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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GENERAL PHYSICIAN, P. C. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
GENERAL PHYSICIAN, P.C.

726 EXCHANGE STREET
SUITE 710
BUFFALO, NY 14210-1462

2b Employer Identification Number (EIN) 16-1460136

2c Plan Sponsor's telephone number 716-422-2681

2d Business code (see instructions) 621399

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2021	JEFFREY ROHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2021	JEFFREY ROHL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	1074
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	**6a(1)**	978
a(2) Total number of active participants at the end of the plan year	**6a(2)**	997
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	139
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1137
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1137
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

2E 2F 2G 2J 2T 3D 3H

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
GENERAL PHYSICIAN, P. C. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL PHYSICIAN, P.C.

D Employer Identification Number (EIN)
16-1460136

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	075524	1137	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1190919
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	853294
c	Additions: (1) Contributions deposited during the year	7c(1)	306777		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	24950		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	214485		
	▶ MISCELLANEOUS IN TRANSFERS IN				
	(6) Total additions			7c(6)	546212
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1399506
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9538		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	199049		
	▶ FORFEITURES DEBITS MISCELLANEOUS OUT TRANSFERS OUT				
	(5) Total deductions			7e(5)	208587
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1190919

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶	
GENERAL PHYSICIAN, P. C. 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
GENERAL PHYSICIAN, P.C.	16-1460136	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

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

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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50 64	NONE	72624	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GLOBAL RETIREMENT PARNTERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	12500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAWLEY RETIREMENT ADVIORS, LLC

27-4034238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	10000	Yes [ ] No [X]	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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
GENERAL PHYSICIAN, P. C. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL PHYSICIAN, P.C.

D Employer Identification Number (EIN)
16-1460136

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	64117
(2) Participant contributions	1b(2)	0	112585
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22567965	32556714
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	853294	1190919
(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	23421259	33924335
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	23421259	33924335

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2410220	
	(B) Participants	2a(1)(B)	4595298	
	(C) Others (including rollovers)	2a(1)(C)	925014	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7930532
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)	24951	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24951
	(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)	454977	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		454977
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		4301263
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12711723
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2113371	
(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)		2113371
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	95276	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		95276
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2208647
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10503076
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)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: TRONCONI SEGARRA & ASSOCIATES, LLP **(2)** EIN: 04-3728817

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
GENERAL PHYSICIAN, P. C. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL PHYSICIAN, P.C.

D Employer Identification Number (EIN)
16-1460136

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): 22-1211670

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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_____

General Physician, P.C.
401(k) Plan

Financial Statements and
Supplemental Schedule

December 31, 2020 and 2019

General Physician, P.C. 401(k) Plan

Financial Statements

Table of Contents

Page

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits 1

Statements of Changes in Net Assets Available for Benefits 2

Notes to Financial Statements 3-9

Supplemental Schedule

Schedule of Assets (Held at End of Year) 10

TRONCONI SEGARRA & ASSOCIATES LLP
Certified Public Accountants
Business Consultants

Independent Auditors' Report

To the Plan Sponsor and Participants of the
General Physician, P.C. 401(k) Plan
Buffalo, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the General Physician, P.C. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 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 Note 3, which was certified by John Hancock Life Insurance Company of New York, the former Custodian of the Plan, and The Prudential Insurance Company of America, 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 Prudential Insurance Company of America ("Prudential" or the "Trustee") held the Plan's investment assets and executed investment transactions for the year ended December 31, 2020 and from October 1, 2019 to December 31, 2019, and that John Hancock Life Insurance Company of New York ("John Hancock" or the "former Custodian") held the Plan's investment assets and executed investment transactions for the period January 1, 2019 to September 30, 2019. The Plan Administrator has obtained certifications from the former Custodian and Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustees 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 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 supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the former Custodian and 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.

Troncoi Segura & Associates LLP

Williamsville, New York
September 30, 2021

General Physician, P.C. 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Investments, at fair value	$ 32,556,714	$ 22,567,965
Investment, at contract value	1,190,919	853,294
Receivables		
Employer contributions	64,117	0
Participant contributions	112,585	0
Total receivables	176,702	0
Total assets	33,924,335	23,421,259
Net Assets Available for Benefits	$ 33,924,335	$ 23,421,259

See independent auditors' report and notes to financial statements.

General Physician, P.C. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2020 and 2019

	2020	2019
Additions to Net Assets Attributed to:		
Investment income		
Interest and dividends	$ 479,928	$ 329,442
Net appreciation in fair value of investments	4,301,263	3,433,079
Total investment income	4,781,191	3,762,521
Contributions		
Employer	2,410,220	2,039,669
Participant	4,595,298	3,947,677
Rollovers	925,014	893,244
Total contributions	7,930,532	6,880,590
Total additions	12,711,723	10,643,111
Deductions from Net Assets Attributed to:		
Benefits paid to participants	2,113,371	1,866,499
Administrative expenses	95,276	94,486
Total deductions	2,208,647	1,960,985
Net increase	10,503,076	8,682,126
Net Assets Available for Benefits		
Beginning of year	23,421,259	14,739,133
End of year	$ 33,924,335	$ 23,421,259

See independent auditors' report and notes to financial statements.

