

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) HURRICANE HELENE
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MEDICAL ASSOCIATION OF GEORGIA MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 09/01/2012
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) MEDICAL ASSOCIATION OF GEORGIA 1849 THE EXCHANGE ATLANTA, GA 30339
2b	Employer Identification Number (EIN) 58-0605267
2c	Plan Sponsor's telephone number 678-303-9290
2d	Business code (see instructions) 813000

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.	04/24/2025	JEREMY T. BONFINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 789
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 605 6a(2) 657 6b 0 6c 142 6d 799 6e 0 6f 799 6g(1) 705 6g(2) 705 6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2S 2T 2U 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan MEDICAL ASSOCIATION OF GEORGIA MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL ASSOCIATION OF GEORGIA	D Employer Identification Number (EIN) 58-0605267

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).....

No

Yes

☒
- b

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

(b)

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

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

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

MERCER GLOBAL ADVISORS, INC

74-3257877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	98299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACG WEALTH, INC.

22-3857582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	90615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERITAS LIFE INSURANCE CORP

47-0098400

(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?
12 13 15 17 37 38 40 49 50 64 65 99	NONE	80531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESTNET ASSET MANAGEMENT INC

36-4319587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	43626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL ADVISORS INC

74-3257877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	36704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBRIDGE INVESTMENT RESEARCH

39-1897480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	29137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FISHER INVESTMENTS

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	24050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 33 37 50 62 71	NONE	7323	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BLUECHIP WEALTH ADVISORS

20-8906137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	6208	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
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
AVANTIS INVESTORS 360 EAST 2ND STREET LOS ANGELES, CA 90012	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
BLACKROCK 04-6171663	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
EATON VANCE 04-2718215	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
JANUS HENDERSON 43-1804048	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
LEGG MASON P.O. BOX 997152 SACRAMENTO, CA 95899-7152	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
NEUBERGER BERMAN 13-3216325	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
PUTNAM 36-4488942	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
VERACITY FUNDS 20-0872988	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDICAL ASSOCIATION OF GEORGIA MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL ASSOCIATION OF GEORGIA		
		D Employer Identification Number (EIN) 58-0605267

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	4347393	2559583
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	746299	0
(2) Participant contributions	1b(2)	18775	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1586858	1882504
(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)	447477	431197
(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)	60917343	78472481
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	23696700	24683549

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	91760845	108029314
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	37	3198
k Total liabilities (add all amounts in lines 1g through 1j)	1k	37	3198
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	91760808	108026116

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)	2871867	
(B) Participants	2a(1)(B)	3576168	
(C) Others (including rollovers)	2a(1)(C)	750501	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7198536
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33402	
(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)	23500	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		56902
(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)	2107007	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2107007
(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)		
(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)		

		(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)		13729002
c Other income	2c		4974
d Total income. Add all income amounts in column (b) and enter total	2d		23096421

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6407890	
(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)		6407890
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	59964	
(3) Recordkeeping fees.....	2i(3)	22421	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	333515	
(6) Bank or trust company trustee/custodial fees	2i(6)	7323	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		423223
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6831113

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16265308
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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) ☒ 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: MAULDIN & JENKINS, LLC

(2) EIN: 58-0692043

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	☒	☐	779320
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDICAL ASSOCIATION OF GEORGIA MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL ASSOCIATION OF GEORGIA		D Employer Identification Number (EIN) 58-0605267
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): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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	0.00
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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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. _____	

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702939A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MEDICAL ASSOCIATION OF GEORGIA MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	B Three-digit Plan number (PN) ▶	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF MEDICAL ASSOCIATION OF GEORGIA	D Administrator's EIN 58-0605267	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer ADVANCED UROLOGY INSTITUTE OF GEORGIA, PC	2b EIN 45-2317099	2c Percentage of Total Contributions for the Plan Year 0.20	2d Aggregate Account Balances Attributable to Participating Employer 8607840
2a Name of Participating Employer ATLANTA HAND SPECIALIST	2b EIN 27-0904001	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 147847

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTA SOUTHEAST CENTER FOR EPILEPSY & NEURODEVELOPMENT, PC	45-4334973	0.00	636415
DUBLIN EAR, NOSE AND THROAT ASSOC.PC	58-2088030	0.01	476051
JOHN'S CREEK SURGERY, PC	58-2636217	0.04	2104064
MADALYN N. DAVIDOFF, MD, LLC	20-0122841	0.00	15678
MCCLINTON ENT OF NEWNAN LLC	83-3274888	0.01	263615
MEDICAL ASSOCIATION OF GA	58-0605267	0.01	1533498
NORTH FULTON ANES ASSOC	58-1634014	0.07	16391478
PEDIATRIC EMERGENCY MEDICINE ASSOCIATES, LLC.	58-2518627	0.52	66778127
TRI COUNTY INTERNAL MEDICINE, P.C.	58-2635783	0.02	3167677

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer WEST GEORGIA INTERNAL MEDICINE P.C.	2b EIN 58-2389726	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 7962471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

GOING
FOR
THE
FUTURE

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K)
PROFIT SHARING PLAN**

FINANCIAL REPORT

DECEMBER 31, 2023



**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K)
PROFIT SHARING PLAN**

FINANCIAL REPORT

DECEMBER 31, 2023

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN**

**FINANCIAL REPORT
DECEMBER 31, 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Medical Association of Georgia
Multiple Employer 401(k) Profit Sharing Plan
Atlanta, Georgia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of **Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(c) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management 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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2023 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agree to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mauldin & Jenkins, LLC

Atlanta, Georgia
April 22, 2025

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value	\$ 105,038,534	\$ 86,200,901
Receivables:		
Employer contributions	1,137,731	746,299
Participant contributions	34,345	18,775
Notes receivable from participants	431,197	447,477
Total receivables	<u>1,603,273</u>	<u>1,212,551</u>
Non-interest bearing cash	<u>2,559,583</u>	<u>4,347,393</u>
TOTAL ASSETS	<u>109,201,390</u>	<u>91,760,845</u>
LIABILITIES		
Other liabilities	<u>3,198</u>	<u>37</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 109,198,192</u></u>	<u><u>\$ 91,760,808</u></u>

See Notes to Financial Statements.

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 13,223,312
Interest and dividends	2,651,073
Total investment income	<u>15,874,385</u>

Interest income from notes receivable from participants	<u>23,500</u>
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Contributions:

Employer	4,009,598
Participant	3,610,513
Rollover	750,501
Total contributions	<u>8,370,612</u>

Total additions	<u>24,268,497</u>
------------------------	-------------------

Deductions from net assets attributed to:

Benefits paid to participants	6,407,890
Administrative expenses	423,223
Total deductions	<u>6,831,113</u>

Net increase	<u>17,437,384</u>
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Net assets available for benefits:

Beginning of year	<u>91,760,808</u>
End of year	<u><u>\$ 109,198,192</u></u>

See Notes to Financial Statements.

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1. DESCRIPTION OF PLAN

The following description of Medical Association of Georgia (the "Company") Multiple Employer 401(k) Profit Sharing 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 multiple-employer defined contribution plan covering all eligible employees included within the Company and other employers (collectively referred to as the "Group"). Eligibility requirements vary among the employers in the Group as determined by each employer's Participation Agreement. The Plan is subject to the provisions of ERISA. The Trustees are responsible for oversight of the Plan. The Trustees determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Contributions:

Each year, participants may contribute up to the maximum percentage allowable of annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions and any employer contributions into various investment options offered by the Plan. Individual employers within the Group may make discretionary and/or matching contributions to all eligible participants of the contributing employer. Discretionary contributions are allocated to eligible participants based on the ratio of the eligible participant's compensation to the total of all eligible participants' compensation of the contributing company.

The Plan records employer and employee contributions receivable when compensation is paid. The Plan adopted ASC 326, *Financial Instruments - Credit Losses*, effective January 1, 2023, using the modified retrospective method. In accordance with ASC 326, no allowance for credit losses has been recorded at December 31, 2023, as employer and employee contributions receivable have never historically incurred losses and current conditions and supportable forecasts show zero risk of nonpayment.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) their individual employer's contribution, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in their individual company's contribution portion of their accounts is determined by the Participation Agreements of the individual employers.

NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or half of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

On termination of service due to death, disability, or retirement, distributions under the Plan are made in lump-sum payments or annuity form. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Hardship withdrawals are permitted.

Forfeited Accounts:

At December 31, 2023 and 2022, forfeited non-vested accounts totaled \$60,925 and \$30,525, respectively. These accounts will be used to reduce future employer contributions or pay Plan expenses. Forfeitures used to reduce employer contributions and to pay Plan expenses during 2023 totaled \$29,158 and \$-, respectively.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

NOTES TO FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued):

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

Payment of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

Transaction-related and administrative fees of the Plan are paid by the Plan. A proportionate share of fees and expenses paid by the Plan is charged to each participant's account and included in net appreciation in fair value of investments.

NOTE 3. 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset 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.

NOTES TO FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

Interest bearing cash: Valued at daily net asset value of the account.

Corporate bonds: Valued at the closing price reported in the active market in which the bond is traded.

Municipal securities: The Plan's municipal securities are considered to be actively traded and are valued at the closing price reported in the active market in which the security is traded.

Common stocks: Valued at the closing price reported on the New York Stock Exchange or other active exchange.

