

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>GCGA PHYSICIANS, INC. DEFINED BENEFIT 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GCGA PHYSICIANS, INC.</u> <u>2925 VERNON PLACE</u> <u>SUITE 100</u> <u>CINCINNATI, OH 45219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1559935</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-569-1305</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1559935</u>	2c Plan Sponsor's telephone number <u>513-569-1305</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>31-1559935</u>					
2c Plan Sponsor's telephone number <u>513-569-1305</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.	12/15/2020	DAN WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 127
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 95 6a(2) 115 6b 0 6c 14 6d 129 6e 0 6f 129 6g 6h 12
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: 1A 1D 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **Round off amounts to nearest dollar.**

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

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>11849485</u>
	b Actuarial value	2b	<u>11849485</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>
	b For terminated vested participants.....	<u>33</u>	<u>57836</u>
	c For active participants	<u>95</u>	<u>9290011</u>
	d Total.....	<u>128</u>	<u>9344488</u>
		<u>9347847</u>	<u>9402324</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.80</u> %
6	Target normal cost.....	6	<u>557737</u>

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary <u>LAWRENCE S. BUTCHER</u> Type or print name of actuary <u>NEWPORT GROUP INC.</u> Firm name <u>135 SOUTH LASALLE STREET SUITE 1900 CHICAGO, IL 60603-4185</u> Address of the firm	<u>10/14/2020</u> Date <u>20-05843</u> Most recent enrollment number <u>312-488-6756</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	752454
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	752454
10 Interest on line 9 using prior year's actual return of <u>-5.93</u> %	0	-44621
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		584588
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.97</u> %		34900
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		619488
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	707833

Part III Funding Percentages

14 Funding target attainment percentage	14	118.49 %
15 Adjusted funding target attainment percentage	15	126.02 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	136.12 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/14/2019	100000	0			
02/28/2020	150000	0			
06/05/2020	1724284	0			
Totals ▶			18(b)	1974284	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1826712

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒

Prescribed - combined

☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 557737**b** Excess assets, if applicable, but not greater than line 31a **31b** 557737**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1826712**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1826712**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 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
BANK OF AMERICA
94-1687665

(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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GCGA PHYSICIANS, INC.	D Employer Identification Number (EIN) 31-1559935	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	836	1180
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	642000	1874284
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	36486	18416
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	360876	506766
(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)	4099029	4556104
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1752888	2298037
(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)	4979882	6760764
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	11871997 16015551
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11871997 16015551

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1974284
	(B) Participants	2a(1)(B)	
	(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)	1974284
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	337300
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	337300
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	1956064
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1956064

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4267648

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50529	
(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)		50529
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)	73294	
(4) Other	2i(4)	271	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		73565
j Total expenses. Add all expense amounts in column (b) and enter total	2j		124094

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4143554
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b 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 AND 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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4224463. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GCGA PHYSICIANS, INC.		D Employer Identification Number (EIN) 31-1559935
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665		
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 28
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN

December 31, 2019

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

**GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
TABLE OF CONTENTS**

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INDEPENDENT AUDITORS' REPORT

The Trustees of
GCGA Physicians, Inc. Defined Benefit Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of GCGA Physicians, Inc. Defined Benefit Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Limited Scope Audit note, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2019 that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matters

The supplementary schedule as of December 31, 2019, as noted in the table of contents, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations - 2019

The form and content of the information included in the 2019 financial statements and supplementary schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Compiled 2018 Financial Statements

Plan management is responsible for the statement of net assets available for benefits as of December 31, 2018 of the GCGA Physicians, Inc. Defined Benefit Plan. We have performed a compilation engagement in accordance with the Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the statement of net assets available for benefits nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, or provide any assurance on the 2018 statement of net assets available for benefits.

VonLehman & Company Inc.

Fort Wright, Kentucky
December 8, 2020

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
	(Audited)	(Compiled)
ASSETS		
Cash and Cash Equivalents	\$ 507,946	\$ 361,712
Investments at Fair Value		
Mutual Funds	6,760,764	4,979,882
Common Stock	2,298,037	1,752,888
Corporate Obligations and U.S. Government Securities	4,556,104	4,099,029
Total Investments at Fair Value	13,614,905	10,831,799
Employer Contributions Receivable	1,874,284	642,000
Investment Income Receivable	18,416	36,486
Net Assets Available for Benefits	\$ 16,015,551	\$ 11,871,997

See accompanying notes.

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2019
Additions to Net Assets Attributed To	
Investment Income	
Net Appreciation in Fair Value of Investments	\$ 1,956,064
Interest and Dividends	<u>337,300</u>
Total Investment Income	2,293,364
Employer Contributions	<u>1,974,284</u>
Total Additions	<u>4,267,648</u>
Deductions from Net Assets Attributed to	
Benefits Paid to Participants	50,529
Investment Fees	<u>73,565</u>
Total Deductions	<u>124,094</u>
Net Increase	4,143,554
Net Assets Available for Benefits	
Beginning of Plan Year	<u>11,871,997</u>
End of Plan Year	<u><u>\$ 16,015,551</u></u>

See accompanying notes.

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the GCGA Physicians, Inc. Defined Benefit 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 benefit plan covering all employees, except for certain classes, of GCGA Physicians, Inc. (the Company) who have one year of service, which includes having worked at least 1,000 hours, and are age twenty-one or older. Employees will have the opportunity to become a participant on the first "entry date", January 1 of each year, once that employee satisfies those requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated a monthly benefit equal to a defined rate per participant group (as defined in the Plan document). Age and credited service are determined in whole years at the end of the year.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2019, the Company made contributions of \$1,974,284. The Company's contributions for 2019 exceeded the minimum funding requirements of ERISA.

Pension Benefits

Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their Plan benefit after terminating employment with vested rights. Vesting begins on the completion of the second year of service and a participant is fully vested after six years of credited service. If employees terminate before rendering six years of service, they forfeit the right to receive a portion of the accumulated Plan benefits attributable to the Company's contribution. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime. Participants may elect to defer payment of their benefit until a later date (if the value of the vested benefit is greater than \$1,000).

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Death and Disability Benefits

If an active employee dies, a death benefit equal to the accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The process of preparing financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians (see the Fair Value Measurements note).

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

Payment of Benefits

Payments of benefits are recorded when paid.

Tax Status

The Plan is currently operating under a volume submitter plan document that has been accepted under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. This volume submitter document received a favorable opinion letter from the Internal Revenue Service, dated March 30, 2018. A determination letter has not been received specific to the GCGA Physicians, Inc. Defined Benefit Plan. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires 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 by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of both December 31, 2019 and 2018, 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 statutes of limitations and remain subject to review and change. The Plan is not currently under audit nor has it been contacted by any taxing authority.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated Plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations were as follows:

	December 31,	
	2019	2018
Assumed Rate of Return on Investments	6.0%	6.0%
Mortality Assumption	1994 GAR Blended Table and 2020 Applicable Mortality Table from Notice 2019-26	1994 GAR Blended Table and 2019 Applicable Mortality Table from Notice 2018-02
Value of assets	Market Value	Market Value
Normal Retirement Age	Age 65	Age 65

The interest rates used to discount the obligation for December 31, 2019 and 2018 were 5.65% and 5.80%, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of December 31, there would be no material differences.

Actuarially determined amounts at the respective valuation date are as follows:

	December 31,	
	2019	2018
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants Currently Receiving	\$ 17,006,973	\$ 12,290,625
Other Participants	43,619	67,490
	17,050,592	12,358,115
Non-Vested Benefits	-	101,736
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 17,050,592	\$ 12,459,851

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The following is a summary of changes in actuarial present value of accumulated plan benefits:

	Year Ended December 31, 2019
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ <u>12,459,851</u>
Increase (Decrease) During the Year Attributable to:	
Change in Assumptions	2,928,418
Benefits Accumulated	1,712,852
Benefits Paid During Plan Year	<u>(50,529)</u>
Net Increase	<u>4,590,741</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ <u><u>17,050,592</u></u>

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). 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 at the measurement date.

LEVEL 2 – Inputs to 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, and 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.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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, 2019 or 2018.

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stocks- Valued at the closing price reported on the active market in which the individual stocks are traded.

Corporate Obligations and U.S. Government Securities- Valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2019 and 2018:

<u>December 31, 2019</u>	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,760,764	\$ -	\$ -	\$ 6,760,764
Common Stocks	2,298,037	-	-	2,298,037
Corporate Obligations and U.S. Government Securities	<u>4,556,104</u>	<u>-</u>	<u>-</u>	<u>4,556,104</u>
Total Assets in the Fair Value Hierarchy	<u>\$ 13,614,905</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,614,905</u>
<u>December 31, 2018</u>	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 4,979,882	\$ -	\$ -	\$ 4,979,882
Common Stocks	1,752,888	-	-	1,752,888
Corporate Obligations and U.S. Government Securities	<u>4,099,029</u>	<u>-</u>	<u>-</u>	<u>4,099,029</u>
Total Assets in the Fair Value Hierarchy	<u>\$ 10,831,799</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,831,799</u>

For both the years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2, and no transfers in or out of Level 3.

NOTE 5 - LIMITED SCOPE AUDIT

Certain information related to investments disclosed in the accompanying financial statements and supplementary schedule, including investments held at December 31, 2019 and the net appreciation in fair value of investments, interest, and dividends for the for the year ended December 31, 2019 was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Bank of America, N.A, the trustee of the Plan.

NOTE 6 - PLAN TERMINATION

As noted in Note 9, the Plan Sponsor, has elected to terminate the Plan. 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. When the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving or that employees eligible to retire would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is vested benefits not insured by the PBGC).
4. All non-vested benefits.