General Physician, P.C. 401(k) Plan
Notes to Financial Statements

1. Description of Plan

The following description of the General Physician, P.C. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a volume submitter 401(k) profit sharing plan, sponsored by General Physician, P.C. (the "Plan Sponsor"). The Plan covers substantially all employees of the Plan Sponsor. In accordance with the Plan agreement, the following classes of employees are excluded from eligibility:

- Union employees;
- Non-resident aliens; and
- Leased employees.

The Plan, established effective January 1, 2010, was subsequently amended and restated most recently on October 1, 2019 to transfer the responsibility of holding the Plan's investments and executing investment transactions from John Hancock Life Insurance Company of New York as the former Custodian ("John Hancock" or the "former Custodian") to The Prudential Insurance Company of America as the Trustee ("Prudential" or the "Trustee").

In response to the impacts of the COVID-19 (Coronavirus) pandemic, the Plan implemented regulations available to employee benefit plans under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act during the year ended December 31, 2020. The CARES Act, among other things, temporarily waived all required minimum distributions for calendar year 2020 and provided participants with penalty-free access to their balances up to $100,000 subject to certain eligibility criteria if distributed prior to January 1, 2021. Plan management effectuated a Plan amendment on April 20, 2020 to allow for the aforementioned relief options.

Contributions – Participants may elect to contribute to the Plan amounts equal to a full percentage between 1% and 100% of the participant's eligible compensation, limited to the amount imposed by law. Participants can make Roth contributions into the Plan. Additionally, participants age 50 or older can elect to make a catch-up contribution limited to the amount imposed by law.

The Plan Sponsor, at its discretion, may make a pro-rata profit sharing contribution to certain eligible participants based on each eligible participant's compensation for the Plan year. Profit sharing contributions may be made to eligible participants who have completed one year of service and are current employees on the last day of the Plan year. The Plan Sponsor made no profit sharing contributions for the years ended December 31, 2020 and 2019, respectively. The Plan Sponsor also makes a Safe Harbor non-elective

1. Description of Plan (Continued)

contribution in the amount of 3% of each eligible participant's compensation. The Plan Sponsor made Safe Harbor non-elective contributions of $2,410,220 and $2,039,669 for the years ended December 31, 2020 and 2019, respectively.

Participant Accounts – Individual accounts are maintained for each Plan participant. Participant accounts are increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts are decreased by participant distributions, the participant's share of Plan losses, and certain administrative expenses. The allocation of earnings and losses to participant accounts is based on the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions and rollovers and Plan Sponsor Safe Harbor contributions and actual earnings thereon. Participants vest in Plan Sponsor profit sharing contributions and actual earnings thereon at 20% after two years of service and 20% each year of service thereafter, becoming fully vested after six years.

Payment of Benefits – Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum distribution equal to his or her vested account or may elect to receive the distributions through installment payments over various lengths of time. Hardship withdrawals, as defined by the Internal Revenue Code (the "Code"), are available to participants from all or part of the vested portion of their individual account, subject to the provisions specified in the Plan agreement.

Forfeitures – Forfeited Plan Sponsor profit sharing contributions are used to reduce any Plan Sponsor profit sharing or Safe Harbor contributions. Forfeitures available for use amounts to $875 and $0 at December 31, 2020 and 2019, respectively.

Income Taxes – The Plan Sponsor obtained a letter dated March 31, 2014, in which the Internal Revenue Service ("IRS") stated that the volume submitter profit sharing plan is qualified under Section 401(a) of the Code. An adopting employer may rely upon that letter with respect to qualification of its plan under Section 401(a) of the Code. Although the Plan was restated subsequent to the IRS determination letter, the Plan Administrator believes that the Plan is operating in compliance with the requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Plan Termination – Although it has not expressed intent to do so, the Plan Sponsor has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value and are administered by the Plan's Trustee, Prudential Retirement Insurance and Annuity Company, except for the fully benefit-responsive investment contract, which is reported at contract value. Plan investments were previously administered by the Plan's former Custodian. 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 fair market value of the pooled separate accounts is based upon quoted market prices of the underlying investments. Shares of mutual funds are valued at quoted market prices which represent net asset value of shares held by the Plan at year-end.