Government bonds: Valued at the closing price reported in the active market in which the bond is traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds and unit trusts	\$ 92,479,001	\$ -	\$ -	\$ 92,479,001
Interest bearing cash	1,995,801	-	-	1,995,801
Corporate bonds	8,807,668	-	-	8,807,668
Municipal securities	1,168,254	-	-	1,168,254
Common stocks	555,826	-	-	555,826
Government bonds	31,984	-	-	31,984
Total investments at fair value	\$105,038,534	\$ -	\$ -	\$105,038,534

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds and unit trusts	\$ 78,849,984	\$ -	\$ -	\$ 78,849,984
Interest bearing cash	1,586,858	-	-	1,586,858
Corporate bonds	4,693,630	-	-	4,693,630
Municipal securities	850,890	-	-	850,890
Common stocks	219,539	-	-	219,539
Total investments at fair value	\$ 86,200,901	\$ -	\$ -	\$ 86,200,901

For the years ended December 31, 2023 and 2022, there were no transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

NOTE 4. INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. RISKS AND UNCERTAINTIES

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

NOTE 6. INVESTMENTS CERTIFIED BY PLAN CUSTODIAN

The following is a summary of the unaudited information regarding the Plan as of December 31, 2023 and 2022, and for the year ended December 31, 2023, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the custodian, Charles Schwab Bank, and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that such information is complete and accurate.

	2023	2022
Statements of net assets available for benefits:		
Investments at fair value	\$ 105,038,534	\$ 86,200,901
Non-interest bearing cash	2,559,583	4,347,393
Notes receivable from participants	431,197	447,477
Statement of changes in net assets available for benefits:		
Net appreciation in fair value of investments	\$ 13,223,312	
Interest and dividends	2,651,073	
Interest income on notes receivable from participants	23,500	

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

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

Certain Plan investments are shares of investments and cash accounts managed by Charles Schwab Bank. Charles Schwab Bank is the custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the custodian for investment management services are included in net appreciation in fair value of investments and administrative expenses.

NOTES TO FINANCIAL STATEMENTS

NOTE 8. PLAN TERMINATION

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

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2023 and 2022:

	<u>December 31,</u>	
	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 109,198,192	\$ 91,760,808
Employer contributions receivable	(1,137,731)	-
Participant contributions receivable	(34,345)	-
Net assets available for benefits per Form 5500	<u>\$ 108,026,116</u>	<u>\$ 91,760,808</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

Net increase in net assets available for benefits per the financial statements	\$ 17,437,384
2023 employer contributions receivable	(1,137,731)
2023 participant contributions receivable	(34,345)
Net increase in net assets available for benefits per Form 5500	<u>\$ 16,265,308</u>

NOTE 10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through April 22, 2025, the date the financial statements were available to be issued, and has determined that no significant events occurred after December 31, 2023, but prior to the issuance of these financial statements that would have a material impact on its financial statements.

NOTE 11. PROHIBITED TRANSACTIONS

Certain participant contributions were not remitted to the Plan within the timeframe specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company and other employers during the 2023 Plan year. Late remittances during 2023 amounted to \$779,320. The Company has taken corrective action for the late remittances.

SUPPLEMENTAL INFORMATION

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
YEAR ENDED DECEMBER 31, 2023**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <u>X</u>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 779,320	\$ -	\$ -	\$ 779,320	

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	COMMON STOCK			
	A S M L HOLDING NV NEW F	341.000 shares	**	\$ 51,471
	A T & T INC	720.000 shares	**	26,726
	ABB LTD ADR	332.000 shares	**	48,730
	ABBOTT LABORATORIES	360.000 shares	**	15,740
	ACCENTURE PLC CL A	1,302.000 shares	**	31,933
	ADOBE SYSTEMS INC	1,944.000 shares	**	186,139
	ADVANCED MICRO DEVICES	416.000 shares	**	50,267
	AIRBNB INC	396.000 shares	**	98,021
	ALBEMARLE CORP	243.000 shares	**	47,967
	ALPHABET INC.	35,718.000 shares	**	50,735
	ALPHABET INC.	504.000 shares	**	181,876
	AMAZON COM INC	2,836.000 shares	**	295,371
	AMERICAN AIRLS GROUP	456.000 shares	**	5,716
	AMERICAN EXPRESS CO	856.000 shares	**	74,231
	AMERICAN TOWER CORP REIT	370.000 shares	**	52,546
	ANGHAMI INC 27 1/28/27	157.000 shares	**	2,857
	ANHEUSER BUSCH INBEV SA/NV	1,614.000 shares	**	32,568
	APPLE INC	2,977.000 shares	**	546,042
	APPLIED MATERIALS	700.000 shares	**	73,904
	ARISTA NETWORKS INC	60.000 shares	**	201,597
	ASTRAZENECA PLC	281.000 shares	**	24,920
	AXON ENTERPRISE INC	358.000 shares	**	40,558
	BANCO BILBAO ARGEN F	275.000 shares	**	14,704
	BANCO SANTANDER SA F	339.000 shares	**	12,325
	BANK OF AMERICA CORP	30.000 shares	**	23,569
	BERKSHIRE HATHAWAY B NEW	365.000 shares	**	21,400
	BHP BILLITON LTD F	103.000 shares	**	19,195
	BIOGEN INC	7.000 shares	**	92,640
	BIOMARIN PHARMACEUTICAL INC	348.000 shares	**	26,516
	BLACK HILLS CORP	1,327.000 shares	**	18,289
	BLACKROCK INC	71.000 shares	**	24,354
	BLACKSTONE GROUP INC	685.000 shares	**	47,868
	BOEING CO	302.000 shares	**	26,848
	BOOKING HOLDINGS INC	20.000 shares	**	24,831
	BP PLC F	181.000 shares	**	12,319
	BRISTOL-MYERS SQUIBB	652.000 shares	**	68,094
	BROADCOM LIMITED	111.000 shares	**	79,254
	BROOKFIELD CORP	200.000 shares	**	27,482
	BROWN & BROWN INC	624.000 shares	**	21,475
	CADENCE DESIGN SYSTEM	1,958.000 shares	**	5,447
	CAPITAL ONE FINANCIAL CP	111.000 shares	**	23,760
	CATALENT INC	1,105.000 shares	**	29,294
	CATERPILLAR INC	91.000 shares	**	32,819
	CAVA GROUP INC	1,550.000 shares	**	8,596
	CELSIUS HOLDINGS INC NEW	70.000 shares	**	34,020
*	CHARLES SCHWAB CORPORATION	20.000 shares	**	134,710

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	COMMON STOCKS (Continued)			
	CHEVRON CORPORATION	161.000 shares	**	24,015
	CHEWY INC	455.000 shares	**	10,752
	CHIPOTLE MEXICAN GRILL	11.000 shares	**	25,157
	CISCO SYSTEMS INC	383.000 shares	**	19,393
	CITIGROUP INC	1,166.000 shares	**	59,993
	CLEAR SECURE INC	350.000 shares	**	7,228
	CLOUDFLARE INC	70.000 shares	**	5,828
	CME GROUP INC CL A	438.000 shares	**	92,243
	COINBASE GLOBAL INC	20.000 shares	**	3,478
	CONOCOPHILLIPS	498.000 shares	**	57,831
	COSTCO WHSL CORP NEW	241.000 shares	**	159,079
	CROWDSTRIKE HLDGS IN	390.000 shares	**	99,575
	CSX CORP	294.000 shares	**	10,193
	CUMMINS ENGINE INC	94.000 shares	**	22,520
	CVS HEALTH CORPORATION	170.000 shares	**	13,454
	DANAHER CORPORATION DELAWARE	79.000 shares	**	18,276
	DATADOG INC	560.000 shares	**	67,973
	DEXCOM INC	40.000 shares	**	4,964
	DREAM FINDERS HOMES	1,420.000 shares	**	50,453
	EDWARDS LIFESCIENCES CP	81.000 shares	**	6,176
	EMERSON ELECTRIC CO	242.000 shares	**	23,554
	EQUINOR A S A	974.000 shares	**	30,817
	EXXON MOBIL CORP	392.000 shares	**	39,192
	FEDEX CORPORATION	564.000 shares	**	142,761
	FIVERR INTERNET LTD	250.000 shares	**	6,805
	FORD MOTOR COMPANY NEW	731.000 shares	**	8,911
	FREEPORT MCMORAN INC	864.000 shares	**	36,780
	GENERAC HOLDINGS INC	349.000 shares	**	45,105
	GENUINE PARTS CO	146.000 shares	**	20,280
	GLAXOSMITHKLINE PLC	237.000 shares	**	8,783
	GLOBANT S A	30.000 shares	**	7,139
	GOLDMAN SACHS GROUP INC	55.000 shares	**	21,217
	GRAYSCALE BITCOIN TR	3,566.000 shares	**	123,455
	GXO LOGISTICS INC	125.000 shares	**	7,645
	HALEON PLC	297.000 shares	**	2,444
	HOME DEPOT INC	477.000 shares	**	165,402
	HUBSPOT INC	119.000 shares	**	69,084
	HUNT J B TRANS SVCS INC	20.000 shares	**	3,995
	I N G GROEP N V F	1,339.000 shares	**	20,112
	IDEXX LABS INC	27.000 shares	**	14,986
	ILLUMINA INC	231.000 shares	**	32,164
	IMPERIAL BRANDS PL ORDF	761.000 shares	**	17,739
	INARI MED INC	387.000 shares	**	25,124
	INTEL CORP	82.000 shares	**	4,121
	INTELLIA THERAPEUTIC	465.000 shares	**	14,178
	INTUIT	88.000 shares	**	55,003

