2,142	1,710
Kimco Realty Corp Cum Pfd Stock Series H	6.900%	175 Shares	^	4,169
Kimco Realty Corp Class I Cum Redeemable Pfd Stock	6.000%	241 Shares	^	5,030
Lloyds Banking Group PLC Senior Notes	7.750%	907 Shares	1,520	24,172
MetLife Inc. Series B Non-Cum	6.5	83 Shares	2,079	2,067
Morgan Stanley New Money Series A	#	192 Shares	^	3,610
Morgan Stanley Capital Trust VII Capital Securities	6.600%	157 Shares	^	3,815
Morgan Stanley Capital Trust IV Def Int Trust Pfd Secs	6.250%	253 Shares	1,326	5,991
Morgan Stanley Capital Trust V Def Int Trust Pfd Secs	5.750%	172 Shares	^	3,848
Morgan Stanley Capital Trust VIII Capital Securities	6.450%	72 Shares	^	1,715
Morgan Stanley Capital Trust III Cap Trust Sec	6.250%	283 Shares	^	6,789
Morgan Stanley Series E Non-Cum	7.125%	127 Shares	3,223	3,315
National Retail Property Inc. Series E Cum Redeemable Pfd Stock	5.700%	190 Shares	4,291	3,610
National Retail Property Inc. Series D Cum Redeemable Pfd Stock	6.625%	206 Shares	^	4,563

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(CONTINUED)

Description of Investments	Interest Rate	Shares/ Face Amount	Cost	Market Value
Corporate Stocks and Bonds (Continued)				
Nextera Energy Capital Series J Jr Sub Deb	5.000%	128 Shares	\$ 2,865	\$ 2,337
Nextera Energy Capital Series G Pfd Stock	#	79 Shares	^	1,651
Nextera Energy Capital Series H Jr Sub Deb	5.625%	114 Shares	798	2,298
Nextera Energy Capital Cum Series I JR Sub Deb	5.125%	323 Shares	7,410	5,976
Partner RE Ltd. Perpetual Services Series F	5.875%	161 Shares	3,965	3,255
Partner RE Ltd. Series D Cum Pfd Shares	6.500%	270 Shares	^	6,116
Partner RE Ltd. Cum Redeemable Pfd Series E	7.250%	120 Shares	^	3,036
PNC Financial Services Series P Pfd Stock	#	834 Shares	12,350	21,059
PPL Capital Funding Inc. Series B	5.900%	86 Shares	2,138	1,786
Protective Life Corporation Capital Securities	6.250%	183 Shares	886	3,971
Protective Life Corporation Capital Securities	6.000%	93 Shares	2,301	1,973
Prudential Financial Junior Sub Note	5.700%	259 Shares	6,455	5,398
Prudential Financial Junior Sub Note	5.750%	205 Shares	5,063	4,330
PS Business Parks Inc. Series R Cum Pfd Shares	6.875%	44 Shares	^	1,056
PS Business Parks Inc. Series T Cum Redeemable Pfd Stock	6.000%	244 Shares	^	4,929
PS Business Parks Inc. Series U Cum Pfd Stock	5.750%	51 Shares	1,274	980
PS Business Parks Inc. Series S Cum Pfd Stock	6.450%	154 Shares	^	3,365
Public Storage Cum Pfd Shares, Series U	5.625%	80 Shares	^	1,619
Public Storage Series V Cum Pfd Shares	5.375%	50 Shares	1,236	977
Public Storage Series P Cum Pfd Shares	6.500%	43 Shares	^	1,021
Public Storage Series W Cum Pfd Shares	5.200%	202 Shares	4,561	3,808
Public Storage Series X Cum Pfd Shares	5.200%	87 Shares	2,164	1,642
Public Storage Series T Cum Pfd Shares	5.750%	180 Shares	^	3,798
Public Storage Series R Cum Pfd Shares	6.350%	225 Shares	^	5,254
Public Storage Series S Cum Pfd Shares	5.900%	263 Shares	^	5,681
Public Storage Series Q Cum Pfd Shares	6.500%	150 Shares	^	3,506
Qwest Corp. Pfd Stock	7.375%	208 Shares	^	4,811
Qwest Corp. \$25 Par Senior Notes	7.500%	309 Shares	^	7,240
Qwest Corp. \$25 Par Senior Notes	7.000%	160 Shares	^	3,510
Qwest Corp. Par Senior Notes	7.000%	80 Shares	2,070	1,750
Raymond James Financial Pfd Stock	#	206 Shares	^	5,150
Realty Income Series F	#	302 Shares	1,649	7,227
Regency Centers Corporation Series 6	6.625%	156 Shares	^	3,385
Regency Centers Corporation New Money Series 7	6.000%	50 Shares	1,237	999
Renaissancere Holdings Ltd. Series E Pref Shares	5.375%	225 Shares	5,371	4,154
Renaissancere Holdings Ltd. Cum Series C Pref Shares	6.080%	82 Shares	^	1,780
Royal Bk of Scotland Grp PLC Series L	5.750%	792 Shares	687	15,468
Royal Bk of Scotland Grp PLC Series M	6.400%	78 Shares	1,552	1,630
Royal Bk of Scotland Grp PLC Non-Cum Series N	6.350%	254 Shares	4,663	5,197
Royal Bk of Scotland Grp CAT II Non-Cum Series R	6.125%	126 Shares	2,461	2,514
Royal BK of Scotland Grp PLC New Money Series S	6.600%	114 Shares	2,061	2,452
Scana Corp Series A Junior Sub Debt	7.700%	37 Shares	^	971
Senior Housing Property Trust Senior Notes	5.625%	176 Shares	4,275	3,568
Stanley Black & Decker Junior Sub Debenture	5.750%	264 Shares	6,653	5,644
State Street Corp Series C Non-Cum	5.250%	247 Shares	6,034	5,113
TCF Financial Co Pfd Stock	#	128 Shares	3,310	3,158
Telephone & Data Systems Senior Notes	5.875%	171 Shares	4,227	3,307
Telephone & Data Systems \$25 Senior Notes	6.875%	72 Shares	^	1,630
Telephone & Data Systems \$25 Par Senior Notes	7.000%	148 Shares	^	3,419