Units held in the guaranteed interest account consist of holdings in a fully benefit-responsive investment contract and are reported at contract value in the accompanying statements of net assets available for benefits. Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investments contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation in fair value of investments, which includes both realized gains and losses and unrealized appreciation (depreciation) in the fair value of investments. Realized gains and losses on disposition of investments are based upon actual costs and selling prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain accounting and administrative expenses of the Plan are paid by the Plan Sponsor. Expenses relating to certain investment activity are paid by participants from their respective individual accounts. Expenses related to certain recordkeeping functions are paid by the Plan.

2. Summary of Significant Accounting Policies (continued)

Party-In-Interest Transactions – All of the Plan's investments are units of participation in pooled separate accounts maintained by John Hancock for the period January 1, 2019 through September 30, 2019 and in mutual funds and a guaranteed income fund maintained by Prudential as of and for year ended December 31, 2020 and for the period October 1, 2019 through December 31, 2019. Prudential is the Trustee and John Hancock was the former Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Accounting Changes – In August 2018, the FASB issued Accounting Standards Update 2018-13, *Fair Value Measurement – Disclosure Framework (Topic 820).* The updated guidance improves disclosure requirements on fair value measurements, and is effective for fiscal years beginning after December 15, 2019, with early adoption permitted for any removed or modified disclosures. The amendments of this update were applied by the Plan for the years ended December 31, 2020 and 2019, which did not have a material impact on the Plan's financial statements.

Subsequent Events – Plan management has evaluated subsequent events for recognition or disclosure through September 30, 2021, the date the accompanying financial statements were available to be issued. In February 2021, the Plan Sponsor acquired a medical practice. The employees of the acquired medical practice became eligible participants of the Plan at the date of acquisition. Through the date the financial statements were available to be issued, no plan assets from the acquired entity's employee benefit plan have been transferred or merged into the Plan.

3. Information Certified by the Custodian and Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Prudential and John Hancock also certified net appreciation in fair value of investments of $4,301,263 and $3,443,079 and interest and dividends from investments of $479,928 and $329,442 for the years ended December 31, 2020 and 2019, respectively.

	2020	2019
Prudential Retirement Insurance and Annuity Company		
Mutual Funds	$ 32,556,714	$ 22,567,965
Guaranteed Income Fund	1,190,919	853,294
	$ 33,747,633	$ 23,421,259

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date. There were mutual funds that utilized Level 1 inputs as the primary measure of fair value totaling $32,556,714 and $22,567,965 as of December 31, 2020 and 2019, respectively.

- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. Also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security. There were no assets that utilized Level 2 inputs as the primary measure of fair value as of December 31, 2020 and 2019, respectively.

4. Fair Value Measurements (continued)

- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets that utilized Level 3 inputs as the primary measure of fair value as of December 31, 2020 and 2019.

The asset 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.

As of December 31, 2020 and 2019, the mutual funds held by the Plan were valued based at the daily closing price as reported by the funds and were deemed to be actively traded. These funds were required to publish daily net asset value and transact at that price.

5. Guaranteed Investment Contract with Insurance Company

The Plan has entered into a traditional fully benefit-responsive investment contract (the "Contract") with the Trustee. The Trustee maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented in the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020 and 2019 was $1,190,919 and $853,294, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a bi-annual basis.

5. Guaranteed Investment Contract with Insurance Company (continued)

Certain events limit the Plan's ability to transact at contract value with the Trustee. Such events include (1) amendments to the Plan documents (including complete and partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption under ERISA. The Plan Administrator believes that any events that limit the Plan's ability to transact at contract value with participants are not probable to occur.

Supplemental Schedule

General Physician, P.C. 401(k) Plan

Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2020

EIN: #16-1460136
Plan: #001

(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	(e) Current Value
*	***Prudential Retirement Insurance and Annuity Company***	Guaranteed Income Fund	$ 1,190,919
	Prudential Mutual Funds		
	American Funds New World Fund	Mutual Funds	331,771
	T. Rowe Price Blue Chip Growth I Fund	Mutual Funds	1,125,197
	Janus Henderson Venture Fund	Mutual Funds	198,356
	JP Morgan Large Cap Value Fund	Mutual Funds	360,121
	Blackrock Mid-Cap Growth Equity Fund	Mutual Funds	642,508
	American Century Mid-Cap Value Fund	Mutual Funds	54,793
	American Funds 2010 Target Date Retirement Fund	Mutual Funds	339,648
	American Funds 2015 Target Date Retirement Fund	Mutual Funds	944,194
	American Funds 2020 Target Date Retirement Fund	Mutual Funds	3,694,195
	American Funds 2025 Target Date Retirement Fund	Mutual Funds	3,442,790
	American Funds 2030 Target Date Retirement Fund	Mutual Funds	4,546,015
	American Funds 2035 Target Date Retirement Fund	Mutual Funds	3,146,611
	American Funds 2040 Target Date Retirement Fund	Mutual Funds	3,129,540
	American Funds 2045 Target Date Retirement Fund	Mutual Funds	1,797,926
	American Funds 2050 Target Date Retirement Fund	Mutual Funds	2,581,168
	American Funds 2055 Target Date Retirement Fund	Mutual Funds	1,580,330
	American Funds 2060 Target Date Retirement Fund	Mutual Funds	842,900
	MFS International Diversification Fund	Mutual Funds	394,962
	PGIM Total Return Bond Fund	Mutual Funds	690,665
	MFS New Discovery Value Fund	Mutual Funds	67,059
	Fidelity 500 Index Fund	Mutual Funds	1,772,050
	Fidelity Mid-Cap Index Fund	Mutual Funds	404,393
	Fidelity Small Cap Index Fund	Mutual Funds	469,522
			$ 33,747,633