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	COMMON STOCKS (Continued)			
	INTUITIVE SURGICAL	72.000 shares	**	24,290
	J P MORGAN CHASE & CO	538.000 shares	**	91,514
	JOHNSON & JOHNSON	283.000 shares	**	44,497
	KINSALE CAPITAL GROU	174.000 shares	**	58,521
	KNIFE RIV HLDG CO	35.000 shares	**	2,316
	LAM RESH CORP	79.000 shares	**	61,878
	LAS VEGAS SANDS CORP	408.000 shares	**	20,078
	LULULEMON ATHLETICA INC	28.000 shares	**	14,316
	M D U RESOURCES GROUP INC	1,645.000 shares	**	32,580
	MARQETA INC	3,000.000 shares	**	20,940
	MASTERCARD INC	89.000 shares	**	37,959
	MEDTRONIC PLC	69.000 shares	**	5,684
	MERCK & CO INC	153.000 shares	**	16,680
	META PLATFORMS INC	178.000 shares	**	63,005
	MICRON TECHNOLOGY INC	263.000 shares	**	22,471
	MICROSOFT CORP	706.000 shares	**	265,484
	MOLSON COORS BREWING CL B	456.000 shares	**	27,918
	MORGAN STANLEY	351.000 shares	**	32,731
	NETFLIX INC	185.000 shares	**	90,073
	NEXTERA ENERGY INC	280.000 shares	**	17,007
	NIKE INC	201.000 shares	**	21,823
	NOVO-NORDISK A-S F	484.000 shares	**	50,070
	NVIDIA CORP	499.000 shares	**	247,253
	OLD DOMINION FREIGHT LNS	85.000 shares	**	34,453
	ORACLE CORPORATION	262.000 shares	**	27,623
	OTIS WORLDWIDE CORP	45.000 shares	**	4,026
	OUTSET MED INC	1,350.000 shares	**	7,304
	PALO ALTO NETWORKS	504.000 shares	**	148,620
	PARKER HANNIFIN CORP	53.000 shares	**	24,417
	PAYPAL HLDGS INC	761.000 shares	**	46,733
	PEGASYSTEMS INC	- shares	**	14
	PEPSICO INC	116.000 shares	**	19,701
	PROCTER & GAMBLE	144.000 shares	**	21,102
	PROGYNY INC	668.000 shares	**	24,836
	PTC INC	832.000 shares	**	145,567
	QUALCOMM INC	748.000 shares	**	108,289
	QUANTA SERVICES INC	162.000 shares	**	34,969
	QUEST DIAGNOSTICS INC	179.000 shares	**	24,767
	RAYTHEON TECHNOLOGIES CO	431.000 shares	**	36,288
	REALTY INCOME CORPORATION	624.000 shares	**	35,872
	REDFIN CORPORATION	2,700.000 shares	**	27,864
	RIO TINTO PLC SPONSORED ADR	215.000 shares	**	16,009
	ROBLOX CORP	330.000 shares	**	15,088
	ROKU INC CL A	255.000 shares	**	23,373
	RYMAN HOSPITALITY PPTYS	300.000 shares	**	33,106
	S A P AG ADR	304.000 shares	**	46,995

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	COMMON STOCKS (Continued)			
	SALESFORCE COM	719.000 shares	**	189,198
	SANOFI ADR	368.000 shares	**	18,301
	SENVEST CAP INC	400.000 shares	**	87,552
	SERVICE NOW INC	148.000 shares	**	104,561
	SHELL PLC	930.000 shares	**	61,254
	SIMON PPTY GROUP INC NEW	216.000 shares	**	30,832
	SIRIUS XM HLDGS INC	2,440.000 shares	**	13,349
	SMITH A O	1,142.000 shares	**	94,146
	SNOWFLAKE INC	268.000 shares	**	53,332
	SONY CORP ADR	176.000 shares	**	16,665
	SOUTHERN CO	230.000 shares	**	16,141
	SPROUTS FARMERS MARK	804.000 shares	**	38,680
	STARBUCKS CORP	135.000 shares	**	12,961
	STEMTECH CORP	500.000 shares	**	16
	STRYKER CORP	29.000 shares	**	8,684
	TAIWAN SEMICONDUCTOR MFG CO ADR	382.000 shares	**	39,728
	TESLA MOTORS INC	416.000 shares	**	103,368
	THE TRADE DESK INC	100.000 shares	**	7,196
	THERMO FISHER SCIENTIFIC CORP COM	151.000 shares	**	80,149
	THOR INDUSTRIES INC	281.000 shares	**	33,311
	TOAST INC	840.000 shares	**	15,338
	TOTAL FINA S A ADR F	344.000 shares	**	23,179
	TOYOTA MOTOR CP ADR NEW	120.000 shares	**	22,006
	TRANE TECHNOLOGIES P	122.000 shares	**	29,756
	TRANSMEDICS GROUP IN	542.000 shares	**	42,780
	TYLER TECHNOLOGIES INC	43.000 shares	**	17,979
	UNILEVER PLC ADR NEW	399.000 shares	**	19,344
	UNION PACIFIC CORP	83.000 shares	**	20,386
	UNITED CONTL HLDGS INC	164.000 shares	**	6,767
	UNITED RENTALS INC	315.000 shares	**	180,756
	UNITEDHEALTH GROUP INC	40.000 shares	**	21,059
	US BANCORP DEL NEW	565.000 shares	**	24,453
	VEEVA SYSTEMS INC	152.000 shares	**	29,263
	VERALTO CORP	26.000 shares	**	2,139
	VERIZON COMMUNICATN	280.000 shares	**	10,561
	VICI PROPERTIES INC	1,046.000 shares	**	33,363
	VISA INC CL A	608.000 shares	**	158,293
	VULCAN MATLS CO	351.000 shares	**	79,681
	WALKER & DUNLOP INC	380.000 shares	**	42,230
	WAL-MART STORES INC	156.000 shares	**	24,593
	WALT DISNEY CO	543.000 shares	**	49,027
	WESTROCK COMPANY	752.000 shares	**	31,249
	WOODSIDE ENERGY GROUP F	101.000 shares	**	2,130
	ZSCALER INC	274.000 shares	**	60,707
				8,807,668

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CORPORATE BONDS				
	AMERICAN ELECTRIC 2.3% 3/01/30	25,000.000 units	**	21,487
	ASSURED GUARANT 6.125% 9/15/28	12,000.000 units	**	12,574
	EBAY INC 3.6% 6/05/27	40,000.000 units	**	38,680
	FEDEX CORP 4.9000% 01/15/34	20,000.000 units	**	20,177
	FIFTH THIRD BANC 2.55%27	15,000.000 units	**	13,802
	FORTIVE CORP 3.1500% 06/15/26	40,000.000 units	**	38,435
	GOLDMAN SACHS GRP INC 5.15% 2/15/24	40,000.000 units	**	39,939
	HP IN 5.5% 1/15/33	35,000.000 units	**	35,846
	JOHN DEERE CAPIT 2.35% 3/08/27	35,000.000 units	**	32,879
	MARATHON PETROLEU 3.8% 4/01/28	25,000.000 units	**	23,902
	MARRIOTT INTL INC NEW 4% 4/15/28	25,000.000 units	**	24,180
	NEXTERA ENERGY CAPI 5% 2/28/30	15,000.000 units	**	15,152
	NTNL RURAL UTILI 1.6500% 06/15/31	10,000.000 units	**	7,981
	ORACLE CORPORATIO 3.8% 11/15/37	15,000.000 units	**	12,727
	REINSURANCE GROUP 3.9% 5/15/29	10,000.000 units	**	9,464
	ROYAL BANK OF C 4.9500% 04/25/25	25,000.000 units	**	25,005
	SOUTHERN POWER C 4.1500% 12/01/25	10,000.000 units	**	9,852
	STIFEL FINL COR 4% 5/15/30	10,000.000 units	**	9,071
	THE BOEING CO 2.7000% 02/01/27	10,000.000 units	**	9,403
	THE BOEING CO 3.1000% 05/01/26	35,000.000 units	**	33,574
	THE GOLDMAN SACH 5.35% 2/15/32	20,000.000 units	**	20,400
	THE KROGER C 8.0000% 09/15/29	15,000.000 units	**	17,126
	THE TORONTO-DO 5.103% 1/09/26	10,000.000 units	**	10,057
	THE TORONTO-DO 4.4560% 06/08/32	15,000.000 units	**	14,566
	UNION PACIFIC CO 3.25% 1/15/25	43,000.000 units	**	42,237
	WESTVACO CORP 8.2000% 01/15/30	15,000.000 units	**	17,310
				<u>555,826</u>
GOVERNMENT BONDS				
	FFCB 5.1 5.18% 5/18/38	12,000.000 units	**	11,794
	FFCB 5.8 5.82% 7/21/38	20,000.000 units	**	20,190
				<u>31,984</u>
INTEREST BEARING CASH				
*	SCHWAB BANK SAVINGS	Money market account	**	1,882,504
*	SCHWAB VALUE ADVANTAGE MONE FUND	Money market account	**	93,306
	STATE BANK OF IN 3.55% 1/04/24	20,000.000 units	**	19,991
				<u>1,995,801</u>
MUNICIPAL SECURITIES				
	ADAMS CNTY NE S 2.9420% 12/15/33	15,000.000 units	**	12,900
	ALEXANDRIA LA U 1.955%27	25,000.000 units	**	23,060
	ALLENTOWN PA 0.0% 10/01/25	30,000.000 units	**	27,442
	BEXAR CNTY TX R 2.534% 8/15/34	15,000.000 units	**	12,082
	COMMONWEALTH FA 4.014% 6/01/33	45,000.000 units	**	42,268