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Description of Investments	Interest Rate	Shares/ Face Amount	Cost	Market Value
Corporate Stocks and Bonds (Continued)				
Torchmark Corp Jr Sub Deb	5.875%	51 Shares	\$ 1,276	\$ 1,106
UBS Pref Funding Trust IV Preferred Stock	#	436 Shares	^	6,584
US Bancorp Pfd Stock	#	265 Shares	7,367	6,970
US Bancorp Shares Series B	#	82 Shares	^	1,594
US Bancorp Series G Pfd Stock	#	93 Shares	^	2,572
US Bancorp Series H Pfd Stock	5.150%	141 Shares	3,540	2,816
US Cellular Corp \$25 Par Senior Notes	6.950%	46 Shares	^	1,042
Vodafone Group PLC	#	575 Shares	^	22,603
Ventas Realty LP Senior Notes	5.450%	180 Shares	4,458	3,841
Vornado Rlty Tr Ser J Cum Redeemable Pfd Shares	6.875%	103 Shares	^	2,478
Vornado Rlty Tr Cum Series K Pfd Shares	5.700%	116 Shares	2,916	2,292
Vornado Rlty Tr Cum Series L Pfd Shares	5.400%	88 Shares	2,174	1,650
Vornado Rlty LP Senior Unsecured Notes	7.875%	461 Shares	^	11,981
W.R. Berkley Corporation Sub Deb	5.625%	195 Shares	4,894	4,019
Weingarten Realty Series F Depositary Shares	6.500%	51 Shares	^	1,157
Weingarten Realty New Money Pfd Stock	#	98 Shares	^	2,035
Wells Fargo & Co Non-Cum Class A	5.250%	79 Shares	1,860	1,590
Wells Fargo & Co Non-Cum Class A	5.125%	79 Shares	1,635	1,604
Wells Fargo & Co New Series J	8.000%	39 Shares	1,143	1,090
Wells Fargo & Co Non-Cum	5.850%	542 Shares	13,284	12,775
Total Corporate Stocks and Bonds				<u>792,236</u>
Mutual Funds				
American Funds Europacific Growth Fund		24,013.463 Shares	796,886	1,176,179
American Funds Growth Fund of America		42,845.631 Shares	^	1,840,220
DFA Emerging Markets Value Fund		40,534.001 Shares	^	1,119,143
DFA International Small Cap Value Fund		57,723.380 Shares	^	1,174,671
DFA International Value Fund		59,837.878 Shares	^	1,186,585
DFA Real Estate Securities Fund		17,183.370 Shares	^	445,565
DFA U.S. Small Cap Value Fund		53,784.954 Shares	^	1,904,525
Dodge & Cox Stock Fund		10,926.546 Shares	^	1,845,166
Doubleline Total Return Fund		110,749.029 Shares	1,234,037	1,193,875
Harbor Small Cap Growth Fund		132,444.895 Shares	^	1,977,402
Loomis Sayles Bond Fund		89,605.031 Shares	1,362,043	1,358,412
Pimco Global Advantage Fund		120,390.289 Shares	1,352,354	1,329,109
Pimco Real Return Fund		62,929.331 Shares	663,876	690,335
Pimco Total Return Institutional Fund		114,294.305 Shares	1,256,403	1,221,806
Vanguard 500 Index Signal Fund		17,640.213 Shares	^	2,482,331
Vanguard Mid Cap Index Signal Fund		56,345.613 Shares	^	2,421,735
Total Mutual Funds				<u>23,367,059</u>
Total Assets Held for Investment				<u>\$ 24,894,624</u>

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