* Party-in-interest

See independent auditors' report.

General Physician, P.C.
401(k) Plan

Financial Statements and
Supplemental Schedule

December 31, 2020 and 2019

General Physician, P.C. 401(k) Plan

Financial Statements

Table of Contents

Page

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits 1

Statements of Changes in Net Assets Available for Benefits 2

Notes to Financial Statements 3-9

Supplemental Schedule

Schedule of Assets (Held at End of Year) 10

TRONCONI SEGARRA & ASSOCIATES LLP
Certified Public Accountants
Business Consultants

Independent Auditors' Report

To the Plan Sponsor and Participants of the
General Physician, P.C. 401(k) Plan
Buffalo, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the General Physician, P.C. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 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 Note 3, which was certified by John Hancock Life Insurance Company of New York, the former Custodian of the Plan, and The Prudential Insurance Company of America, 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 Prudential Insurance Company of America ("Prudential" or the "Trustee") held the Plan's investment assets and executed investment transactions for the year ended December 31, 2020 and from October 1, 2019 to December 31, 2019, and that John Hancock Life Insurance Company of New York ("John Hancock" or the "former Custodian") held the Plan's investment assets and executed investment transactions for the period January 1, 2019 to September 30, 2019. The Plan Administrator has obtained certifications from the former Custodian and Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustees 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 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 supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the former Custodian and 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.

Troncoi Segura & Associates LLP

Williamsville, New York
September 30, 2021

General Physician, P.C. 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Investments, at fair value	$ 32,556,714	$ 22,567,965
Investment, at contract value	1,190,919	853,294
Receivables		
Employer contributions	64,117	0
Participant contributions	112,585	0
Total receivables	176,702	0
Total assets	33,924,335	23,421,259
Net Assets Available for Benefits	$ 33,924,335	$ 23,421,259

See independent auditors' report and notes to financial statements.

General Physician, P.C. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2020 and 2019

	2020	2019
Additions to Net Assets Attributed to:		
Investment income		
Interest and dividends	$ 479,928	$ 329,442
Net appreciation in fair value of investments	4,301,263	3,433,079
Total investment income	4,781,191	3,762,521
Contributions		
Employer	2,410,220	2,039,669
Participant	4,595,298	3,947,677
Rollovers	925,014	893,244
Total contributions	7,930,532	6,880,590
Total additions	12,711,723	10,643,111
Deductions from Net Assets Attributed to:		
Benefits paid to participants	2,113,371	1,866,499
Administrative expenses	95,276	94,486
Total deductions	2,208,647	1,960,985
Net increase	10,503,076	8,682,126
Net Assets Available for Benefits		
Beginning of year	23,421,259	14,739,133
End of year	$ 33,924,335	$ 23,421,259

See independent auditors' report and notes to financial statements.

General Physician, P.C. 401(k) Plan
Notes to Financial Statements

1. Description of Plan

The following description of the General Physician, P.C. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a volume submitter 401(k) profit sharing plan, sponsored by General Physician, P.C. (the "Plan Sponsor"). The Plan covers substantially all employees of the Plan Sponsor. In accordance with the Plan agreement, the following classes of employees are excluded from eligibility:

- Union employees;
- Non-resident aliens; and
- Leased employees.

The Plan, established effective January 1, 2010, was subsequently amended and restated most recently on October 1, 2019 to transfer the responsibility of holding the Plan's investments and executing investment transactions from John Hancock Life Insurance Company of New York as the former Custodian ("John Hancock" or the "former Custodian") to The Prudential Insurance Company of America as the Trustee ("Prudential" or the "Trustee").

In response to the impacts of the COVID-19 (Coronavirus) pandemic, the Plan implemented regulations available to employee benefit plans under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act during the year ended December 31, 2020. The CARES Act, among other things, temporarily waived all required minimum distributions for calendar year 2020 and provided participants with penalty-free access to their balances up to $100,000 subject to certain eligibility criteria if distributed prior to January 1, 2021. Plan management effectuated a Plan amendment on April 20, 2020 to allow for the aforementioned relief options.