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MUNICIPAL SECURITIES (Continued)				
	CONNECTICUT ST 5.77% 3/15/25	10,000.000 units	**	10,077
	CUPERTINO CA UN 2.95% 8/01/36	10,000.000 units	**	8,256
	CUYAHOGA CNTY O 3.226% 7/01/29	30,000.000 units	**	28,385
	DALLAS TX AREA 2.578% 12/01/35	25,000.000 units	**	20,071
	DETROIT MI CITY 6.6450% 05/01/29	30,000.000 units	**	32,598
	E CAROLINA UNIV 2.684% 10/01/36	35,000.000 units	**	27,310
	EAST BATON ROUGE LO 4% 2/01/31	40,000.000 units	**	39,546
	FORT WORTH TEXA 3.605% 3/01/29	15,000.000 units	**	14,294
	FORT WORTH TEXA 3.855% 3/01/31	25,000.000 units	**	23,601
	FULTON CNTY GA 4.9480% 07/01/30	40,000.000 units	**	40,801
	HAWAII ST ARPTS 3.775% 7/01/32	30,000.000 units	**	27,599
	HENDERSON NV 2.78% 6/01/34	40,000.000 units	**	33,835
	HONOLULU HAWAII 2.22% 7/01/36	15,000.000 units	**	11,381
	HOUSTON TX UTIL 3.828% 5/15/28	35,000.000 units	**	34,397
	IL ST TOLL HWY 6.184% 1/01/34	30,000.000 units	**	32,958
	ILLINOIS ST 6.15% 3/01/25	30,000.000 units	**	30,280
	JOHNSTON CN NC L 2.39%35	20,000.000 units	**	15,934
	KS ST DEPT TRAN 4.596% 9/01/35	25,000.000 units	**	24,836
	LA LOC GOVT ENV 2.3320% 12/01/28	10,000.000 units	**	9,060
	LA ST HWY IMPT 1.742% 6/15/32	30,000.000 units	**	23,783
	LONOKE ARKANSAS SCH 3% 2/01/30	25,000.000 units	**	22,866
	MARYLAND ST STA 2.307% 5/01/33	15,000.000 units	**	12,297
	MD ST CDA HSG 3.463% 9/01/31	10,000.000 units	**	9,242
	MIAMI-DADE CN F 2.5070% 10/01/31	25,000.000 units	**	21,276
	MIAMI-DADE CN F 3.9620% 10/01/30	15,000.000 units	**	14,361
	MIAMISBURG OH CTY 2.3% 12/01/29	15,000.000 units	**	13,329
	MIRAMAR FL SPL 2.5430% 10/01/35	30,000.000 units	**	23,453
	MORELAND CA SD 4.4% 8/01/30	25,000.000 units	**	24,847
	NC MUN PWR CAT 6.184% 1/01/32	15,000.000 units	**	16,135
	NEW JERSEY ST 2.3% 6/01/27	30,000.000 units	**	27,967
	NEW YORK ST DOR .8870% 03/15/25	10,000.000 units	**	9,550
	NIAGARA FALLS N 3.813%26	30,000.000 units	**	29,437
	NORRISTOWN PA 3.18% 11/01/35	15,000.000 units	**	12,987
	NY ST URB DEV CO 3.1500% 03/15/27	15,000.000 units	**	14,340
	NY ST URB DEV COR 3.9% 3/15/33	25,000.000 units	**	23,563
	NYC NY TRAN AUTH 3.25% 2/01/28	15,000.000 units	**	14,378
	NYC NY TRAN AUTH 2.65%25	25,000.000 units	**	24,420
	OK ST CAP IMPT 3.407% 7/01/36	30,000.000 units	**	25,696
	PORT AUTH NY & N 6.04% 12/01/29	50,000.000 units	**	53,997
	SEDGWICK COUNTY 6.22% 10/01/28	45,000.000 units	**	46,893
	ST LUCIE CN FL 3.731% 11/01/30	10,000.000 units	**	9,540
	TANGIPAHOA PRSH 2.57% 12/01/31	30,000.000 units	**	25,784
	TULARE CA BOE 3.263%32	15,000.000 units	**	13,411
	TWIN RIVERS USD 2.75% 8/01/35	20,000.000 units	**	16,779
	UNIV CA 3.659% 5/15/27	10,000.000 units	**	9,742
	UT ST TRAN AUTH 2.375% 12/15/33	10,000.000 units	**	8,203

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MUNICIPAL SECURITIES (Continued)				
	W CONTRA CSTA C 3.321%32	25,000.000 units	**	23,208
	WORCESTER CNTY MD 3.3% 12/01/31	15,000.000 units	**	13,799
				<u>1,168,254</u>
NON-INTEREST BEARING CASH				
*	CHARLES SCHWAB BANK	Un-invested cash account	**	2,338,011
*	CHARLES SCHWAB BANK	Brokerage cash account	**	221,572
				<u>2,559,583</u>
MUTUAL FUNDS				
	AMERICAN CENTURY INTERNATIONAL GR (INV)	Mutual fund	**	276,378
	BLACKROCK MID-CAP GROWTH EQUITY FUND (I)	Mutual fund	**	1,666,189
	CALVERT US LRG CAP CORE RESPONS INDX I	Mutual fund	**	905,157
	EATON VANCE HIGH INCOME OPPORTUNITIES I	Mutual fund	**	164,574
	EATON VANCE SHORT DURATION GOV INCOME	Mutual fund	**	172,785
	JANUS HENDERSON BALANCED FUND (N)	Mutual fund	**	356,548
	JANUS HENDERSON DEVELOPED WORLD BOND N	Mutual fund	**	5,878
	JANUS HENDERSON TRITON I	Mutual fund	**	298,698
	MFS GROWTH FUND (R6)	Mutual fund	**	2,466,615
	MFS VALUE R6	Mutual fund	**	488,875
	NEUBERGER BERMAN EMERG MARKETS EQUITY I	Mutual fund	**	280,145
	NEUBERGER BERMAN INTERNAT EQUITY (I)	Mutual fund	**	213,413
	PIONEER STRATEGIC INCOME FUND (K)	Mutual fund	**	507,406
	PUTNAM EQUITY INCOME FUND (Y)	Mutual fund	**	1,036,532
	VANGUARD 500 INDEX FUND (ADM)	Mutual fund	**	4,341,032
	VANGUARD INFLATION-PROTECTED SECS ADM	Mutual fund	**	557,372
	VANGUARD INTERMEDIATE-TERM BOND INDEX (A	Mutual fund	**	509,247
*	VANGUARD MID-CAP INDEX FUND (ADM)	Mutual fund	**	888,407
*	VANGUARD REIT INDEX FUND (ADM)	Mutual fund	**	297,856
	VANGUARD SMALL-CAP INDEX (ADM)	Mutual fund	**	994,558
	VANGUARD TARGET RETIREMENT 2020 INV	Mutual fund	**	4,200,803
	VANGUARD TARGET RETIREMENT 2025 INV	Mutual fund	**	3,802,327
	VANGUARD TARGET RETIREMENT 2030 INV	Mutual fund	**	10,567,107
	VANGUARD TARGET RETIREMENT 2035 INV	Mutual fund	**	8,351,652
	VANGUARD TARGET RETIREMENT 2040 INV	Mutual fund	**	10,205,156
	VANGUARD TARGET RETIREMENT 2045 INV	Mutual fund	**	8,880,979
	VANGUARD TARGET RETIREMENT 2050 INV	Mutual fund	**	5,882,806
	VANGUARD TARGET RETIREMENT 2055 INV	Mutual fund	**	1,991,672
	VANGUARD TARGET RETIREMENT 2060 INV	Mutual fund	**	352,986
	VANGUARD TARGET RETIREMENT 2065 FUND (IN	Mutual fund	**	509,431
	VANGUARD TARGET RETIREMENT INCOME INV	Mutual fund	**	1,446,313
	VANGUARD TOTAL BOND MARKET INDEX (ADM)	Mutual fund	**	492,725
	VANGUARD TOTAL INTERNAT STOCK INDEX ADM)	Mutual fund	**	1,088,631
	VANGUARD TOTAL STOCK MKT IDX ADM	Mutual fund	**	3,191,396
	VICTORY INTEGRITY MID-CAP VALUE FUND (Y)	Mutual fund	**	161,486
	VICTORY INTEGRITY SMALL-CAP VALUE R6	Mutual fund	**	151,328