A full description of the defined benefit plan termination priorities is available in the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits will depend on the sufficiency at that time, of the Plan's net assets to provide for accumulated benefit obligations and will also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Bank of America, N.A. Bank of America, N.A. is the trustee for the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through December 8, 2020, which is the date the financial statements were available to be issued.

Subsequent to the date of these financial statements, the world has been responding to an outbreak of a respiratory disease caused by a novel coronavirus. This coronavirus outbreak has been declared a pandemic by the World Health Organization and declared a national emergency in the United States of America. The outbreak and response has impacted financial and economic markets across the world and within the United States of America. These conditions and other economic events have had a significant adverse impact on investment portfolios. As a result, the Plan's investments have likely incurred a significant decline in fair value since December 31, 2019. The extent to which the Plan may further be impacted by this outbreak will depend largely on future developments, which are highly uncertain and cannot be accurately predicted. Thus, while the Plan Sponsor and others involved with the Plan continue to monitor this emergency and adjust accordingly, the impact to the Plan is uncertain as of the date of these financial statements, and as such, no adjustment has been made to these financial statements as a result.

Additionally, effective May 25, 2020, the Plan was amended to amend the basic benefit formula. In addition, any participants who worked 1,000 or more hours of service from January 1, 2020 to May 25, 2020 shall accrue a benefit through May 25, 2020 and for all other participants, no benefits shall accrue after December 31, 2019. After May 25, 2020, there shall be no new participants.

Finally, effective October 10, 2020 the Plan was terminated. Until the termination of the Plan was complete, the Plan continued to operate as usual. Options were given to participants to receive a lump sum payment or have an immediate or deferred annuity purchased on their behalf from an insurance company. As of the date of these financial statements, the Plan still holds assets and is awaiting approval by the PBGC.

SUPPLEMENTARY SCHEDULE

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
	Blackrock	506,766 Shares Liquidity Funds	\$ 506,766	\$ 506,766
	Non-Interest Bearing Cash	1,180 Shares Non interest bearing cash	1,180	1,180
	Total Cash		507,946	507,946
	Mutual Funds			
	American Europacific	11,611 Shares Growth Fund CL F-2	543,080	643,949
	Glenmede Small Capitalization	10,502 Shares Equity Portfolio Instl CL	276,857	287,125
	Invesco Oppenheimer	6,342 Shares Developing Markets Fund CL-Y	212,408	289,193
	iShares Core	3,372 Shares S&P Small-Cap	236,863	282,742
	iShares Core MSCI	350,349 Shares Emerging Mkts ETF	350,349	425,618
	Oakmark Intl Fund	24,819 Shares Advisor CL	512,251	618,243
	Vanguard Dividend Appreciation	7,852 Shares Index Fund	667,778	978,830
	Vanguard FTSE	28,496 Shares Developed Markets ETF	1,069,806	1,255,534
	Vanguard	4,715 Shares Growth ETF	521,761	858,932
	Vanguard	9,350 Shares Value ETF	814,762	1,120,598
	Total Investments Held in Mutual Funds		5,205,915	6,760,764
	Common Stock			
	3M Co.	50 Shares Common Stock	8,677	8,821
	Abbott Labs	56 Shares Common Stock	4,666	4,864
	Accenture PLC	53 Shares Common Stock	6,305	11,160
	Adobe Inc.	70 Shares Common Stock	13,125	23,087
	Air Prods & Chems Inc.	43 Shares Common Stock	7,153	10,105
	Alibaba Group Hldg Ltd	48 Shares Common Stock	8,068	10,181
	Allstate Corp.	108 Shares Common Stock	11,619	12,145
	Alphabet Inc.	30 Shares Common Stock	27,522	40,111
	Alphabet Inc.	16 Shares Common Stock	12,608	21,430
	Amazon.com Inc.	18 Shares Common Stock	23,111	33,261
	Ameren Corp.	92 Shares Common Stock	6,983	7,066
	American Elec Pwr Inc.	93 Shares Common Stock	8,552	8,790
	American Express Co.	167 Shares Common Stock	16,474	20,790
	American Intl Group Inc.	356 Shares Common Stock	20,776	18,273
	American Tower Corp.	95 Shares Common Stock REIT	13,291	21,833
	American Water Works Co. Inc.	116 Shares Common Stock	9,149	14,251
	Apple Inc.	209 Shares Common Stock	36,730	61,373
	Applied Matls Inc.	224 Shares Common Stock	8,796	13,673
	ASML Holdings NV	50 Shares Common Stock	7,154	14,797
	AT&T Inc.	232 Shares Common Stock	8,298	9,067
	Automatic Data Processing Inc.	60 Shares Common Stock	9,564	10,230
	Avalara Inc.	88 Shares Common Stock	6,994	6,446
	Baxter Intl Inc.	77 Shares Common Stock	6,046	6,439
	Biogen Idec Inc.	50 Shares Common Stock	13,887	14,837
	BlackRock Inc.	17 Shares Common Stock	8,310	8,546
	Blackstone Group Inc.	407 Shares Common Stock	18,810	22,768
	Boeing Co.	48 Shares Common Stock	16,319	15,636
	Boston Scientific Corp.	489 Shares Common Stock	11,246	22,113
	Bristol Myers Squibb Co.	222 Shares Common Stock	12,664	14,250
	Broadcom Inc.	49 Shares Common Stock	15,197	15,485
	Centene Corp.	277 Shares Common Stock	14,320	17,415
	Chevron Corp.	341 Shares Common Stock	38,062	41,094
	Chubb Ltd	110 Shares Common Stock	14,022	17,123
	Cisco Sys Inc.	537 Shares Common Stock	19,572	25,755
	CitiGroup Inc.	261 Shares Common Stock	15,512	20,851
	Subtotal Common Stock		479,582	624,066

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Common Stock			
	Citizens Finl Group Inc.	352 Shares Common Stock	\$ 10,560	\$ 14,295
	CME Group Inc.	61 Shares Common Stock	10,723	12,244
	CMS Energy Corp.	95 Shares Common Stock	5,836	5,970
	Cognex Corp.	67 Shares Common Stock	3,202	3,755
	Comcast Corp.	471 Shares Common Stock	18,148	21,181
	ConocoPhillips	197 Shares Common Stock	11,396	12,811
	Corteva Inc.	781 Shares Common Stock	19,176	23,086
	Costar Group Inc.	23 Shares Common Stock	7,267	13,761
	Crown Castle Intl Corp.	39 Shares Common Stock REIT	5,216	5,544
	Cummins Inc.	33 Shares Common Stock	5,964	5,906
	Danaher Corp. Del	114 Shares Common Stock	15,852	17,497
	Deere & Co.	33 Shares Common Stock	5,807	5,718
	Delta Air Lines Inc. Del	348 Shares Common Stock	17,871	20,351
	Digital Rlty TR Inc.	81 Shares Common Stock REIT	9,898	9,699
	Disney Walt Co.	178 Shares Common Stock	20,029	25,744
	Dominion Energy Inc.	59 Shares Common Stock	4,791	4,886
	Dow Inc.	481 Shares Common Stock	24,999	26,325
	Edwards Lifesciences Corp.	29 Shares Common Stock	4,341	6,765
	Eversource Energy	82 Shares Common Stock	6,688	6,976
	Exxon Mobil Corp.	172 Shares Common Stock	12,308	12,002
	Facebook Inc.	121 Shares Common Stock	21,953	24,835
	Gilead Sciences Inc.	381 Shares Common Stock	25,132	24,757
	Goldman Sachs Group Inc.	90 Shares Common Stock	18,668	20,694
	Hershey Co.	36 Shares Common Stock	5,092	5,291
	Home Depot	263 Shares Common Stock	51,389	57,434
	Honeywell Intl Inc.	108 Shares Common Stock	11,845	19,116
	HP Inc.	1,050 Shares Common Stock	15,279	21,578
	Ingersoll-Rand Co. Ltd	85 Shares Common Stock	6,579	11,298
	Intel Corp.	336 Shares Common Stock	19,312	20,110
	Intercontinental Exchange Inc.	190 Shares Common Stock	10,883	17,585
	International Business Machs	124 Shares Common Stock	17,174	16,621
	Intuitive Surgical Inc.	27 Shares Common Stock	10,609	15,961
	Intuit	32 Shares Common Stock	6,733	8,382
	Invitation Homes Inc.	437 Shares Common Stock REIT	9,078	13,097
	Johnson & Johnson	348 Shares Common Stock	44,080	50,763
	JPMorgan Chase & Co.	294 Shares Common Stock	26,669	40,984
	Kimberly Clark Corp.	70 Shares Common Stock	9,224	9,629
	KKR & Co. Inc.	651 Shares Common Stock	15,556	18,990
	KLA-Tencor Corp.	72 Shares Common Stock	12,329	12,828
	L3Harris Technologies Inc.	105 Shares Common Stock	17,344	20,776
	Lam Research Corp.	51 Shares Common Stock	13,969	14,912
	Lilly Eli & Co.	89 Shares Common Stock	10,222	11,697
	Live Nation Entertainment Inc.	66 Shares Common Stock	2,603	4,717
	Lockheed Martin Corp.	62 Shares Common Stock	18,059	24,142
	Marsh & McLennan Companies Inc.	139 Shares Common Stock	9,142	15,486
	Marvell Technology Group Ltd	755 Shares Common Stock	18,083	20,053
	MasterCard Inc.	141 Shares Common Stock	16,169	42,101
	McDonalds Corp.	42 Shares Common Stock	8,154	8,300
	Medtronic PLC	233 Shares Common Stock	19,166	26,434
	Merck & Co. Inc.	459 Shares Common Stock	36,366	41,746
	Microchip Technology Inc.	105 Shares Common Stock	10,215	10,996
	Microsoft Corp.	564 Shares Common Stock	36,175	88,943
	Mondelez Intl Inc.	121 Shares Common Stock	5,101	6,665
	M&T BK Corp.	39 Shares Common Stock	6,474	6,620
	Netflix.com Inc.	50 Shares Common Stock	15,943	16,179
	Nextera Energy Inc.	33 Shares Common Stock	3,995	7,991
	Nike Inc.	111 Shares Common Stock	6,404	11,240
	Northern Trust Corp.	50 Shares Common Stock	5,283	5,312
	Northrop Grumman Corp.	19 Shares Common Stock	6,574	6,535
	Nvidia Corp.	26 Shares Common Stock	5,700	6,118
	Packaging Corp. Amer	24 Shares Common Stock	1,814	2,688
	Parker Hannifin Corp.	38 Shares Common Stock	7,505	7,821
	PayPal Holdings Inc.	81 Shares Common Stock	5,761	8,762
	PepsiCo Inc.	104 Shares Common Stock	10,861	14,214
	Subtotal Common Stock		1,334,320	1,718,983