Contributions – Participants may elect to contribute to the Plan amounts equal to a full percentage between 1% and 100% of the participant's eligible compensation, limited to the amount imposed by law. Participants can make Roth contributions into the Plan. Additionally, participants age 50 or older can elect to make a catch-up contribution limited to the amount imposed by law.

The Plan Sponsor, at its discretion, may make a pro-rata profit sharing contribution to certain eligible participants based on each eligible participant's compensation for the Plan year. Profit sharing contributions may be made to eligible participants who have completed one year of service and are current employees on the last day of the Plan year. The Plan Sponsor made no profit sharing contributions for the years ended December 31, 2020 and 2019, respectively. The Plan Sponsor also makes a Safe Harbor non-elective

1. Description of Plan (Continued)

contribution in the amount of 3% of each eligible participant's compensation. The Plan Sponsor made Safe Harbor non-elective contributions of $2,410,220 and $2,039,669 for the years ended December 31, 2020 and 2019, respectively.

Participant Accounts – Individual accounts are maintained for each Plan participant. Participant accounts are increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts are decreased by participant distributions, the participant's share of Plan losses, and certain administrative expenses. The allocation of earnings and losses to participant accounts is based on the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions and rollovers and Plan Sponsor Safe Harbor contributions and actual earnings thereon. Participants vest in Plan Sponsor profit sharing contributions and actual earnings thereon at 20% after two years of service and 20% each year of service thereafter, becoming fully vested after six years.

Payment of Benefits – Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum distribution equal to his or her vested account or may elect to receive the distributions through installment payments over various lengths of time. Hardship withdrawals, as defined by the Internal Revenue Code (the "Code"), are available to participants from all or part of the vested portion of their individual account, subject to the provisions specified in the Plan agreement.

Forfeitures – Forfeited Plan Sponsor profit sharing contributions are used to reduce any Plan Sponsor profit sharing or Safe Harbor contributions. Forfeitures available for use amounts to $875 and $0 at December 31, 2020 and 2019, respectively.

Income Taxes – The Plan Sponsor obtained a letter dated March 31, 2014, in which the Internal Revenue Service ("IRS") stated that the volume submitter profit sharing plan is qualified under Section 401(a) of the Code. An adopting employer may rely upon that letter with respect to qualification of its plan under Section 401(a) of the Code. Although the Plan was restated subsequent to the IRS determination letter, the Plan Administrator believes that the Plan is operating in compliance with the requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Plan Termination – Although it has not expressed intent to do so, the Plan Sponsor has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value and are administered by the Plan's Trustee, Prudential Retirement Insurance and Annuity Company, except for the fully benefit-responsive investment contract, which is reported at contract value. Plan investments were previously administered by the Plan's former Custodian. 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 fair market value of the pooled separate accounts is based upon quoted market prices of the underlying investments. Shares of mutual funds are valued at quoted market prices which represent net asset value of shares held by the Plan at year-end.

Units held in the guaranteed interest account consist of holdings in a fully benefit-responsive investment contract and are reported at contract value in the accompanying statements of net assets available for benefits. Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investments contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation in fair value of investments, which includes both realized gains and losses and unrealized appreciation (depreciation) in the fair value of investments. Realized gains and losses on disposition of investments are based upon actual costs and selling prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain accounting and administrative expenses of the Plan are paid by the Plan Sponsor. Expenses relating to certain investment activity are paid by participants from their respective individual accounts. Expenses related to certain recordkeeping functions are paid by the Plan.

2. Summary of Significant Accounting Policies (continued)

Party-In-Interest Transactions – All of the Plan's investments are units of participation in pooled separate accounts maintained by John Hancock for the period January 1, 2019 through September 30, 2019 and in mutual funds and a guaranteed income fund maintained by Prudential as of and for year ended December 31, 2020 and for the period October 1, 2019 through December 31, 2019. Prudential is the Trustee and John Hancock was the former Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Accounting Changes – In August 2018, the FASB issued Accounting Standards Update 2018-13, *Fair Value Measurement – Disclosure Framework (Topic 820).* The updated guidance improves disclosure requirements on fair value measurements, and is effective for fiscal years beginning after December 15, 2019, with early adoption permitted for any removed or modified disclosures. The amendments of this update were applied by the Plan for the years ended December 31, 2020 and 2019, which did not have a material impact on the Plan's financial statements.

Subsequent Events – Plan management has evaluated subsequent events for recognition or disclosure through September 30, 2021, the date the accompanying financial statements were available to be issued. In February 2021, the Plan Sponsor acquired a medical practice. The employees of the acquired medical practice became eligible participants of the Plan at the date of acquisition. Through the date the financial statements were available to be issued, no plan assets from the acquired entity's employee benefit plan have been transferred or merged into the Plan.