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MUTUAL FUNDS (Continued)				
	WESTERN ASSET CORE PLUS BOND I	Mutual fund	**	768,015
	MID-AMERICAN APARTMENT CMNTYS INC	Mutual fund	**	27,483
				<u>78,499,961</u>
UNIT TRUSTS				
	AMERC CENTURY QULTY	6,150.000 units	**	285,698
	AMERIC CENTUR STOXX	17,338.000 units	**	1,319,142
	AMERICAN CENTURY ST	200.000 units	**	10,171
	AVANTIS EMERGING MARKETS EQ ETF	540.000 units	**	30,451
	AVANTIS U S SMALL CA	655.000 units	**	33,444
	DEFIANCE QUANTUM ETF	552.000 units	**	29,985
	DIMENSIONAL INTERN C	2,681.000 units	**	68,446
	DIMENSIONAL INTERN H	1,332.000 units	**	34,179
	DIMENSIONAL INTERNATIONAL VAL ETF	957.000 units	**	32,883
	DIMENSIONAL US CORE EQUITY 2 ETF	5,387.000 units	**	157,462
	DIMENSIONAL US HIGH	2,709.000 units	**	77,504
	DIMENSIONAL US MARKETWIDE VALUE ETF	2,099.000 units	**	78,125
	FIDELITY MSCI CONS DISCR INDX ETF	200.000 units	**	15,788
	FIDELITY TOTAL BOND ETF	232.000 units	**	10,681
	FIRST TRUST LUNT US	9,771.000 units	**	271,536
	FIRST TRUST UTILITIES ALPHADAX ETF	1,923.000 units	**	60,921
	FRANKLIN FTSE INDIA	1,436.000 units	**	50,087
	FRST TRT LOW DTN OPNTS ETF IV	7,542.000 units	**	364,429
	FT ALTERNATIVE ABSLT	10,998.000 units	**	300,795
	GLDMN SCH EQL WGHU U	3,256.000 units	**	218,347
	GOLDMAN SACHS ACTVBT INTEREQY ETF	3,152.000 units	**	102,944
	HARTFORD SCHRODERS T	556.000 units	**	10,987
	INVESCO QQQ TRUST	101.000 units	**	41,623
	ISHARES CORE US AGGREGATE BOND ETF	1,041.000 units	**	103,331
	ISHARES EDG MSCI INTL MOMNTM ETF	982.000 units	**	33,673
	ISHARES EDGE MSCI MIN VOL EAFE ETF	457.000 units	**	31,688
	ISHARES EDGE MSCI MIN VOL USA ETF	927.000 units	**	72,334
	ISHARES EDGE MSCI USA MOMENTUM FACTO	501.000 units	**	78,602
	ISHARES ESG MSCI USA ETF	4,631.000 units	**	485,987
	ISHARES MORGSTAR MID CAP GRO ETF	6,024.000 units	**	388,256
	ISHARES MSCI EMERGING MARKETS ETF	7,948.000 units	**	319,589
	ISHARES MSCI EUROPE FINANCIALS ETF	2,095.000 units	**	43,911
	ISHARES MSCI JAPAN ETF	521.000 units	**	33,417
	ISHARES SHORT TERM CORPORAT BD ETF	7,162.000 units	**	367,232
	ISHARES US MEDICAL DEVICES ETF	955.000 units	**	51,594
	ISHARES US TECHNOLOGY ETF	303.000 units	**	37,252
	ISHRS EDG MSCI MIN U	272.000 units	**	9,708
	JANUS HENDERSON SHRT DRTN INM ETF	18,825.00 units	**	909,624
	JANUS SMALL CAP GROW	4,769.000 units	**	281,401
	JOHN HANCOCK MULTIFCTR MID CP ETF	2,596.000 units	**	136,705
	LISTED FD TR	16,717.000 units	**	362,926
	PACER DEVLPT MRT INTR	9,556.000 units	**	298,557

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	UNIT TRUSTS (Continued)			
	PACER EMRGNG MKT CAS	9,335.000 units	**	188,287
	PACER LUNT MIDCAP MU	8,362.000 units	**	310,514
	PACER US CASH COWS 100 ETF	15,671.000 units	**	814,777
	PACER US SMALL CAP CASH COWS 100 ETF	7,961.000 units	**	382,367
	PIMCO ENHANCED SHRT MATURTY ACTV ETF	6,427.000 units	**	641,350
	SELECT SECTOR HEALTH CARE SPDR ETF	618.000 units	**	84,283
	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF	407.000 units	**	37,228
	SPDR DOUBLELINE TTL RTRN TTCL ETF	19,201.000 units	**	772,840
	SPDR FUND CONSUMER STAPLES ETF	1,843.000 units	**	132,819
	SPDR GOLD SHARES ETF	62.000 units	**	11,853
	VANGUARD COMMUNICATION SERVICES ETF	41.000 units	**	4,827
	VANGUARD FTSE DEVELOPED MARKETS ETF	1,426.000 units	**	68,305
	VANGUARD FTSE EMERGING MARKETS ETF	731.000 units	**	30,044
	VANGUARD HIGH DIVIDEND YIELD ETF	169.000 units	**	18,903
	VANGUARD INFORMATION TECHNOLOGY ETF	154.000 units	**	74,815
	VANGUARD S&P 500 ETF	1,374.000 units	**	600,567
	VANGUARD SHORT-TERM BOND ETF	3,242.000 units	**	249,699
	VANGUARD SMALL CAP ETF	203.000 units	**	43,306
	VANGUARD TOTAL INTL BND ETF	2,304.000 units	**	113,737
	VANGUARD VALUE ETF	1,762.000 units	**	263,478
	WISDOMTREE EMRG MRKT HG DIV ETF	1,640.000 units	**	66,715
	WISDOMTREE FLOATING RTE TREAS ETF IV	3,462.000 units	**	173,931
	WISDOMTREE INTERNATI	3,597.000 units	**	90,985
	WISDOMTREE US HIGH DIVIDEND ETF	1,251.000 units	**	102,807
	WISDOMTREE US LARGE CAP ETF	4,539.000 units	**	227,472
	WISDOMTREE US MIDCAP ETF	5,884.000 units	**	337,683
	WISDOMTREE US QLT DIV GRW ETF	3,357.000 units	**	235,930
	WISDOMTREE US SMALLCAP ETF	4,980.000 units	**	248,103
				<u>13,979,040</u>
	PARTICIPANT LOANS			
*	Participant loans	Interest rates 4.25% - 8.50%	-0-	<u>431,197</u>
				<u><u>\$ 108,029,314</u></u>

* Represents a party-in-interest

** Cost information is omitted as investments are participant directed.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

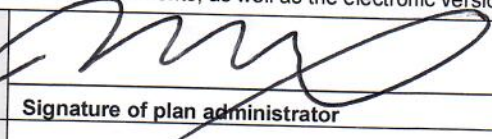
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
☒ special extension (enter description) Hurricane Helene
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan Medical Association of Georgia Multiple Employer 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ 002
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) Medical Association of Georgia 1849 THE EXCHANGE ATLANTA GA 30339	1c Effective date of plan 09/01/2012 2b Employer Identification Number (EIN) 58-0605267 2c Plan Sponsor's telephone number 678-303-9290 2d Business code (see instructions) 813000

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		4/24/25	Jeremy T. Bonfini
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
YEAR ENDED DECEMBER 31, 2023**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <u>X</u>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 779,320	\$ -	\$ -	\$ 779,320	

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	COMMON STOCK			
	A S M L HOLDING NV NEW F	341.000 shares	**	\$ 51,471
	A T & T INC	720.000 shares	**	26,726
	ABB LTD ADR	332.000 shares	**	48,730
	ABBOTT LABORATORIES	360.000 shares	**	15,740
	ACCENTURE PLC CL A	1,302.000 shares	**	31,933
	ADOBE SYSTEMS INC	1,944.000 shares	**	186,139
	ADVANCED MICRO DEVICES	416.000 shares	**	50,267
	AIRBNB INC	396.000 shares	**	98,021
	ALBEMARLE CORP	243.000 shares	**	47,967
	ALPHABET INC.	35,718.000 shares	**	50,735
	ALPHABET INC.	504.000 shares	**	181,876
	AMAZON COM INC	2,836.000 shares	**	295,371
	AMERICAN AIRLS GROUP	456.000 shares	**	5,716
	AMERICAN EXPRESS CO	856.000 shares	**	74,231
	AMERICAN TOWER CORP REIT	370.000 shares	**	52,546
	ANGHAMI INC 27 1/28/27	157.000 shares	**	2,857
	ANHEUSER BUSCH INBEV SA/NV	1,614.000 shares	**	32,568
	APPLE INC	2,977.000 shares	**	546,042
	APPLIED MATERIALS	700.000 shares	**	73,904
	ARISTA NETWORKS INC	60.000 shares	**	201,597
	ASTRAZENECA PLC	281.000 shares	**	24,920
	AXON ENTERPRISE INC	358.000 shares	**	40,558
	BANCO BILBAO ARGEN F	275.000 shares	**	14,704
	BANCO SANTANDER SA F	339.000 shares	**	12,325
	BANK OF AMERICA CORP	30.000 shares	**	23,569
	BERKSHIRE HATHAWAY B NEW	365.000 shares	**	21,400
	BHP BILLITON LTD F	103.000 shares	**	19,195
	BIOGEN INC	7.000 shares	**	92,640
	BIOMARIN PHARMACEUTICAL INC	348.000 shares	**	26,516
	BLACK HILLS CORP	1,327.000 shares	**	18,289
	BLACKROCK INC	71.000 shares	**	24,354
	BLACKSTONE GROUP INC	685.000 shares	**	47,868
	BOEING CO	302.000 shares	**	26,848
	BOOKING HOLDINGS INC	20.000 shares	**	24,831
	BP PLC F	181.000 shares	**	12,319
	BRISTOL-MYERS SQUIBB	652.000 shares	**	68,094
	BROADCOM LIMITED	111.000 shares	**	79,254
	BROOKFIELD CORP	200.000 shares	**	27,482
	BROWN & BROWN INC	624.000 shares	**	21,475
	CADENCE DESIGN SYSTEM	1,958.000 shares	**	5,447
	CAPITAL ONE FINANCIAL CP	111.000 shares	**	23,760
	CATALENT INC	1,105.000 shares	**	29,294
	CATERPILLAR INC	91.000 shares	**	32,819
	CAVA GROUP INC	1,550.000 shares	**	8,596
	CELSIUS HOLDINGS INC NEW	70.000 shares	**	34,020
*	CHARLES SCHWAB CORPORATION	20.000 shares	**	134,710