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Common Stock				
	Pfizer Inc.	240 Shares Common Stock	\$ 9,107	\$ 9,403
	Philip Morris Intl Inc.	125 Shares Common Stock	11,446	10,636
	PNC Finl Svcs Group Inc.	110 Shares Common Stock	13,467	17,559
	Price T. Rowe Group Inc.	67 Shares Common Stock	8,064	8,163
	Principal Finl Group Inc.	458 Shares Common Stock	251,485	25,190
	Procter & Gamble Co.	152 Shares Common Stock	18,273	18,985
	Raytheon Co.	100 Shares Common Stock	17,272	21,974
	Rockwell Automation Inc.	104 Shares Common Stock	17,005	21,078
	Salesforce.com Inc.	174 Shares Common Stock	16,066	28,299
	Schwab Charles Corp. New	629 Shares Common Stock	26,363	29,915
	Sherwin Williams Co.	24 Shares Common Stock	8,497	14,005
	Skyworks Solutions Inc.	178 Shares Common Stock	14,413	21,517
	Sonoco Prods Co.	93 Shares Common Stock	5,418	5,740
	Stanley Black & Decker Inc.	128 Shares Common Stock	17,241	21,215
	Suncor Energy Inc.	184 Shares Common Stock	5,751	6,035
	Target Corp.	78 Shares Common Stock	8,700	10,000
	Texas Instrs Inc.	287 Shares Common Stock	27,633	36,819
	TJX Cos Inc. New	102 Shares Common Stock	6,005	6,228
	Truist Finl Corp.	220 Shares Common Stock	12,094	12,390
	Twitter Inc.	712 Shares Common Stock	19,209	22,820
	Uber Technologies Inc.	149 Shares Common Stock	5,350	4,431
	Union Pac Corp.	134 Shares Common Stock	15,025	24,226
	UnitedHealth Group Inc.	26 Shares Common Stock	4,342	7,643
	United Parcel Svc Inc.	172 Shares Common Stock	19,259	20,134
	U.S. Bancorp Del	277 Shares Common Stock	16,245	16,423
	Valero Energy Corp. New	71 Shares Common Stock	7,105	6,649
	Verizon Communications Inc.	500 Shares Common Stock	28,904	30,700
	VMware Inc.	119 Shares Common Stock	18,145	18,063
	Vulcan Matis Co.	70 Shares Common Stock	7,648	10,079
	Wabtec Corp.	102 Shares Common Stock	7,291	7,936
	Walmart Inc.	91 Shares Common Stock	10,873	10,814
	Waste Mgmt Inc. Del	94 Shares Common Stock	10,296	10,712
	WEC Energy Group Inc.	92 Shares Common Stock	5,523	8,485
	Wells Fargo & Co.	707 Shares Common Stock	36,278	38,037
	XCEL Energy Inc.	120 Shares Common Stock	7,359	7,619
	Zoetis Inc.	69 Shares Common Stock	6,266	9,132
	Total Common Stock		2,053,738	2,298,037
Corporate Obligations and U.S. Government Securities				
	Federal Natl Mtg Assn	19,000 Shares 6.63% due November 15, 2030	27,729	27,086
	United States Treas Bd	26,000 Shares 4.50% due February 15, 2036	31,967	34,517
	United States Treas Bd	13,000 Shares 3.13% due November 15, 2041	14,013	14,774
	United States Treas Bd	106,000 Shares 3.00% due May 15, 2042	111,713	118,161
	United States Treas Bd	33,124 Shares 1.38% due February 15, 2044	37,314	39,061
	United States Treas Bd	12,000 Shares 3.00% due November 15, 2044	12,560	13,406
	United States Treas Bd	12,000 Shares 3.00% due May 15, 2045	12,590	13,427
	United States Treas Bd	6,000 Shares 2.25% due August 15, 2046	5,400	5,846
	United States Treas Bd	31,000 Shares 2.88% due November 15, 2046	30,366	34,088
	United States Treas Bd	25,000 Shares 3.00% due February 15, 2048	25,278	28,176
	United States Treas Bd	13,000 Shares 3.00% due February 15, 2049	14,923	14,704
	United States Treas Bd	34,000 Shares 2.88% due May 15, 2049	37,673	37,577
	United States Treas Nt	16,000 Shares 2.25% due November 15, 2024	16,284	16,419
	United States Treas Nt	5,000 Shares 2.00% due August 15, 2025	5,111	5,069
	United States Treas Nt	42,000 Shares 3.13% due May 15, 2021	44,563	42,858
	United States Treas Nt	49,944 Shares 0.13% due April 15, 2021	48,988	49,841
	United States Treas Nt	45,000 Shares 1.63% due May 15, 2026	41,606	44,545
	United States Treas Nt	13,000 Shares 1.38% due May 31, 2021	12,956	12,960
	United States Treas Nt	6,000 Shares 1.13% due September 30, 2021	5,880	5,952
	United States Treas Nt	56,000 Shares 2.13% due March 31, 2024	56,733	57,041
	United States Treas Nt	20,000 Shares 1.50% due May 31, 2020	19,828	19,989
	Subtotal Corporate Obligations and U.S. Government Securities		613,475	635,497

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Obligations and U.S. Government Securities				
	United States Treas Nt	85,000 Shares 1.750% due June 30, 2022	\$ 84,166	\$ 85,352
	United States Treas Nt	30,000 Shares 1.625% due August 15, 2029	29,670	29,249
	United States Treas Nt	25,000 Shares 2.625% due May 15, 2021	24,953	25,344
	United States Treas Nt	72,000 Shares 2.875% due May 31, 2025	72,347	76,267
	United States Treas Nt	95,000 Shares 2.875% due August 15, 2028	95,475	102,459
	United States Treas Nt	39,000 Shares 2.625% due February 15, 2029	40,054	41,361
	Federal Home Ln Mtg Corp.	6,699 Shares 5.000% due March 1, 2041	8,658	7,388
	Federal Home Ln Mtg Corp.	519 Shares 4.000% due November 1, 2043	546	553
	Federal Home Ln Mtg Corp.	16,917 Shares 4.000% due September 1, 2045	18,094	17,936
	Federal Home Ln Mtg Corp.	890 Shares 4.000% due November 1, 2045	953	943
	Federal Home Ln Mtg Corp.	1,322 Shares 3.000% due April 1, 2046	1,313	1,355
	Federal Home Ln Mtg Corp.	2,698 Shares 4.000% due August 1, 2046	2,834	2,851
	Federal Home Ln Mtg Corp.	9,605 Shares 3.000% due October 1, 2046	9,611	9,844
	Federal Home Ln Mtg Corp.	8,255 Shares 3.000% due December 1, 2046	8,296	8,460
	Federal Home Ln Mtg Corp.	15,363 Shares 3.000% due December 1, 2046	14,814	15,745
	Federal Home Ln Mtg Corp.	1,562 Shares 3.000% due February 1, 2047	1,533	1,601
	Federal Home Ln Mtg Corp.	2,119 Shares 4.500% due April 1, 2047	2,283	2,240
	Federal Home Ln Mtg Corp.	11,452 Shares 4.000% due May 1, 2047	12,091	12,042
	Federal Home Ln Mtg Corp.	2,357 Shares 4.500% due June 1, 2047	2,534	2,503
	Federal Home Ln Mtg Corp.	17,099 Shares 4.000% due October 1, 2047	17,718	17,980
	Federal Home Ln Mtg Corp.	5,944 Shares 3.000% due February 1, 2048	6,086	6,056
	Federal Home Ln Mtg Corp.	2,151 Shares 4.000% due February 1, 2048	2,208	2,258
	Federal Home Ln Mtg Corp.	14,731 Shares 4.000% due December 1, 2048	15,569	15,346
	Federal Home Ln Mtg Corp.	2,713 Shares 5.000% due November 1, 2048	2,952	2,901
	Federal Home Ln Mtg Corp.	9,622 Shares 4.500% due January 1, 2042	10,584	10,443
	Federal Home Ln Mtg Corp.	1,072 Shares 4.500% due December 1, 2045	1,149	1,154
	Federal Natl Mtg Assn	1,049 Shares 5.000% due September 1, 2039	1,153	1,157
	Federal Natl Mtg Assn	1,127 Shares 5.000% due April 1, 2041	1,241	1,241
	Federal Natl Mtg Assn	518 Shares 5.000% due October 1, 2041	662	567
	Federal Natl Mtg Assn	363 Shares 5.000% due June 1, 2044	401	396
	Federal Natl Mtg Assn	401 Shares 5.000% due July 1, 2045	448	442
	Federal Natl Mtg Assn	493 Shares 4.500% due March 1, 2046	528	532
	Federal Natl Mtg Assn	4,185 Shares 3.000% due June 1, 2046	4,310	4,286
	Federal Natl Mtg Assn	549 Shares 4.000% due July 1, 2046	579	580
	Federal Natl Mtg Assn	5,077 Shares 3.500% due April 1, 2047	5,256	5,270
	Federal Natl Mtg Assn	1,553 Shares 4.000% due September 1, 2043	1,669	1,657
	Federal Natl Mtg Assn	24,396 Shares 3.500% due January 1, 2048	24,393	25,369
	Federal Natl Mtg Assn	72,323 Shares 4.000% due May 1, 2048	73,313	75,446
	Federal Natl Mtg Assn	768 Shares 3.500% due December 1, 2047	769	795
	Federal Natl Mtg Assn	2,728 Shares 5.000% due October 1, 2036	2,954	3,008
	Federal Natl Mtg Assn	3,429 Shares 5.000% due December 1, 2036	3,826	3,778
	Federal Natl Mtg Assn	6,811 Shares 4.500% due June 1, 2039	7,233	7,390
	Federal Natl Mtg Assn	10,468 Shares 3.500% due December 1, 2045	11,000	10,928
	Federal Natl Mtg Assn	1,684 Shares 3.500% due January 1, 2046	1,771	1,758
	Federal Natl Mtg Assn	12,930 Shares 4.000% due February 1, 2046	13,870	13,695
	Federal Natl Mtg Assn	4,785 Shares 3.000% due May 1, 2046	4,908	4,901
	Federal Natl Mtg Assn	3,554 Shares 3.000% due June 1, 2046	3,589	3,640
	Federal Natl Mtg Assn	1,424 Shares 3.000% due August 1, 2046	1,458	1,457
	Federal Natl Mtg Assn	2,236 Shares 3.000% due November 1, 2046	2,214	2,290
	Federal Natl Mtg Assn	1,420 Shares 3.500% due March 1, 2047	1,440	1,474
	Federal Natl Mtg Assn	4,120 Shares 4.000% due March 1, 2047	4,340	4,336
	Federal Natl Mtg Assn	718 Shares 3.500% due April 1, 2047	740	746
	Federal Natl Mtg Assn	5,041 Shares 4.000% due May 1, 2047	5,331	5,304
	Federal Natl Mtg Assn	8,674 Shares 3.500% due December 1, 2047	8,628	9,018
	Federal Natl Mtg Assn	5,993 Shares 3.000% due February 1, 2048	5,752	6,103
	Federal Natl Mtg Assn	9,732 Shares 4.000% due August 1, 2048	9,882	10,113
	Federal Natl Mtg Assn	8,530 Shares 4.500% due August 1, 2048	9,051	9,003
	Federal Natl Mtg Assn	1,603 Shares 3.500% due April 1, 2049	1,626	1,648
	Federal Natl Mtg Assn	8,344 Shares 3.500% due July 1, 2049	8,589	8,576
	Federal Natl Mtg Assn	20,025 Shares 4.000% due August 1, 2049	20,842	20,836
	AT&T Inc.	8,000 Shares 3.400% due May 15, 2025	7,721	8,378
Subtotal Corporate Obligations and U.S. Government Securities			1,351,453	1,391,246