3. Information Certified by the Custodian and Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Prudential and John Hancock also certified net appreciation in fair value of investments of $4,301,263 and $3,443,079 and interest and dividends from investments of $479,928 and $329,442 for the years ended December 31, 2020 and 2019, respectively.

	2020	2019
Prudential Retirement Insurance and Annuity Company		
Mutual Funds	$ 32,556,714	$ 22,567,965
Guaranteed Income Fund	1,190,919	853,294
	$ 33,747,633	$ 23,421,259

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date. There were mutual funds that utilized Level 1 inputs as the primary measure of fair value totaling $32,556,714 and $22,567,965 as of December 31, 2020 and 2019, respectively.

- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. Also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security. There were no assets that utilized Level 2 inputs as the primary measure of fair value as of December 31, 2020 and 2019, respectively.

4. Fair Value Measurements (continued)

- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets that utilized Level 3 inputs as the primary measure of fair value as of December 31, 2020 and 2019.

The asset 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.

As of December 31, 2020 and 2019, the mutual funds held by the Plan were valued based at the daily closing price as reported by the funds and were deemed to be actively traded. These funds were required to publish daily net asset value and transact at that price.

5. Guaranteed Investment Contract with Insurance Company

The Plan has entered into a traditional fully benefit-responsive investment contract (the "Contract") with the Trustee. The Trustee maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented in the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020 and 2019 was $1,190,919 and $853,294, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a bi-annual basis.

5. Guaranteed Investment Contract with Insurance Company (continued)

Certain events limit the Plan's ability to transact at contract value with the Trustee. Such events include (1) amendments to the Plan documents (including complete and partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption under ERISA. The Plan Administrator believes that any events that limit the Plan's ability to transact at contract value with participants are not probable to occur.

Supplemental Schedule

General Physician, P.C. 401(k) Plan

Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2020

EIN: #16-1460136
Plan: #001

(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	(e) Current Value
*	***Prudential Retirement Insurance and Annuity Company***	Guaranteed Income Fund	$ 1,190,919
	Prudential Mutual Funds		
	American Funds New World Fund	Mutual Funds	331,771
	T. Rowe Price Blue Chip Growth I Fund	Mutual Funds	1,125,197
	Janus Henderson Venture Fund	Mutual Funds	198,356
	JP Morgan Large Cap Value Fund	Mutual Funds	360,121
	Blackrock Mid-Cap Growth Equity Fund	Mutual Funds	642,508
	American Century Mid-Cap Value Fund	Mutual Funds	54,793
	American Funds 2010 Target Date Retirement Fund	Mutual Funds	339,648
	American Funds 2015 Target Date Retirement Fund	Mutual Funds	944,194
	American Funds 2020 Target Date Retirement Fund	Mutual Funds	3,694,195
	American Funds 2025 Target Date Retirement Fund	Mutual Funds	3,442,790
	American Funds 2030 Target Date Retirement Fund	Mutual Funds	4,546,015
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	American Funds 2040 Target Date Retirement Fund	Mutual Funds	3,129,540
	American Funds 2045 Target Date Retirement Fund	Mutual Funds	1,797,926
	American Funds 2050 Target Date Retirement Fund	Mutual Funds	2,581,168
	American Funds 2055 Target Date Retirement Fund	Mutual Funds	1,580,330
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	MFS International Diversification Fund	Mutual Funds	394,962
	PGIM Total Return Bond Fund	Mutual Funds	690,665
	MFS New Discovery Value Fund	Mutual Funds	67,059
	Fidelity 500 Index Fund	Mutual Funds	1,772,050
	Fidelity Mid-Cap Index Fund	Mutual Funds	404,393
	Fidelity Small Cap Index Fund	Mutual Funds	469,522
			$ 33,747,633

* Party-in-interest

See independent auditors' report.

General Physician, P.C.
401(k) Plan

Financial Statements and
Supplemental Schedule

December 31, 2020 and 2019

General Physician, P.C. 401(k) Plan

Financial Statements

Table of Contents

Page

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits 1

Statements of Changes in Net Assets Available for Benefits 2

Notes to Financial Statements 3-9

Supplemental Schedule

Schedule of Assets (Held at End of Year) 10

TRONCONI SEGARRA & ASSOCIATES LLP
Certified Public Accountants
Business Consultants

Independent Auditors' Report

To the Plan Sponsor and Participants of the
General Physician, P.C. 401(k) Plan
Buffalo, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the General Physician, P.C. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 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 Note 3, which was certified by John Hancock Life Insurance Company of New York, the former Custodian of the Plan, and The Prudential Insurance Company of America, 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 Prudential Insurance Company of America ("Prudential" or the "Trustee") held the Plan's investment assets and executed investment transactions for the year ended December 31, 2020 and from October 1, 2019 to December 31, 2019, and that John Hancock Life Insurance Company of New York ("John Hancock" or the "former Custodian") held the Plan's investment assets and executed investment transactions for the period January 1, 2019 to September 30, 2019. The Plan Administrator has obtained certifications from the former Custodian and Trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustees 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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020 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 supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the former Custodian and 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.