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	COMMON STOCKS (Continued)			
	CHEVRON CORPORATION	161.000 shares	**	24,015
	CHEWY INC	455.000 shares	**	10,752
	CHIPOTLE MEXICAN GRILL	11.000 shares	**	25,157
	CISCO SYSTEMS INC	383.000 shares	**	19,393
	CITIGROUP INC	1,166.000 shares	**	59,993
	CLEAR SECURE INC	350.000 shares	**	7,228
	CLOUDFLARE INC	70.000 shares	**	5,828
	CME GROUP INC CL A	438.000 shares	**	92,243
	COINBASE GLOBAL INC	20.000 shares	**	3,478
	CONOCOPHILLIPS	498.000 shares	**	57,831
	COSTCO WHSL CORP NEW	241.000 shares	**	159,079
	CROWDSTRIKE HLDGS IN	390.000 shares	**	99,575
	CSX CORP	294.000 shares	**	10,193
	CUMMINS ENGINE INC	94.000 shares	**	22,520
	CVS HEALTH CORPORATION	170.000 shares	**	13,454
	DANAHER CORPORATION DELAWARE	79.000 shares	**	18,276
	DATADOG INC	560.000 shares	**	67,973
	DEXCOM INC	40.000 shares	**	4,964
	DREAM FINDERS HOMES	1,420.000 shares	**	50,453
	EDWARDS LIFESCIENCES CP	81.000 shares	**	6,176
	EMERSON ELECTRIC CO	242.000 shares	**	23,554
	EQUINOR A S A	974.000 shares	**	30,817
	EXXON MOBIL CORP	392.000 shares	**	39,192
	FEDEX CORPORATION	564.000 shares	**	142,761
	FIVERR INTERNET LTD	250.000 shares	**	6,805
	FORD MOTOR COMPANY NEW	731.000 shares	**	8,911
	FREEPORT MCMORAN INC	864.000 shares	**	36,780
	GENERAC HOLDINGS INC	349.000 shares	**	45,105
	GENUINE PARTS CO	146.000 shares	**	20,280
	GLAXOSMITHKLINE PLC	237.000 shares	**	8,783
	GLOBANT S A	30.000 shares	**	7,139
	GOLDMAN SACHS GROUP INC	55.000 shares	**	21,217
	GRAYSCALE BITCOIN TR	3,566.000 shares	**	123,455
	GXO LOGISTICS INC	125.000 shares	**	7,645
	HALEON PLC	297.000 shares	**	2,444
	HOME DEPOT INC	477.000 shares	**	165,402
	HUBSPOT INC	119.000 shares	**	69,084
	HUNT J B TRANS SVCS INC	20.000 shares	**	3,995
	I N G GROEP N V F	1,339.000 shares	**	20,112
	IDEXX LABS INC	27.000 shares	**	14,986
	ILLUMINA INC	231.000 shares	**	32,164
	IMPERIAL BRANDS PL ORDF	761.000 shares	**	17,739
	INARI MED INC	387.000 shares	**	25,124
	INTEL CORP	82.000 shares	**	4,121
	INTELLIA THERAPEUTIC	465.000 shares	**	14,178
	INTUIT	88.000 shares	**	55,003

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	COMMON STOCKS (Continued)			
	INTUITIVE SURGICAL	72.000 shares	**	24,290
	J P MORGAN CHASE & CO	538.000 shares	**	91,514
	JOHNSON & JOHNSON	283.000 shares	**	44,497
	KINSALE CAPITAL GROU	174.000 shares	**	58,521
	KNIFE RIV HLDG CO	35.000 shares	**	2,316
	LAM RESH CORP	79.000 shares	**	61,878
	LAS VEGAS SANDS CORP	408.000 shares	**	20,078
	LULULEMON ATHLETICA INC	28.000 shares	**	14,316
	M D U RESOURCES GROUP INC	1,645.000 shares	**	32,580
	MARQETA INC	3,000.000 shares	**	20,940
	MASTERCARD INC	89.000 shares	**	37,959
	MEDTRONIC PLC	69.000 shares	**	5,684
	MERCK & CO INC	153.000 shares	**	16,680
	META PLATFORMS INC	178.000 shares	**	63,005
	MICRON TECHNOLOGY INC	263.000 shares	**	22,471
	MICROSOFT CORP	706.000 shares	**	265,484
	MOLSON COORS BREWING CL B	456.000 shares	**	27,918
	MORGAN STANLEY	351.000 shares	**	32,731
	NETFLIX INC	185.000 shares	**	90,073
	NEXTERA ENERGY INC	280.000 shares	**	17,007
	NIKE INC	201.000 shares	**	21,823
	NOVO-NORDISK A-S F	484.000 shares	**	50,070
	NVIDIA CORP	499.000 shares	**	247,253
	OLD DOMINION FREIGHT LNS	85.000 shares	**	34,453
	ORACLE CORPORATION	262.000 shares	**	27,623
	OTIS WORLDWIDE CORP	45.000 shares	**	4,026
	OUTSET MED INC	1,350.000 shares	**	7,304
	PALO ALTO NETWORKS	504.000 shares	**	148,620
	PARKER HANNIFIN CORP	53.000 shares	**	24,417
	PAYPAL HLDGS INC	761.000 shares	**	46,733
	PEGASYSTEMS INC	- shares	**	14
	PEPSICO INC	116.000 shares	**	19,701
	PROCTER & GAMBLE	144.000 shares	**	21,102
	PROGYNY INC	668.000 shares	**	24,836
	PTC INC	832.000 shares	**	145,567
	QUALCOMM INC	748.000 shares	**	108,289
	QUANTA SERVICES INC	162.000 shares	**	34,969
	QUEST DIAGNOSTICS INC	179.000 shares	**	24,767
	RAYTHEON TECHNOLOGIES CO	431.000 shares	**	36,288
	REALTY INCOME CORPORATION	624.000 shares	**	35,872
	REDFIN CORPORATION	2,700.000 shares	**	27,864
	RIO TINTO PLC SPONSORED ADR	215.000 shares	**	16,009
	ROBLOX CORP	330.000 shares	**	15,088
	ROKU INC CL A	255.000 shares	**	23,373
	RYMAN HOSPITALITY PPTYS	300.000 shares	**	33,106
	S A P AG ADR	304.000 shares	**	46,995

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DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
COMMON STOCKS (Continued)				
	SALESFORCE COM	719.000 shares	**	189,198
	SANOFI ADR	368.000 shares	**	18,301
	SENVEST CAP INC	400.000 shares	**	87,552
	SERVICE NOW INC	148.000 shares	**	104,561
	SHELL PLC	930.000 shares	**	61,254
	SIMON PPTY GROUP INC NEW	216.000 shares	**	30,832
	SIRIUS XM HLDGS INC	2,440.000 shares	**	13,349
	SMITH A O	1,142.000 shares	**	94,146
	SNOWFLAKE INC	268.000 shares	**	53,332
	SONY CORP ADR	176.000 shares	**	16,665
	SOUTHERN CO	230.000 shares	**	16,141
	SPROUTS FARMERS MARK	804.000 shares	**	38,680
	STARBUCKS CORP	135.000 shares	**	12,961
	STEMTECH CORP	500.000 shares	**	16
	STRYKER CORP	29.000 shares	**	8,684
	TAIWAN SEMICONDUCTOR MFG CO ADR	382.000 shares	**	39,728
	TESLA MOTORS INC	416.000 shares	**	103,368
	THE TRADE DESK INC	100.000 shares	**	7,196
	THERMO FISHER SCIENTIFIC CORP COM	151.000 shares	**	80,149
	THOR INDUSTRIES INC	281.000 shares	**	33,311
	TOAST INC	840.000 shares	**	15,338
	TOTAL FINA S A ADR F	344.000 shares	**	23,179
	TOYOTA MOTOR CP ADR NEW	120.000 shares	**	22,006
	TRANE TECHNOLOGIES P	122.000 shares	**	29,756
	TRANSMEDICS GROUP IN	542.000 shares	**	42,780
	TYLER TECHNOLOGIES INC	43.000 shares	**	17,979
	UNILEVER PLC ADR NEW	399.000 shares	**	19,344
	UNION PACIFIC CORP	83.000 shares	**	20,386
	UNITED CONTL HLDGS INC	164.000 shares	**	6,767
	UNITED RENTALS INC	315.000 shares	**	180,756
	UNITEDHEALTH GROUP INC	40.000 shares	**	21,059
	US BANCORP DEL NEW	565.000 shares	**	24,453
	VEEVA SYSTEMS INC	152.000 shares	**	29,263
	VERALTO CORP	26.000 shares	**	2,139
	VERIZON COMMUNICATN	280.000 shares	**	10,561
	VICI PROPERTIES INC	1,046.000 shares	**	33,363
	VISA INC CL A	608.000 shares	**	158,293
	VULCAN MATLS CO	351.000 shares	**	79,681
	WALKER & DUNLOP INC	380.000 shares	**	42,230
	WAL-MART STORES INC	156.000 shares	**	24,593
	WALT DISNEY CO	543.000 shares	**	49,027
	WESTROCK COMPANY	752.000 shares	**	31,249
	WOODSIDE ENERGY GROUP F	101.000 shares	**	2,130
	ZSCALER INC	274.000 shares	**	60,707
				<u>8,807,668</u>