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Obligations and U.S. Government Securities				
	AT&T Inc.	32,000 Shares 4.250% due March 1, 2027	\$ 32,445	\$ 35,148
	AbbVie Inc.	7,000 Shares 3.600% due May 14, 2025	6,795	7,395
	Altria Group Inc.	7,000 Shares 3.800% due February 14, 2024	7,012	7,371
	Amazon.com Inc.	6,000 Shares 3.875% due August 22, 2037	6,934	6,820
	American Express CR Corp.	16,000 Shares 2.250% due May 5, 2021	15,882	16,077
	Anheuser-Busch InBev Finance Inc.	16,000 Shares 4.900% due February 1, 2046	17,451	18,900
	Anthem Inc.	7,000 Shares 4.101% due March 1, 2028	7,024	7,606
	Apple Inc.	12,000 Shares 2.500% due February 9, 2025	11,385	12,223
	Apple Inc.	34,000 Shares 3.000% due February 9, 2024	34,078	35,311
	AstraZeneca Plc	6,000 Shares 3.375% due November 16, 2025	5,985	6,377
	Bank Montreal Unsecd	7,000 Shares 1.900% due August 27, 2021	6,882	7,013
	Bank New York Inc. Unsecured Medium	12,000 Shares 3.650% due February 4, 2024	12,643	12,762
	Berkshire Hathaway Inc. Del	16,000 Shares 2.750% due March 15, 2023	16,113	16,407
	BNP Paribas / BNP Paribas US	8,000 Shares 3.250% due March 3, 2023	7,839	8,294
	Boeing Co.	1,000 Shares 2.950% due February 1, 2030	1,021	1,024
	Boston Properties Ltd Partnership	7,000 Shares 2.750% due October 1, 2026	6,960	7,100
	BP Cap Mkts Amer Inc.	11,000 Shares 3.245% due May 6, 2022	11,102	11,354
	BP Cap Mkts P L C	17,000 Shares 3.279% due September 19, 2027	16,736	17,889
	Brighthouse Finl Inc.	7,000 Shares 3.700% due June 22, 2027	6,968	6,984
	Cooperative Centrale Raiffeise	5,000 Shares 3.875% due February 8, 2022	5,200	5,207
	CSX Corp. Unsecd SR GBL NT	7,000 Shares 2.600% due November 1, 2026	6,732	7,121
	CVS Caremark Corp.	20,000 Shares 2.800% due July 20, 2020	20,377	20,057
	CVS Health Corp. Unsecd	34,000 Shares 4.300% due March 25, 2028	34,015	37,143
	Capital One Finl Corp.	10,000 Shares 3.300% due October 30, 2024	9,951	10,415
	Citigroup Inc.	33,000 Shares 3.300% due April 27, 2025	32,764	34,659
	Citigroup Inc.	6,000 Shares 4.400% due June 10, 2025	6,175	6,523
	Citigroup Inc.	6,000 Shares 4.600% due March 9, 2026	6,232	6,607
	Comcast Corp. New	13,000 Shares 3.000% due February 1, 2024	13,016	13,475
	Comcast Corp. New	33,000 Shares 3.550% due May 1, 2028	31,419	35,517
	Deere John Cap Corp.	13,000 Shares 2.800% due March 6, 2023	13,158	13,341
	Deutsche BK AG	7,000 Shares 3.375% due May 12, 2021	6,823	7,056
	DH Europe FIN II SARL	8,000 Shares 2.200% due November 15, 2024	8,016	8,011
	Disney Walt Co. New	16,000 Shares 2.350% due December 1, 2022	16,045	16,239
	Duke Energy Corp. New	8,000 Shares 3.750% due April 15, 2024	8,045	8,479
	EQT Corp.	8,000 Shares 3.000% due October 1, 2022	7,721	7,862
	Energy Transfer Partners LP	8,000 Shares 4.050% due March 15, 2025	7,726	8,411
	Enterprise Prods Oper LLC	15,000 Shares 5.200% due September 1, 2020	16,158	15,312
	Enterprise Prods Oper LLC	16,000 Shares 3.750% due February 15, 2025	15,979	17,052
	Express Scripts Hldg Co.	6,000 Shares 4.500% due February 25, 2026	6,313	6,501
	General Elec Cap Corp.	6,000 Shares 6.875% due January 10, 2039	7,285	8,019
	General Mls Inc.	8,000 Shares 4.000% due April 17, 2025	8,212	8,653
	General Mtrs Finl Co. Inc.	7,000 Shares 4.350% due January 17, 2027	7,174	7,359
	Goldman Sachs Group Inc.	33,000 Shares 3.750% due February 25, 2026	33,731	34,931
	Goldman Sachs Group Inc.	12,000 Shares 2.876% due October 31, 2022	11,909	12,170
	Home Depot Inc.	16,000 Shares 2.000% due April 1, 2021	15,943	16,039
	Home Depot Inc. Unsecd	8,000 Shares 2.125% due September 15, 2026	8,028	7,996
	HSBC Hldgs PLC	9,000 Shares 5.100% due April 5, 2021	9,789	9,334
	International Business Machs	14,000 Shares 4.000% due June 20, 2042	14,233	15,469
	iShares	4,826 Shares Core US Aggregate Bond ETF	528,473	542,298
	iShares	3,681 Shares Short Treas Bond ETF	406,248	406,603
	JPMorgan Chase & Co.	33,000 Shares 3.875% due February 1, 2024	34,548	35,224
	JPMorgan Chase & Co.	15,000 Shares 3.797% due July 23, 2024	15,044	15,811
	Kinder Morgan Energy Partners	10,000 Shares 4.150% due February 1, 2024	10,192	10,606
	Lockheed Martin Corp.	16,000 Shares 2.500% due November 23, 2020	16,176	16,084
	Loomis Sayles Securitized Asset	57,318 Shares	581,120	561,141
	Loomis Sayles High Income	10,597 Shares	109,151	111,906
	Marsh & McLennan Companies Inc.	32,000 Shares 3.875% due March 15, 2024	32,126	34,138
	McKesson Corp. New	7,000 Shares 3.950% due February 16, 2028	6,973	7,468
	Microsoft Corp.	24,000 Shares 3.750% due February 12, 2045	23,763	27,294
	Morgan Stanley	13,000 Shares 3.875% due April 29, 2024	13,005	13,820
	Morgan Stanley	34,000 Shares 3.700% due October 23, 2024	34,742	36,118
	Oracle Corp.	16,000 Shares 2.950% due May 15, 2025	16,030	16,657
	Orix Corp.	7,000 Shares 2.900% due July 18, 2022	7,018	7,137
	Santander Hldgs. USA Inc.	7,000 Shares 3.500% due June 7, 2024	7,194	7,202
	Subtotal Corporate Obligations and U.S. Government Securities		3,812,680	3,887,766