Troncoi Segura & Associates LLP

Williamsville, New York
September 30, 2021

General Physician, P.C. 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Investments, at fair value	$ 32,556,714	$ 22,567,965
Investment, at contract value	1,190,919	853,294
Receivables		
Employer contributions	64,117	0
Participant contributions	112,585	0
Total receivables	176,702	0
Total assets	33,924,335	23,421,259
Net Assets Available for Benefits	$ 33,924,335	$ 23,421,259

See independent auditors' report and notes to financial statements.

General Physician, P.C. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2020 and 2019

	2020	2019
Additions to Net Assets Attributed to:		
Investment income		
Interest and dividends	$ 479,928	$ 329,442
Net appreciation in fair value of investments	4,301,263	3,433,079
Total investment income	4,781,191	3,762,521
Contributions		
Employer	2,410,220	2,039,669
Participant	4,595,298	3,947,677
Rollovers	925,014	893,244
Total contributions	7,930,532	6,880,590
Total additions	12,711,723	10,643,111
Deductions from Net Assets Attributed to:		
Benefits paid to participants	2,113,371	1,866,499
Administrative expenses	95,276	94,486
Total deductions	2,208,647	1,960,985
Net increase	10,503,076	8,682,126
Net Assets Available for Benefits		
Beginning of year	23,421,259	14,739,133
End of year	$ 33,924,335	$ 23,421,259

See independent auditors' report and notes to financial statements.

General Physician, P.C. 401(k) Plan
Notes to Financial Statements

1. Description of Plan

The following description of the General Physician, P.C. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a volume submitter 401(k) profit sharing plan, sponsored by General Physician, P.C. (the "Plan Sponsor"). The Plan covers substantially all employees of the Plan Sponsor. In accordance with the Plan agreement, the following classes of employees are excluded from eligibility:

- Union employees;
- Non-resident aliens; and
- Leased employees.

The Plan, established effective January 1, 2010, was subsequently amended and restated most recently on October 1, 2019 to transfer the responsibility of holding the Plan's investments and executing investment transactions from John Hancock Life Insurance Company of New York as the former Custodian ("John Hancock" or the "former Custodian") to The Prudential Insurance Company of America as the Trustee ("Prudential" or the "Trustee").

In response to the impacts of the COVID-19 (Coronavirus) pandemic, the Plan implemented regulations available to employee benefit plans under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act during the year ended December 31, 2020. The CARES Act, among other things, temporarily waived all required minimum distributions for calendar year 2020 and provided participants with penalty-free access to their balances up to $100,000 subject to certain eligibility criteria if distributed prior to January 1, 2021. Plan management effectuated a Plan amendment on April 20, 2020 to allow for the aforementioned relief options.

Contributions – Participants may elect to contribute to the Plan amounts equal to a full percentage between 1% and 100% of the participant's eligible compensation, limited to the amount imposed by law. Participants can make Roth contributions into the Plan. Additionally, participants age 50 or older can elect to make a catch-up contribution limited to the amount imposed by law.

The Plan Sponsor, at its discretion, may make a pro-rata profit sharing contribution to certain eligible participants based on each eligible participant's compensation for the Plan year. Profit sharing contributions may be made to eligible participants who have completed one year of service and are current employees on the last day of the Plan year. The Plan Sponsor made no profit sharing contributions for the years ended December 31, 2020 and 2019, respectively. The Plan Sponsor also makes a Safe Harbor non-elective

1. Description of Plan (Continued)

contribution in the amount of 3% of each eligible participant's compensation. The Plan Sponsor made Safe Harbor non-elective contributions of $2,410,220 and $2,039,669 for the years ended December 31, 2020 and 2019, respectively.

Participant Accounts – Individual accounts are maintained for each Plan participant. Participant accounts are increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts are decreased by participant distributions, the participant's share of Plan losses, and certain administrative expenses. The allocation of earnings and losses to participant accounts is based on the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions and rollovers and Plan Sponsor Safe Harbor contributions and actual earnings thereon. Participants vest in Plan Sponsor profit sharing contributions and actual earnings thereon at 20% after two years of service and 20% each year of service thereafter, becoming fully vested after six years.

Payment of Benefits – Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum distribution equal to his or her vested account or may elect to receive the distributions through installment payments over various lengths of time. Hardship withdrawals, as defined by the Internal Revenue Code (the "Code"), are available to participants from all or part of the vested portion of their individual account, subject to the provisions specified in the Plan agreement.

Forfeitures – Forfeited Plan Sponsor profit sharing contributions are used to reduce any Plan Sponsor profit sharing or Safe Harbor contributions. Forfeitures available for use amounts to $875 and $0 at December 31, 2020 and 2019, respectively.