**MEDICAL ASSOCIATION OF GEORGIA
MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 58-0605267, PLAN 002
DECEMBER 31, 2023**

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
CORPORATE BONDS				
	AMERICAN ELECTRIC 2.3% 3/01/30	25,000.000 units	**	21,487
	ASSURED GUARANT 6.125% 9/15/28	12,000.000 units	**	12,574
	EBAY INC 3.6% 6/05/27	40,000.000 units	**	38,680
	FEDEX CORP 4.9000% 01/15/34	20,000.000 units	**	20,177
	FIFTH THIRD BANC 2.55%27	15,000.000 units	**	13,802
	FORTIVE CORP 3.1500% 06/15/26	40,000.000 units	**	38,435
	GOLDMAN SACHS GRP INC 5.15% 2/15/24	40,000.000 units	**	39,939
	HP IN 5.5% 1/15/33	35,000.000 units	**	35,846
	JOHN DEERE CAPIT 2.35% 3/08/27	35,000.000 units	**	32,879
	MARATHON PETROLEU 3.8% 4/01/28	25,000.000 units	**	23,902
	MARRIOTT INTL INC NEW 4% 4/15/28	25,000.000 units	**	24,180
	NEXTERA ENERGY CAPI 5% 2/28/30	15,000.000 units	**	15,152
	NTNL RURAL UTILI 1.6500% 06/15/31	10,000.000 units	**	7,981
	ORACLE CORPORATIO 3.8% 11/15/37	15,000.000 units	**	12,727
	REINSURANCE GROUP 3.9% 5/15/29	10,000.000 units	**	9,464
	ROYAL BANK OF C 4.9500% 04/25/25	25,000.000 units	**	25,005
	SOUTHERN POWER C 4.1500% 12/01/25	10,000.000 units	**	9,852
	STIFEL FINL COR 4% 5/15/30	10,000.000 units	**	9,071
	THE BOEING CO 2.7000% 02/01/27	10,000.000 units	**	9,403
	THE BOEING CO 3.1000% 05/01/26	35,000.000 units	**	33,574
	THE GOLDMAN SACH 5.35% 2/15/32	20,000.000 units	**	20,400
	THE KROGER C 8.0000% 09/15/29	15,000.000 units	**	17,126
	THE TORONTO-DO 5.103% 1/09/26	10,000.000 units	**	10,057
	THE TORONTO-DO 4.4560% 06/08/32	15,000.000 units	**	14,566
	UNION PACIFIC CO 3.25% 1/15/25	43,000.000 units	**	42,237
	WESTVACO CORP 8.2000% 01/15/30	15,000.000 units	**	17,310
				<u>555,826</u>
GOVERNMENT BONDS				
	FFCB 5.1 5.18% 5/18/38	12,000.000 units	**	11,794
	FFCB 5.8 5.82% 7/21/38	20,000.000 units	**	20,190
				<u>31,984</u>
INTEREST BEARING CASH				
*	SCHWAB BANK SAVINGS	Money market account	**	1,882,504
*	SCHWAB VALUE ADVANTAGE MONE FUND	Money market account	**	93,306
	STATE BANK OF IN 3.55% 1/04/24	20,000.000 units	**	19,991
				<u>1,995,801</u>
MUNICIPAL SECURITIES				
	ADAMS CNTY NE S 2.9420% 12/15/33	15,000.000 units	**	12,900
	ALEXANDRIA LA U 1.955%27	25,000.000 units	**	23,060
	ALLENTOWN PA 0.0% 10/01/25	30,000.000 units	**	27,442
	BEXAR CNTY TX R 2.534% 8/15/34	15,000.000 units	**	12,082
	COMMONWEALTH FA 4.014% 6/01/33	45,000.000 units	**	42,268

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DECEMBER 31, 2023**

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MUNICIPAL SECURITIES (Continued)				
	CONNECTICUT ST 5.77% 3/15/25	10,000.000 units	**	10,077
	CUPERTINO CA UN 2.95% 8/01/36	10,000.000 units	**	8,256
	CUYAHOGA CNTY O 3.226% 7/01/29	30,000.000 units	**	28,385
	DALLAS TX AREA 2.578% 12/01/35	25,000.000 units	**	20,071
	DETROIT MI CITY 6.6450% 05/01/29	30,000.000 units	**	32,598
	E CAROLINA UNIV 2.684% 10/01/36	35,000.000 units	**	27,310
	EAST BATON ROUGE LO 4% 2/01/31	40,000.000 units	**	39,546
	FORT WORTH TEXA 3.605% 3/01/29	15,000.000 units	**	14,294
	FORT WORTH TEXA 3.855% 3/01/31	25,000.000 units	**	23,601
	FULTON CNTY GA 4.9480% 07/01/30	40,000.000 units	**	40,801
	HAWAII ST ARPTS 3.775% 7/01/32	30,000.000 units	**	27,599
	HENDERSON NV 2.78% 6/01/34	40,000.000 units	**	33,835
	HONOLULU HAWAII 2.22% 7/01/36	15,000.000 units	**	11,381
	HOUSTON TX UTIL 3.828% 5/15/28	35,000.000 units	**	34,397
	IL ST TOLL HWY 6.184% 1/01/34	30,000.000 units	**	32,958
	ILLINOIS ST 6.15% 3/01/25	30,000.000 units	**	30,280
	JOHNSTON CN NC L 2.39%35	20,000.000 units	**	15,934
	KS ST DEPT TRAN 4.596% 9/01/35	25,000.000 units	**	24,836
	LA LOC GOVT ENV 2.3320% 12/01/28	10,000.000 units	**	9,060
	LA ST HWY IMPT 1.742% 6/15/32	30,000.000 units	**	23,783
	LONOKE ARKANSAS SCH 3% 2/01/30	25,000.000 units	**	22,866
	MARYLAND ST STA 2.307% 5/01/33	15,000.000 units	**	12,297
	MD ST CDA HSG 3.463% 9/01/31	10,000.000 units	**	9,242
	MIAMI-DADE CN F 2.5070% 10/01/31	25,000.000 units	**	21,276
	MIAMI-DADE CN F 3.9620% 10/01/30	15,000.000 units	**	14,361
	MIAMISBURG OH CTY 2.3% 12/01/29	15,000.000 units	**	13,329
	MIRAMAR FL SPL 2.5430% 10/01/35	30,000.000 units	**	23,453
	MORELAND CA SD 4.4% 8/01/30	25,000.000 units	**	24,847
	NC MUN PWR CAT 6.184% 1/01/32	15,000.000 units	**	16,135
	NEW JERSEY ST 2.3% 6/01/27	30,000.000 units	**	27,967
	NEW YORK ST DOR .8870% 03/15/25	10,000.000 units	**	9,550
	NIAGARA FALLS N 3.813%26	30,000.000 units	**	29,437
	NORRISTOWN PA 3.18% 11/01/35	15,000.000 units	**	12,987
	NY ST URB DEV CO 3.1500% 03/15/27	15,000.000 units	**	14,340
	NY ST URB DEV COR 3.9% 3/15/33	25,000.000 units	**	23,563
	NYC NY TRAN AUTH 3.25% 2/01/28	15,000.000 units	**	14,378
	NYC NY TRAN AUTH 2.65%25	25,000.000 units	**	24,420
	OK ST CAP IMPT 3.407% 7/01/36	30,000.000 units	**	25,696
	PORT AUTH NY & N 6.04% 12/01/29	50,000.000 units	**	53,997
	SEDGWICK COUNTY 6.22% 10/01/28	45,000.000 units	**	46,893
	ST LUCIE CN FL 3.731% 11/01/30	10,000.000 units	**	9,540
	TANGIPAHOA PRSH 2.57% 12/01/31	30,000.000 units	**	25,784
	TULARE CA BOE 3.263%32	15,000.000 units	**	13,411
	TWIN RIVERS USD 2.75% 8/01/35	20,000.000 units	**	16,779
	UNIV CA 3.659% 5/15/27	10,000.000 units	**	9,742
	UT ST TRAN AUTH 2.375% 12/15/33	10,000.000 units	**	8,203