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
Corporate Obligations and U.S. Government Securities								
	Shell Intl Fin B V	5,000	Shares	6.375%	due	December 15, 2038	\$ 6,425	\$ 7,298
	Shell Intl Fin B V	15,000	Shares	4.000%	due	May 10, 2046	17,707	17,094
	Shire Acquisitions Invts Ireland	18,000	Shares	2.400%	due	September 23, 2021	17,815	18,102
	Southern Co. Unsecd SR NT	17,000	Shares	3.250%	due	July 1, 2026	16,546	17,712
	Starbucks Corp.	7,000	Shares	3.800%	due	August 15, 2025	6,961	7,543
	SunTrust BK Atlanta GA	8,000	Shares	2.800%	due	May 17, 2022	8,126	8,152
	Thermo Fisher Scientific Inc.	8,000	Shares	3.000%	due	April 15, 2023	8,206	8,226
	Toronto Dominion BK Unsecd SR	34,000	Shares	3.250%	due	June 11, 2021	34,073	34,725
	United Technologies Corp.	7,000	Shares	3.650%	due	August 16, 2023	7,032	7,381
	Vanguard	5,025	Shares			Short Term Corporate ETF	400,561	407,175
	Verizon Communications Inc.	6,000	Shares	4.400%	due	November 1, 2034	5,765	6,956
	Verizon Communications Inc.	33,000	Shares	3.376%	due	February 15, 2025	31,856	34,957
	Virginia Elec & Pwr Co.	7,000	Shares	3.150%	due	January 15, 2026	7,034	7,318
	Visa Inc.	15,000	Shares	4.300%	due	December 14, 2045	16,209	18,440
	VMware Inc.	8,000	Shares	2.950%	due	August 21, 2022	7,976	8,152
	Vodafone Group PLC New	6,000	Shares	4.125%	due	May 30, 2025	6,011	6,518
	Walmart Inc.	31,000	Shares	3.700%	due	June 26, 2028	31,033	34,155
	Wells Fargo & Co.	11,000	Shares	3.000%	due	February 19, 2025	11,136	11,351
	Westpac Banking Corp.	7,000	Shares	2.500%	due	June 28, 2022	6,932	7,083
	Total Corporate Obligations and U.S. Government Securities						4,460,084	4,556,104
	Total Assets Held at End of Year							\$ 13,614,905

* Party-in-Interest

GCGA Physicians, Inc. Defined Benefit Plan

Schedule of Active Participant Data

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	2	2	0	0	0	0	0	0	0	0	4
25-29	9	7	3	0	0	0	0	0	0	0	19
30-34	12	9	3	2	0	0	0	0	0	0	26
35-39	9	10	1	2	1	0	0	0	0	0	23
40-44	7	3	7	2	1	0	0	0	0	0	20
45-49	7	9	1	2	2	0	0	0	0	0	21
50-54	2	2	4	4	3	0	0	0	0	0	15
55-59	7	3	3	0	5	0	0	0	0	0	18
60-64	1	1	1	3	6	0	0	0	0	0	12
65-69	1	0	1	1	1	0	0	0	0	0	4
70+	0	0	0	0	0	0	0	0	0	0	0
Total	57	46	24	16	19	0	0	0	0	0	162

Average Age: 42.7

Average Service: 5

GCGA Physicians, Inc. Defined Benefit Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

	For Funding					
		<u>Min</u>	<u>Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>	
Interest Rates	Seg 1:	3.74%	2.28%	Seg 1:	3.10%	Pre-Retirement: 6.00%
	Seg 2:	5.35%	3.81%	Seg 2:	4.15%	Post-Retirement: 6.00%
	Seg 3:	6.11%	4.46%	Seg 3:	4.46%	
Applicable Date	09/2018	09/2018		08/2018		
Pre-Retirement						
Turnover	None			None		None
Mortality	None			None		None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Post-Retirement						
Mortality	2019 Applicable Mortality Table from Notice 2018-02			2019 Applicable Mortality Table from Notice 2018-02		GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form For Funding				100% Lump Sum / 0% Normal Form		
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant		
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		
Calculated Effective Interest Rate				5.80%		
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ an amended return/report ☐ the final 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 GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2000</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 31-1559935</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 513-569-1305</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 621111</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2000		2b Employer Identification Number (EIN) 31-1559935		2c Plan Sponsor's telephone number 513-569-1305		2d Business code (see instructions) 621111	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 01/01/2000											
2b Employer Identification Number (EIN) 31-1559935											
2c Plan Sponsor's telephone number 513-569-1305											
2d Business code (see instructions) 621111											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GCGA PHYSICIANS, INC. 2925 VERNON PLACE SUITE 100 CINCINNATI OH 45219											

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

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

SIGN HERE		<u>12/15/20</u>	DAN WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN																				
		3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: right;">127</td> </tr> </table>	5	127																		
5	127																					
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6a(1)</td> <td style="border: 1px solid black; text-align: right;">95</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6a(2)</td> <td style="border: 1px solid black; text-align: right;">115</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6b</td> <td style="border: 1px solid black; text-align: right;">0</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6c</td> <td style="border: 1px solid black; text-align: right;">14</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6d</td> <td style="border: 1px solid black; text-align: right;">129</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6e</td> <td style="border: 1px solid black; text-align: right;">0</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6f</td> <td style="border: 1px solid black; text-align: right;">129</td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6g</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: right;">6h</td> <td style="border: 1px solid black; text-align: right;">12</td> </tr> </table>			6a(1)	95	6a(2)	115	6b	0	6c	14	6d	129	6e	0	6f	129	6g		6h	12
6a(1)	95																					
6a(2)	115																					
6b	0																					
6c	14																					
6d	129																					
6e	0																					
6f	129																					
6g																						
6h	12																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black;"></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 3D																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **Round off amounts to nearest dollar.**

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

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

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value.....	2a	11,849,485	
b Actuarial value.....	2b	11,849,485	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	33	57,836	57,836
c For active participants.....	95	9,290,011	9,344,488
d Total.....	128	9,347,847	9,402,324
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5 5.80%		
6 Target normal cost.....	6 557,737		

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

SIGN HERE	 Signature of actuary	<u>10/14/2020</u> Date
	Lawrence S. Butcher Type or print name of actuary	2005843 Most recent enrollment number
	Newport Group Inc. Firm name	312-488-6756 Telephone number (including area code)
	135 South LaSalle Street Suite 1900 Chicago IL 60603-4185 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	752,454
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	752,454
10 Interest on line 9 using prior year's actual return of <u>-5.93%</u>	0	-44,621
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		584,588
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.97%</u>		34,900
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		619,488
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	707,833

Part III Funding Percentages

14 Funding target attainment percentage	14	118.49%
15 Adjusted funding target attainment percentage.....	15	126.02%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	136.12%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/14/2019	100,000	0			
02/28/2020	150,000	0			
06/05/2020	1,724,284	0			
Totals ▶			18(b)	1,974,284	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,826,712

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	557,737	
b Excess assets, if applicable, but not greater than line 31a	31b	557,737	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,826,712	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,826,712	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

GCGA Physicians, Inc. Defined Benefit Plan

Employer ID# 31-1559935: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
11-14-2019	100,000.00	2019	5.80%	11-14-2019 to 01-01-2019	95,222.50
02-28-2020	150,000.00	2019	5.80%	02-28-2020 to 01-01-2019	140,536.11
06-05-2020	1,724,284.00	2019	5.80%	06-05-2020 to 01-01-2019	1,590,953.44
Totals:	1,974,284.00				1,826,712.05

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year				
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a			0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b			0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c			1,826,712.05

GCGA Physicians, Inc. Defined Benefit Plan

Weighted Average Retirement Age

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65

Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

GCGA Physicians, Inc. Defined Benefit Plan

Summary of Plan Provisions

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

Plan Effective Date	January 1, 2000
Plan Year	From January 1, 2019 to December 31, 2019
Eligibility	All employees not excluded by class are eligible to enter on the January 1 coincident with or preceding the completion of the following requirements: 1 year of service Minimum age 21 Union Employees, Nonresident aliens and Leased Employees are excluded.
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 65 Completion of 5 years of participation from entry date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: The accrued benefit as of January 1, 2018, plus the benefit based on the following formula: Group 1: 2.5% of average compensation per credited year of service with a maximum of 25 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years before the effective date, years before age 18 and years with less than 1,000 hours. Group 2: \$3.33 per month per credited year of service with a maximum of 25 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years before the effective date, years before age 18 and years with less than 1,000 hours. Group 3: The accrued benefit based on plan provisions prior to January 1, 2018, plus the benefit based on \$3.33 per month per credited year of service with a maximum of 25 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years before January 1, 2018, years before the effective date, years before age 18 and years with less than 1,000 hours. The maximum monthly benefit is the lesser of \$18,750 and 100% of the highest 3-year average salary, subject to service requirements. The benefit is based on average salary during the highest 3

GCGA Physicians, Inc. Defined Benefit Plan

Summary of Plan Provisions

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

consecutive years of service from date of entry.