Income Taxes – The Plan Sponsor obtained a letter dated March 31, 2014, in which the Internal Revenue Service ("IRS") stated that the volume submitter profit sharing plan is qualified under Section 401(a) of the Code. An adopting employer may rely upon that letter with respect to qualification of its plan under Section 401(a) of the Code. Although the Plan was restated subsequent to the IRS determination letter, the Plan Administrator believes that the Plan is operating in compliance with the requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Plan Termination – Although it has not expressed intent to do so, the Plan Sponsor has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value and are administered by the Plan's Trustee, Prudential Retirement Insurance and Annuity Company, except for the fully benefit-responsive investment contract, which is reported at contract value. Plan investments were previously administered by the Plan's former Custodian. 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 fair market value of the pooled separate accounts is based upon quoted market prices of the underlying investments. Shares of mutual funds are valued at quoted market prices which represent net asset value of shares held by the Plan at year-end.

Units held in the guaranteed interest account consist of holdings in a fully benefit-responsive investment contract and are reported at contract value in the accompanying statements of net assets available for benefits. Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investments contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation in fair value of investments, which includes both realized gains and losses and unrealized appreciation (depreciation) in the fair value of investments. Realized gains and losses on disposition of investments are based upon actual costs and selling prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain accounting and administrative expenses of the Plan are paid by the Plan Sponsor. Expenses relating to certain investment activity are paid by participants from their respective individual accounts. Expenses related to certain recordkeeping functions are paid by the Plan.

2. Summary of Significant Accounting Policies (continued)

Party-In-Interest Transactions – All of the Plan's investments are units of participation in pooled separate accounts maintained by John Hancock for the period January 1, 2019 through September 30, 2019 and in mutual funds and a guaranteed income fund maintained by Prudential as of and for year ended December 31, 2020 and for the period October 1, 2019 through December 31, 2019. Prudential is the Trustee and John Hancock was the former Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Accounting Changes – In August 2018, the FASB issued Accounting Standards Update 2018-13, *Fair Value Measurement – Disclosure Framework (Topic 820).* The updated guidance improves disclosure requirements on fair value measurements, and is effective for fiscal years beginning after December 15, 2019, with early adoption permitted for any removed or modified disclosures. The amendments of this update were applied by the Plan for the years ended December 31, 2020 and 2019, which did not have a material impact on the Plan's financial statements.

Subsequent Events – Plan management has evaluated subsequent events for recognition or disclosure through September 30, 2021, the date the accompanying financial statements were available to be issued. In February 2021, the Plan Sponsor acquired a medical practice. The employees of the acquired medical practice became eligible participants of the Plan at the date of acquisition. Through the date the financial statements were available to be issued, no plan assets from the acquired entity's employee benefit plan have been transferred or merged into the Plan.

3. Information Certified by the Custodian and Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Prudential and John Hancock also certified net appreciation in fair value of investments of $4,301,263 and $3,443,079 and interest and dividends from investments of $479,928 and $329,442 for the years ended December 31, 2020 and 2019, respectively.

	2020	2019
Prudential Retirement Insurance and Annuity Company		
Mutual Funds	$ 32,556,714	$ 22,567,965
Guaranteed Income Fund	1,190,919	853,294
	$ 33,747,633	$ 23,421,259

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date. There were mutual funds that utilized Level 1 inputs as the primary measure of fair value totaling $32,556,714 and $22,567,965 as of December 31, 2020 and 2019, respectively.

- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. Also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security. There were no assets that utilized Level 2 inputs as the primary measure of fair value as of December 31, 2020 and 2019, respectively.

4. Fair Value Measurements (continued)

- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets that utilized Level 3 inputs as the primary measure of fair value as of December 31, 2020 and 2019.

The asset 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.

As of December 31, 2020 and 2019, the mutual funds held by the Plan were valued based at the daily closing price as reported by the funds and were deemed to be actively traded. These funds were required to publish daily net asset value and transact at that price.

5. Guaranteed Investment Contract with Insurance Company

The Plan has entered into a traditional fully benefit-responsive investment contract (the "Contract") with the Trustee. The Trustee maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented in the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020 and 2019 was $1,190,919 and $853,294, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a bi-annual basis.

5. Guaranteed Investment Contract with Insurance Company (continued)

Certain events limit the Plan's ability to transact at contract value with the Trustee. Such events include (1) amendments to the Plan documents (including complete and partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption under ERISA. The Plan Administrator believes that any events that limit the Plan's ability to transact at contract value with participants are not probable to occur.

Supplemental Schedule

General Physician, P.C. 401(k) Plan

Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2020

EIN: #16-1460136
Plan: #001

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* Party-in-interest

See independent auditors' report.