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DECEMBER 31, 2023**

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MUNICIPAL SECURITIES (Continued)				
	W CONTRA CSTA C 3.321%32	25,000.000 units	**	23,208
	WORCESTER CNTY MD 3.3% 12/01/31	15,000.000 units	**	13,799
				<u>1,168,254</u>
NON-INTEREST BEARING CASH				
*	CHARLES SCHWAB BANK	Un-invested cash account	**	2,338,011
*	CHARLES SCHWAB BANK	Brokerage cash account	**	221,572
				<u>2,559,583</u>
MUTUAL FUNDS				
	AMERICAN CENTURY INTERNATIONAL GR (INV)	Mutual fund	**	276,378
	BLACKROCK MID-CAP GROWTH EQUITY FUND (I)	Mutual fund	**	1,666,189
	CALVERT US LRG CAP CORE RESPONS INDX I	Mutual fund	**	905,157
	EATON VANCE HIGH INCOME OPPORTUNITIES I	Mutual fund	**	164,574
	EATON VANCE SHORT DURATION GOV INCOME	Mutual fund	**	172,785
	JANUS HENDERSON BALANCED FUND (N)	Mutual fund	**	356,548
	JANUS HENDERSON DEVELOPED WORLD BOND N	Mutual fund	**	5,878
	JANUS HENDERSON TRITON I	Mutual fund	**	298,698
	MFS GROWTH FUND (R6)	Mutual fund	**	2,466,615
	MFS VALUE R6	Mutual fund	**	488,875
	NEUBERGER BERMAN EMERG MARKETS EQUITY I	Mutual fund	**	280,145
	NEUBERGER BERMAN INTERNAT EQUITY (I)	Mutual fund	**	213,413
	PIONEER STRATEGIC INCOME FUND (K)	Mutual fund	**	507,406
	PUTNAM EQUITY INCOME FUND (Y)	Mutual fund	**	1,036,532
	VANGUARD 500 INDEX FUND (ADM)	Mutual fund	**	4,341,032
	VANGUARD INFLATION-PROTECTED SECS ADM	Mutual fund	**	557,372
	VANGUARD INTERMEDIATE-TERM BOND INDEX (A	Mutual fund	**	509,247
*	VANGUARD MID-CAP INDEX FUND (ADM)	Mutual fund	**	888,407
*	VANGUARD REIT INDEX FUND (ADM)	Mutual fund	**	297,856
	VANGUARD SMALL-CAP INDEX (ADM)	Mutual fund	**	994,558
	VANGUARD TARGET RETIREMENT 2020 INV	Mutual fund	**	4,200,803
	VANGUARD TARGET RETIREMENT 2025 INV	Mutual fund	**	3,802,327
	VANGUARD TARGET RETIREMENT 2030 INV	Mutual fund	**	10,567,107
	VANGUARD TARGET RETIREMENT 2035 INV	Mutual fund	**	8,351,652
	VANGUARD TARGET RETIREMENT 2040 INV	Mutual fund	**	10,205,156
	VANGUARD TARGET RETIREMENT 2045 INV	Mutual fund	**	8,880,979
	VANGUARD TARGET RETIREMENT 2050 INV	Mutual fund	**	5,882,806
	VANGUARD TARGET RETIREMENT 2055 INV	Mutual fund	**	1,991,672
	VANGUARD TARGET RETIREMENT 2060 INV	Mutual fund	**	352,986
	VANGUARD TARGET RETIREMENT 2065 FUND (IN	Mutual fund	**	509,431
	VANGUARD TARGET RETIREMENT INCOME INV	Mutual fund	**	1,446,313
	VANGUARD TOTAL BOND MARKET INDEX (ADM)	Mutual fund	**	492,725
	VANGUARD TOTAL INTERNAT STOCK INDEX ADM)	Mutual fund	**	1,088,631
	VANGUARD TOTAL STOCK MKT IDX ADM	Mutual fund	**	3,191,396
	VICTORY INTEGRITY MID-CAP VALUE FUND (Y)	Mutual fund	**	161,486
	VICTORY INTEGRITY SMALL-CAP VALUE R6	Mutual fund	**	151,328

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MUTUAL FUNDS (Continued)				
	WESTERN ASSET CORE PLUS BOND I	Mutual fund	**	768,015
	MID-AMERICAN APARTMENT CMNTYS INC	Mutual fund	**	27,483
				<u>78,499,961</u>
UNIT TRUSTS				
	AMERC CENTURY QULTY	6,150.000 units	**	285,698
	AMERIC CENTUR STOXX	17,338.000 units	**	1,319,142
	AMERICAN CENTURY ST	200.000 units	**	10,171
	AVANTIS EMERGING MARKETS EQ ETF	540.000 units	**	30,451
	AVANTIS U S SMALL CA	655.000 units	**	33,444
	DEFIANCE QUANTUM ETF	552.000 units	**	29,985
	DIMENSIONAL INTERN C	2,681.000 units	**	68,446
	DIMENSIONAL INTERN H	1,332.000 units	**	34,179
	DIMENSIONAL INTERNATIONAL VAL ETF	957.000 units	**	32,883
	DIMENSIONAL US CORE EQUITY 2 ETF	5,387.000 units	**	157,462
	DIMENSIONAL US HIGH	2,709.000 units	**	77,504
	DIMENSIONAL US MARKETWIDE VALUE ETF	2,099.000 units	**	78,125
	FIDELITY MSCI CONS DISCR INDX ETF	200.000 units	**	15,788
	FIDELITY TOTAL BOND ETF	232.000 units	**	10,681
	FIRST TRUST LUNT US	9,771.000 units	**	271,536
	FIRST TRUST UTILITIES ALPHADAX ETF	1,923.000 units	**	60,921
	FRANKLIN FTSE INDIA	1,436.000 units	**	50,087
	FRST TRT LOW DTN OPNTS ETF IV	7,542.000 units	**	364,429
	FT ALTERNATIVE ABSLT	10,998.000 units	**	300,795
	GLDMN SCH EQL WGHU U	3,256.000 units	**	218,347
	GOLDMAN SACHS ACTVBT INTEREQY ETF	3,152.000 units	**	102,944
	HARTFORD SCHRODERS T	556.000 units	**	10,987
	INVESCO QQQ TRUST	101.000 units	**	41,623
	ISHARES CORE US AGGREGATE BOND ETF	1,041.000 units	**	103,331
	ISHARES EDG MSCI INTL MOMNTM ETF	982.000 units	**	33,673
	ISHARES EDGE MSCI MIN VOL EAFE ETF	457.000 units	**	31,688
	ISHARES EDGE MSCI MIN VOL USA ETF	927.000 units	**	72,334
	ISHARES EDGE MSCI USA MOMENTUM FACTO	501.000 units	**	78,602
	ISHARES ESG MSCI USA ETF	4,631.000 units	**	485,987
	ISHARES MORGSTAR MID CAP GRO ETF	6,024.000 units	**	388,256
	ISHARES MSCI EMERGING MARKETS ETF	7,948.000 units	**	319,589
	ISHARES MSCI EUROPE FINANCIALS ETF	2,095.000 units	**	43,911
	ISHARES MSCI JAPAN ETF	521.000 units	**	33,417
	ISHARES SHORT TERM CORPORAT BD ETF	7,162.000 units	**	367,232
	ISHARES US MEDICAL DEVICES ETF	955.000 units	**	51,594
	ISHARES US TECHNOLOGY ETF	303.000 units	**	37,252
	ISHRS EDG MSCI MIN U	272.000 units	**	9,708
	JANUS HENDERSON SHRT DRTN INM ETF	18,825.00 units	**	909,624
	JANUS SMALL CAP GROW	4,769.000 units	**	281,401
	JOHN HANCOCK MULTIFCTR MID CP ETF	2,596.000 units	**	136,705
	LISTED FD TR	16,717.000 units	**	362,926
	PACER DEVLPT MRT INTR	9,556.000 units	**	298,557

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	UNIT TRUSTS (Continued)			
	PACER EMRGNG MKT CAS	9,335.000 units	**	188,287
	PACER LUNT MIDCAP MU	8,362.000 units	**	310,514
	PACER US CASH COWS 100 ETF	15,671.000 units	**	814,777
	PACER US SMALL CAP CASH COWS 100 ETF	7,961.000 units	**	382,367
	PIMCO ENHANCED SHRT MATURTY ACTV ETF	6,427.000 units	**	641,350
	SELECT SECTOR HEALTH CARE SPDR ETF	618.000 units	**	84,283
	SPDR BLOOMBERG 1-3 MONTH T-BILL ETF	407.000 units	**	37,228
	SPDR DOUBLELINE TTL RTRN TTCL ETF	19,201.000 units	**	772,840
	SPDR FUND CONSUMER STAPLES ETF	1,843.000 units	**	132,819
	SPDR GOLD SHARES ETF	62.000 units	**	11,853
	VANGUARD COMMUNICATION SERVICES ETF	41.000 units	**	4,827
	VANGUARD FTSE DEVELOPED MARKETS ETF	1,426.000 units	**	68,305
	VANGUARD FTSE EMERGING MARKETS ETF	731.000 units	**	30,044
	VANGUARD HIGH DIVIDEND YIELD ETF	169.000 units	**	18,903
	VANGUARD INFORMATION TECHNOLOGY ETF	154.000 units	**	74,815
	VANGUARD S&P 500 ETF	1,374.000 units	**	600,567
	VANGUARD SHORT-TERM BOND ETF	3,242.000 units	**	249,699
	VANGUARD SMALL CAP ETF	203.000 units	**	43,306
	VANGUARD TOTAL INTL BND ETF	2,304.000 units	**	113,737
	VANGUARD VALUE ETF	1,762.000 units	**	263,478
	WISDOMTREE EMRG MRKT HG DIV ETF	1,640.000 units	**	66,715
	WISDOMTREE FLOATING RTE TREAS ETF IV	3,462.000 units	**	173,931
	WISDOMTREE INTERNATI	3,597.000 units	**	90,985
	WISDOMTREE US HIGH DIVIDEND ETF	1,251.000 units	**	102,807
	WISDOMTREE US LARGE CAP ETF	4,539.000 units	**	227,472
	WISDOMTREE US MIDCAP ETF	5,884.000 units	**	337,683
	WISDOMTREE US QLT DIV GRW ETF	3,357.000 units	**	235,930
	WISDOMTREE US SMALLCAP ETF	4,980.000 units	**	248,103
				<u>13,979,040</u>
	PARTICIPANT LOANS			
*	Participant loans	Interest rates 4.25% - 8.50%	-0-	<u>431,197</u>
				<u><u>\$ 108,029,314</u></u>

* Represents a party-in-interest

** Cost information is omitted as investments are participant directed.