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before January 1, 2018

Years before the effective date

Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before age 18

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
	Blackrock	506,766 Shares Liquidity Funds	\$ 506,766	\$ 506,766
	Non-Interest Bearing Cash	1,180 Shares Non interest bearing cash	1,180	1,180
	Total Cash		507,946	507,946
	Mutual Funds			
	American Europacific	11,611 Shares Growth Fund CL F-2	543,080	643,949
	Glenmede Small Capitalization	10,502 Shares Equity Portfolio Instl CL	276,857	287,125
	Invesco Oppenheimer	6,342 Shares Developing Markets Fund CL-Y	212,408	289,193
	iShares Core	3,372 Shares S&P Small-Cap	236,863	282,742
	iShares Core MSCI	350,349 Shares Emerging Mkts ETF	350,349	425,618
	Oakmark Intl Fund	24,819 Shares Advisor CL	512,251	618,243
	Vanguard Dividend Appreciation	7,852 Shares Index Fund	667,778	978,830
	Vanguard FTSE	28,496 Shares Developed Markets ETF	1,069,806	1,255,534
	Vanguard	4,715 Shares Growth ETF	521,761	858,932
	Vanguard	9,350 Shares Value ETF	814,762	1,120,598
	Total Investments Held in Mutual Funds		5,205,915	6,760,764
	Common Stock			
	3M Co.	50 Shares Common Stock	8,677	8,821
	Abbott Labs	56 Shares Common Stock	4,666	4,864
	Accenture PLC	53 Shares Common Stock	6,305	11,160
	Adobe Inc.	70 Shares Common Stock	13,125	23,087
	Air Prods & Chems Inc.	43 Shares Common Stock	7,153	10,105
	Alibaba Group Hldg Ltd	48 Shares Common Stock	8,068	10,181
	Allstate Corp.	108 Shares Common Stock	11,619	12,145
	Alphabet Inc.	30 Shares Common Stock	27,522	40,111
	Alphabet Inc.	16 Shares Common Stock	12,608	21,430
	Amazon.com Inc.	18 Shares Common Stock	23,111	33,261
	Ameren Corp.	92 Shares Common Stock	6,983	7,066
	American Elec Pwr Inc.	93 Shares Common Stock	8,552	8,790
	American Express Co.	167 Shares Common Stock	16,474	20,790
	American Intl Group Inc.	356 Shares Common Stock	20,776	18,273
	American Tower Corp.	95 Shares Common Stock REIT	13,291	21,833
	American Water Works Co. Inc.	116 Shares Common Stock	9,149	14,251
	Apple Inc.	209 Shares Common Stock	36,730	61,373
	Applied Matls Inc.	224 Shares Common Stock	8,796	13,673
	ASML Holdings NV	50 Shares Common Stock	7,154	14,797
	AT&T Inc.	232 Shares Common Stock	8,298	9,067
	Automatic Data Processing Inc.	60 Shares Common Stock	9,564	10,230
	Avalara Inc.	88 Shares Common Stock	6,994	6,446
	Baxter Intl Inc.	77 Shares Common Stock	6,046	6,439
	Biogen Idec Inc.	50 Shares Common Stock	13,887	14,837
	BlackRock Inc.	17 Shares Common Stock	8,310	8,546
	Blackstone Group Inc.	407 Shares Common Stock	18,810	22,768
	Boeing Co.	48 Shares Common Stock	16,319	15,636
	Boston Scientific Corp.	489 Shares Common Stock	11,246	22,113
	Bristol Myers Squibb Co.	222 Shares Common Stock	12,664	14,250
	Broadcom Inc.	49 Shares Common Stock	15,197	15,485
	Centene Corp.	277 Shares Common Stock	14,320	17,415
	Chevron Corp.	341 Shares Common Stock	38,062	41,094
	Chubb Ltd	110 Shares Common Stock	14,022	17,123
	Cisco Sys Inc.	537 Shares Common Stock	19,572	25,755
	CitiGroup Inc.	261 Shares Common Stock	15,512	20,851
	Subtotal Common Stock		479,582	624,066

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
EIN: 31-1559935
PLAN NUMBER: 002
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Common Stock			
	Citizens Finl Group Inc.	352 Shares Common Stock	\$ 10,560	\$ 14,295
	CME Group Inc.	61 Shares Common Stock	10,723	12,244
	CMS Energy Corp.	95 Shares Common Stock	5,836	5,970
	Cognex Corp.	67 Shares Common Stock	3,202	3,755
	Comcast Corp.	471 Shares Common Stock	18,148	21,181
	ConocoPhillips	197 Shares Common Stock	11,396	12,811
	Corteva Inc.	781 Shares Common Stock	19,176	23,086
	Costar Group Inc.	23 Shares Common Stock	7,267	13,761
	Crown Castle Intl Corp.	39 Shares Common Stock REIT	5,216	5,544
	Cummins Inc.	33 Shares Common Stock	5,964	5,906
	Danaher Corp. Del	114 Shares Common Stock	15,852	17,497
	Deere & Co.	33 Shares Common Stock	5,807	5,718
	Delta Air Lines Inc. Del	348 Shares Common Stock	17,871	20,351
	Digital Rlty TR Inc.	81 Shares Common Stock REIT	9,898	9,699
	Disney Walt Co.	178 Shares Common Stock	20,029	25,744
	Dominion Energy Inc.	59 Shares Common Stock	4,791	4,886
	Dow Inc.	481 Shares Common Stock	24,999	26,325
	Edwards Lifesciences Corp.	29 Shares Common Stock	4,341	6,765
	Eversource Energy	82 Shares Common Stock	6,688	6,976
	Exxon Mobil Corp.	172 Shares Common Stock	12,308	12,002
	Facebook Inc.	121 Shares Common Stock	21,953	24,835
	Gilead Sciences Inc.	381 Shares Common Stock	25,132	24,757
	Goldman Sachs Group Inc.	90 Shares Common Stock	18,668	20,694
	Hershey Co.	36 Shares Common Stock	5,092	5,291
	Home Depot	263 Shares Common Stock	51,389	57,434
	Honeywell Intl Inc.	108 Shares Common Stock	11,845	19,116
	HP Inc.	1,050 Shares Common Stock	15,279	21,578
	Ingersoll-Rand Co. Ltd	85 Shares Common Stock	6,579	11,298
	Intel Corp.	336 Shares Common Stock	19,312	20,110
	Intercontinental Exchange Inc.	190 Shares Common Stock	10,883	17,585
	International Business Machs	124 Shares Common Stock	17,174	16,621
	Intuitive Surgical Inc.	27 Shares Common Stock	10,609	15,961
	Intuit	32 Shares Common Stock	6,733	8,382
	Invitation Homes Inc.	437 Shares Common Stock REIT	9,078	13,097
	Johnson & Johnson	348 Shares Common Stock	44,080	50,763
	JPMorgan Chase & Co.	294 Shares Common Stock	26,669	40,984
	Kimberly Clark Corp.	70 Shares Common Stock	9,224	9,629
	KKR & Co. Inc.	651 Shares Common Stock	15,556	18,990
	KLA-Tencor Corp.	72 Shares Common Stock	12,329	12,828
	L3Harris Technologies Inc.	105 Shares Common Stock	17,344	20,776
	Lam Research Corp.	51 Shares Common Stock	13,969	14,912
	Lilly Eli & Co.	89 Shares Common Stock	10,222	11,697
	Live Nation Entertainment Inc.	66 Shares Common Stock	2,603	4,717
	Lockheed Martin Corp.	62 Shares Common Stock	18,059	24,142
	Marsh & McLennan Companies Inc.	139 Shares Common Stock	9,142	15,486
	Marvell Technology Group Ltd	755 Shares Common Stock	18,083	20,053
	MasterCard Inc.	141 Shares Common Stock	16,169	42,101
	McDonalds Corp.	42 Shares Common Stock	8,154	8,300
	Medtronic PLC	233 Shares Common Stock	19,166	26,434
	Merck & Co. Inc.	459 Shares Common Stock	36,366	41,746
	Microchip Technology Inc.	105 Shares Common Stock	10,215	10,996
	Microsoft Corp.	564 Shares Common Stock	36,175	88,943
	Mondelez Intl Inc.	121 Shares Common Stock	5,101	6,665
	M&T BK Corp.	39 Shares Common Stock	6,474	6,620
	Netflix.com Inc.	50 Shares Common Stock	15,943	16,179
	Nextera Energy Inc.	33 Shares Common Stock	3,995	7,991
	Nike Inc.	111 Shares Common Stock	6,404	11,240
	Northern Trust Corp.	50 Shares Common Stock	5,283	5,312
	Northrop Grumman Corp.	19 Shares Common Stock	6,574	6,535
	Nvidia Corp.	26 Shares Common Stock	5,700	6,118
	Packaging Corp. Amer	24 Shares Common Stock	1,814	2,688
	Parker Hannifin Corp.	38 Shares Common Stock	7,505	7,821
	PayPal Holdings Inc.	81 Shares Common Stock	5,761	8,762
	PepsiCo Inc.	104 Shares Common Stock	10,861	14,214
	Subtotal Common Stock		1,334,320	1,718,983

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
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December 31, 2019
(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Common Stock				
	Pfizer Inc.	240 Shares Common Stock	\$ 9,107	\$ 9,403
	Philip Morris Intl Inc.	125 Shares Common Stock	11,446	10,636
	PNC Finl Svcs Group Inc.	110 Shares Common Stock	13,467	17,559
	Price T. Rowe Group Inc.	67 Shares Common Stock	8,064	8,163
	Principal Finl Group Inc.	458 Shares Common Stock	251,485	25,190
	Procter & Gamble Co.	152 Shares Common Stock	18,273	18,985
	Raytheon Co.	100 Shares Common Stock	17,272	21,974
	Rockwell Automation Inc.	104 Shares Common Stock	17,005	21,078
	Salesforce.com Inc.	174 Shares Common Stock	16,066	28,299
	Schwab Charles Corp. New	629 Shares Common Stock	26,363	29,915
	Sherwin Williams Co.	24 Shares Common Stock	8,497	14,005
	Skyworks Solutions Inc.	178 Shares Common Stock	14,413	21,517
	Sonoco Prods Co.	93 Shares Common Stock	5,418	5,740
	Stanley Black & Decker Inc.	128 Shares Common Stock	17,241	21,215
	Suncor Energy Inc.	184 Shares Common Stock	5,751	6,035
	Target Corp.	78 Shares Common Stock	8,700	10,000
	Texas Instrs Inc.	287 Shares Common Stock	27,633	36,819
	TJX Cos Inc. New	102 Shares Common Stock	6,005	6,228
	Truist Finl Corp.	220 Shares Common Stock	12,094	12,390
	Twitter Inc.	712 Shares Common Stock	19,209	22,820
	Uber Technologies Inc.	149 Shares Common Stock	5,350	4,431
	Union Pac Corp.	134 Shares Common Stock	15,025	24,226
	UnitedHealth Group Inc.	26 Shares Common Stock	4,342	7,643
	United Parcel Svc Inc.	172 Shares Common Stock	19,259	20,134
	U.S. Bancorp Del	277 Shares Common Stock	16,245	16,423
	Valero Energy Corp. New	71 Shares Common Stock	7,105	6,649
	Verizon Communications Inc.	500 Shares Common Stock	28,904	30,700
	VMware Inc.	119 Shares Common Stock	18,145	18,063
	Vulcan Matis Co.	70 Shares Common Stock	7,648	10,079
	Wabtec Corp.	102 Shares Common Stock	7,291	7,936
	Walmart Inc.	91 Shares Common Stock	10,873	10,814
	Waste Mgmt Inc. Del	94 Shares Common Stock	10,296	10,712
	WEC Energy Group Inc.	92 Shares Common Stock	5,523	8,485
	Wells Fargo & Co.	707 Shares Common Stock	36,278	38,037
	XCEL Energy Inc.	120 Shares Common Stock	7,359	7,619
	Zoetis Inc.	69 Shares Common Stock	6,266	9,132
	Total Common Stock		2,053,738	2,298,037
Corporate Obligations and U.S. Government Securities				
	Federal Natl Mtg Assn	19,000 Shares 6.63% due November 15, 2030	27,729	27,086
	United States Treas Bd	26,000 Shares 4.50% due February 15, 2036	31,967	34,517
	United States Treas Bd	13,000 Shares 3.13% due November 15, 2041	14,013	14,774
	United States Treas Bd	106,000 Shares 3.00% due May 15, 2042	111,713	118,161
	United States Treas Bd	33,124 Shares 1.38% due February 15, 2044	37,314	39,061
	United States Treas Bd	12,000 Shares 3.00% due November 15, 2044	12,560	13,406
	United States Treas Bd	12,000 Shares 3.00% due May 15, 2045	12,590	13,427
	United States Treas Bd	6,000 Shares 2.25% due August 15, 2046	5,400	5,846
	United States Treas Bd	31,000 Shares 2.88% due November 15, 2046	30,366	34,088
	United States Treas Bd	25,000 Shares 3.00% due February 15, 2048	25,278	28,176
	United States Treas Bd	13,000 Shares 3.00% due February 15, 2049	14,923	14,704
	United States Treas Bd	34,000 Shares 2.88% due May 15, 2049	37,673	37,577
	United States Treas Nt	16,000 Shares 2.25% due November 15, 2024	16,284	16,419
	United States Treas Nt	5,000 Shares 2.00% due August 15, 2025	5,111	5,069
	United States Treas Nt	42,000 Shares 3.13% due May 15, 2021	44,563	42,858
	United States Treas Nt	49,944 Shares 0.13% due April 15, 2021	48,988	49,841
	United States Treas Nt	45,000 Shares 1.63% due May 15, 2026	41,606	44,545
	United States Treas Nt	13,000 Shares 1.38% due May 31, 2021	12,956	12,960
	United States Treas Nt	6,000 Shares 1.13% due September 30, 2021	5,880	5,952
	United States Treas Nt	56,000 Shares 2.13% due March 31, 2024	56,733	57,041
	United States Treas Nt	20,000 Shares 1.50% due May 31, 2020	19,828	19,989
	Subtotal Corporate Obligations and U.S. Government Securities		613,475	635,497

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Obligations and U.S. Government Securities				
	United States Treas Nt	85,000 Shares 1.750% due June 30, 2022	\$ 84,166	\$ 85,352
	United States Treas Nt	30,000 Shares 1.625% due August 15, 2029	29,670	29,249
	United States Treas Nt	25,000 Shares 2.625% due May 15, 2021	24,953	25,344
	United States Treas Nt	72,000 Shares 2.875% due May 31, 2025	72,347	76,267
	United States Treas Nt	95,000 Shares 2.875% due August 15, 2028	95,475	102,459
	United States Treas Nt	39,000 Shares 2.625% due February 15, 2029	40,054	41,361
	Federal Home Ln Mtg Corp.	6,699 Shares 5.000% due March 1, 2041	8,658	7,388
	Federal Home Ln Mtg Corp.	519 Shares 4.000% due November 1, 2043	546	553
	Federal Home Ln Mtg Corp.	16,917 Shares 4.000% due September 1, 2045	18,094	17,936
	Federal Home Ln Mtg Corp.	890 Shares 4.000% due November 1, 2045	953	943
	Federal Home Ln Mtg Corp.	1,322 Shares 3.000% due April 1, 2046	1,313	1,355
	Federal Home Ln Mtg Corp.	2,698 Shares 4.000% due August 1, 2046	2,834	2,851
	Federal Home Ln Mtg Corp.	9,605 Shares 3.000% due October 1, 2046	9,611	9,844
	Federal Home Ln Mtg Corp.	8,255 Shares 3.000% due December 1, 2046	8,296	8,460
	Federal Home Ln Mtg Corp.	15,363 Shares 3.000% due December 1, 2046	14,814	15,745
	Federal Home Ln Mtg Corp.	1,562 Shares 3.000% due February 1, 2047	1,533	1,601
	Federal Home Ln Mtg Corp.	2,119 Shares 4.500% due April 1, 2047	2,283	2,240
	Federal Home Ln Mtg Corp.	11,452 Shares 4.000% due May 1, 2047	12,091	12,042
	Federal Home Ln Mtg Corp.	2,357 Shares 4.500% due June 1, 2047	2,534	2,503
	Federal Home Ln Mtg Corp.	17,099 Shares 4.000% due October 1, 2047	17,718	17,980
	Federal Home Ln Mtg Corp.	5,944 Shares 3.000% due February 1, 2048	6,086	6,056
	Federal Home Ln Mtg Corp.	2,151 Shares 4.000% due February 1, 2048	2,208	2,258
	Federal Home Ln Mtg Corp.	14,731 Shares 4.000% due December 1, 2048	15,569	15,346
	Federal Home Ln Mtg Corp.	2,713 Shares 5.000% due November 1, 2048	2,952	2,901
	Federal Home Ln Mtg Corp.	9,622 Shares 4.500% due January 1, 2042	10,584	10,443
	Federal Home Ln Mtg Corp.	1,072 Shares 4.500% due December 1, 2045	1,149	1,154
	Federal Natl Mtg Assn	1,049 Shares 5.000% due September 1, 2039	1,153	1,157
	Federal Natl Mtg Assn	1,127 Shares 5.000% due April 1, 2041	1,241	1,241
	Federal Natl Mtg Assn	518 Shares 5.000% due October 1, 2041	662	567
	Federal Natl Mtg Assn	363 Shares 5.000% due June 1, 2044	401	396
	Federal Natl Mtg Assn	401 Shares 5.000% due July 1, 2045	448	442
	Federal Natl Mtg Assn	493 Shares 4.500% due March 1, 2046	528	532
	Federal Natl Mtg Assn	4,185 Shares 3.000% due June 1, 2046	4,310	4,286
	Federal Natl Mtg Assn	549 Shares 4.000% due July 1, 2046	579	580
	Federal Natl Mtg Assn	5,077 Shares 3.500% due April 1, 2047	5,256	5,270
	Federal Natl Mtg Assn	1,553 Shares 4.000% due September 1, 2043	1,669	1,657
	Federal Natl Mtg Assn	24,396 Shares 3.500% due January 1, 2048	24,393	25,369
	Federal Natl Mtg Assn	72,323 Shares 4.000% due May 1, 2048	73,313	75,446
	Federal Natl Mtg Assn	768 Shares 3.500% due December 1, 2047	769	795
	Federal Natl Mtg Assn	2,728 Shares 5.000% due October 1, 2036	2,954	3,008
	Federal Natl Mtg Assn	3,429 Shares 5.000% due December 1, 2036	3,826	3,778
	Federal Natl Mtg Assn	6,811 Shares 4.500% due June 1, 2039	7,233	7,390
	Federal Natl Mtg Assn	10,468 Shares 3.500% due December 1, 2045	11,000	10,928
	Federal Natl Mtg Assn	1,684 Shares 3.500% due January 1, 2046	1,771	1,758
	Federal Natl Mtg Assn	12,930 Shares 4.000% due February 1, 2046	13,870	13,695
	Federal Natl Mtg Assn	4,785 Shares 3.000% due May 1, 2046	4,908	4,901
	Federal Natl Mtg Assn	3,554 Shares 3.000% due June 1, 2046	3,589	3,640
	Federal Natl Mtg Assn	1,424 Shares 3.000% due August 1, 2046	1,458	1,457
	Federal Natl Mtg Assn	2,236 Shares 3.000% due November 1, 2046	2,214	2,290
	Federal Natl Mtg Assn	1,420 Shares 3.500% due March 1, 2047	1,440	1,474
	Federal Natl Mtg Assn	4,120 Shares 4.000% due March 1, 2047	4,340	4,336
	Federal Natl Mtg Assn	718 Shares 3.500% due April 1, 2047	740	746
	Federal Natl Mtg Assn	5,041 Shares 4.000% due May 1, 2047	5,331	5,304
	Federal Natl Mtg Assn	8,674 Shares 3.500% due December 1, 2047	8,628	9,018
	Federal Natl Mtg Assn	5,993 Shares 3.000% due February 1, 2048	5,752	6,103
	Federal Natl Mtg Assn	9,732 Shares 4.000% due August 1, 2048	9,882	10,113
	Federal Natl Mtg Assn	8,530 Shares 4.500% due August 1, 2048	9,051	9,003
	Federal Natl Mtg Assn	1,603 Shares 3.500% due April 1, 2049	1,626	1,648
	Federal Natl Mtg Assn	8,344 Shares 3.500% due July 1, 2049	8,589	8,576
	Federal Natl Mtg Assn	20,025 Shares 4.000% due August 1, 2049	20,842	20,836
	AT&T Inc.	8,000 Shares 3.400% due May 15, 2025	7,721	8,378
Subtotal Corporate Obligations and U.S. Government Securities			1,351,453	1,391,246

GCGA PHYSICIANS, INC. DEFINED BENEFIT PLAN
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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Obligations and U.S. Government Securities				
	AT&T Inc.	32,000 Shares 4.250% due March 1, 2027	\$ 32,445	\$ 35,148
	AbbVie Inc.	7,000 Shares 3.600% due May 14, 2025	6,795	7,395
	Altria Group Inc.	7,000 Shares 3.800% due February 14, 2024	7,012	7,371
	Amazon.com Inc.	6,000 Shares 3.875% due August 22, 2037	6,934	6,820
	American Express CR Corp.	16,000 Shares 2.250% due May 5, 2021	15,882	16,077
	Anheuser-Busch InBev Finance Inc.	16,000 Shares 4.900% due February 1, 2046	17,451	18,900
	Anthem Inc.	7,000 Shares 4.101% due March 1, 2028	7,024	7,606
	Apple Inc.	12,000 Shares 2.500% due February 9, 2025	11,385	12,223
	Apple Inc.	34,000 Shares 3.000% due February 9, 2024	34,078	35,311
	AstraZeneca Plc	6,000 Shares 3.375% due November 16, 2025	5,985	6,377
	Bank Montreal Unsecd	7,000 Shares 1.900% due August 27, 2021	6,882	7,013
	Bank New York Inc. Unsecured Medium	12,000 Shares 3.650% due February 4, 2024	12,643	12,762
	Berkshire Hathaway Inc. Del	16,000 Shares 2.750% due March 15, 2023	16,113	16,407
	BNP Paribas / BNP Paribas US	8,000 Shares 3.250% due March 3, 2023	7,839	8,294
	Boeing Co.	1,000 Shares 2.950% due February 1, 2030	1,021	1,024
	Boston Properties Ltd Partnership	7,000 Shares 2.750% due October 1, 2026	6,960	7,100
	BP Cap Mkts Amer Inc.	11,000 Shares 3.245% due May 6, 2022	11,102	11,354
	BP Cap Mkts P L C	17,000 Shares 3.279% due September 19, 2027	16,736	17,889
	Brighthouse Finl Inc.	7,000 Shares 3.700% due June 22, 2027	6,968	6,984
	Cooperative Centrale Raiffeise	5,000 Shares 3.875% due February 8, 2022	5,200	5,207
	CSX Corp. Unsecd SR GBL NT	7,000 Shares 2.600% due November 1, 2026	6,732	7,121
	CVS Caremark Corp.	20,000 Shares 2.800% due July 20, 2020	20,377	20,057
	CVS Health Corp. Unsecd	34,000 Shares 4.300% due March 25, 2028	34,015	37,143
	Capital One Finl Corp.	10,000 Shares 3.300% due October 30, 2024	9,951	10,415
	Citigroup Inc.	33,000 Shares 3.300% due April 27, 2025	32,764	34,659
	Citigroup Inc.	6,000 Shares 4.400% due June 10, 2025	6,175	6,523
	Citigroup Inc.	6,000 Shares 4.600% due March 9, 2026	6,232	6,607
	Comcast Corp. New	13,000 Shares 3.000% due February 1, 2024	13,016	13,475
	Comcast Corp. New	33,000 Shares 3.550% due May 1, 2028	31,419	35,517
	Deere John Cap Corp.	13,000 Shares 2.800% due March 6, 2023	13,158	13,341
	Deutsche BK AG	7,000 Shares 3.375% due May 12, 2021	6,823	7,056
	DH Europe FIN II SARL	8,000 Shares 2.200% due November 15, 2024	8,016	8,011
	Disney Walt Co. New	16,000 Shares 2.350% due December 1, 2022	16,045	16,239
	Duke Energy Corp. New	8,000 Shares 3.750% due April 15, 2024	8,045	8,479
	EQT Corp.	8,000 Shares 3.000% due October 1, 2022	7,721	7,862
	Energy Transfer Partners LP	8,000 Shares 4.050% due March 15, 2025	7,726	8,411
	Enterprise Prods Oper LLC	15,000 Shares 5.200% due September 1, 2020	16,158	15,312
	Enterprise Prods Oper LLC	16,000 Shares 3.750% due February 15, 2025	15,979	17,052
	Express Scripts Hldg Co.	6,000 Shares 4.500% due February 25, 2026	6,313	6,501
	General Elec Cap Corp.	6,000 Shares 6.875% due January 10, 2039	7,285	8,019
	General Mls Inc.	8,000 Shares 4.000% due April 17, 2025	8,212	8,653
	General Mtrs Finl Co. Inc.	7,000 Shares 4.350% due January 17, 2027	7,174	7,359
	Goldman Sachs Group Inc.	33,000 Shares 3.750% due February 25, 2026	33,731	34,931
	Goldman Sachs Group Inc.	12,000 Shares 2.876% due October 31, 2022	11,909	12,170
	Home Depot Inc.	16,000 Shares 2.000% due April 1, 2021	15,943	16,039
	Home Depot Inc. Unsecd	8,000 Shares 2.125% due September 15, 2026	8,028	7,996
	HSBC Hldgs PLC	9,000 Shares 5.100% due April 5, 2021	9,789	9,334
	International Business Machs	14,000 Shares 4.000% due June 20, 2042	14,233	15,469
	iShares	4,826 Shares Core US Aggregate Bond ETF	528,473	542,298
	iShares	3,681 Shares Short Treas Bond ETF	406,248	406,603
	JPMorgan Chase & Co.	33,000 Shares 3.875% due February 1, 2024	34,548	35,224
	JPMorgan Chase & Co.	15,000 Shares 3.797% due July 23, 2024	15,044	15,811
	Kinder Morgan Energy Partners	10,000 Shares 4.150% due February 1, 2024	10,192	10,606
	Lockheed Martin Corp.	16,000 Shares 2.500% due November 23, 2020	16,176	16,084
	Loomis Sayles Securitized Asset	57,318 Shares	581,120	561,141
	Loomis Sayles High Income	10,597 Shares	109,151	111,906
	Marsh & McLennan Companies Inc.	32,000 Shares 3.875% due March 15, 2024	32,126	34,138
	McKesson Corp. New	7,000 Shares 3.950% due February 16, 2028	6,973	7,468
	Microsoft Corp.	24,000 Shares 3.750% due February 12, 2045	23,763	27,294
	Morgan Stanley	13,000 Shares 3.875% due April 29, 2024	13,005	13,820
	Morgan Stanley	34,000 Shares 3.700% due October 23, 2024	34,742	36,118
	Oracle Corp.	16,000 Shares 2.950% due May 15, 2025	16,030	16,657
	Orix Corp.	7,000 Shares 2.900% due July 18, 2022	7,018	7,137
	Santander Hldgs. USA Inc.	7,000 Shares 3.500% due June 7, 2024	7,194	7,202
	Subtotal Corporate Obligations and U.S. Government Securities		3,812,680	3,887,766

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Corporate Obligations and U.S. Government Securities								
	Shell Intl Fin B V	5,000	Shares	6.375%	due	December 15, 2038	\$ 6,425	\$ 7,298
	Shell Intl Fin B V	15,000	Shares	4.000%	due	May 10, 2046	17,707	17,094
	Shire Acquisitions Invts Ireland	18,000	Shares	2.400%	due	September 23, 2021	17,815	18,102
	Southern Co. Unsecd SR NT	17,000	Shares	3.250%	due	July 1, 2026	16,546	17,712
	Starbucks Corp.	7,000	Shares	3.800%	due	August 15, 2025	6,961	7,543
	SunTrust BK Atlanta GA	8,000	Shares	2.800%	due	May 17, 2022	8,126	8,152
	Thermo Fisher Scientific Inc.	8,000	Shares	3.000%	due	April 15, 2023	8,206	8,226
	Toronto Dominion BK Unsecd SR	34,000	Shares	3.250%	due	June 11, 2021	34,073	34,725
	United Technologies Corp.	7,000	Shares	3.650%	due	August 16, 2023	7,032	7,381
	Vanguard	5,025	Shares			Short Term Corporate ETF	400,561	407,175
	Verizon Communications Inc.	6,000	Shares	4.400%	due	November 1, 2034	5,765	6,956
	Verizon Communications Inc.	33,000	Shares	3.376%	due	February 15, 2025	31,856	34,957
	Virginia Elec & Pwr Co.	7,000	Shares	3.150%	due	January 15, 2026	7,034	7,318
	Visa Inc.	15,000	Shares	4.300%	due	December 14, 2045	16,209	18,440
	VMware Inc.	8,000	Shares	2.950%	due	August 21, 2022	7,976	8,152
	Vodafone Group PLC New	6,000	Shares	4.125%	due	May 30, 2025	6,011	6,518
	Walmart Inc.	31,000	Shares	3.700%	due	June 26, 2028	31,033	34,155
	Wells Fargo & Co.	11,000	Shares	3.000%	due	February 19, 2025	11,136	11,351
	Westpac Banking Corp.	7,000	Shares	2.500%	due	June 28, 2022	6,932	7,083
	Total Corporate Obligations and U.S. Government Securities						4,460,084	4,556,104
	Total Assets Held at End of Year							\$ 13,614,905

* Party-in-Interest