

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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>006</u>
		1c	Effective date of plan <u>01/01/2004</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CEI PHYSICIANS, P.S.C., INC.</u> <u>1945 CEI DRIVE</u> <u>CINCINNATI, OH 45242-5664</u>	2b	Employer Identification Number (EIN) <u>31-1473421</u>
		2c	Plan Sponsor's telephone number <u>513-569-3743</u>
		2d	Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2017	CLYDE BELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2017	CLYDE BELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

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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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 399
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 399 6a(2) 437 6b 0 6c 0 6d 437 6e 0 6f 437 6g 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CEI PHYSICIANS, P.S.C., INC.</u>	D Employer Identification Number (EIN) <u>31-1473421</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>9912310</u>
b Actuarial value	2b <u>9912310</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants	<u>0</u> <u>0</u> <u>0</u>
c For active participants	<u>432</u> <u>10292313</u> <u>10292313</u>
d Total	<u>432</u> <u>10292313</u> <u>10292313</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.94 %</u>
6 Target normal cost	6 <u>608743</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/23/2017</u>
	Signature of actuary	Date
<u>HANS NIENABER</u>	Type or print name of actuary	<u>17-05737</u>
		Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u>	Firm name	<u>513-985-6164</u>
<u>4555 LAKE FOREST DRIVE, SUITE 620</u> <u>CINCINNATI, OH 45242</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	424951
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	424951
10	Interest on line 9 using prior year's actual return of <u>-1.16</u> %	0	-4929
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		363782
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> %		22227
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		386009
d	Portion of (c) to be added to prefunding balance		386009
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	806031

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.47%
15	Adjusted funding target attainment percentage	15	88.47%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.05%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/06/2016	274000	0			
09/02/2016	269000	0			
11/21/2016	266500	0			
01/23/2017	767000	0			
Totals ►			18(b)	1576500	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1499785
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	65			
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	608743			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	1186034	259692			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	868435			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	151915			
36	Additional cash requirement (line 34 minus line 35)	36	716520			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1499785			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	783265			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

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
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 CEI PHYSICIANS, P.S.C., INC.		D Employer Identification Number (EIN) 31-1473421

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

FOSTER & MOTLEY, INC.

31-1482336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	63267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 CEI PHYSICIANS, P.S.C., INC.	D Employer Identification Number (EIN) 31-1473421	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	285000	767000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	39862	38455
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	207307	330161
(2) U.S. Government securities	1c(2)	2522352	2780844
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2263199	2310196
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1844338	1975866
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1931125	2805871
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	824721	1024677

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	9917904	12033070

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9917904	12033070
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1576500	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1576500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28	
(B) U.S. Government securities	2b(1)(B)	38550	
(C) Corporate debt instruments	2b(1)(C)	152964	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		191542
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	203795	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		203795
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2133895	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1962002	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		171893
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	34703	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		34703

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2178433

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	63267	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		63267
j Total expenses. Add all expense amounts in column (b) and enter total	2j		63267

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2115166
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3985652. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEI PHYSICIANS, P.S.C., INC.</u>	D Employer Identification Number (EIN) <u>31-1473421</u>

Part I	Distributions
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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	<u>0</u>
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):		
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	<u>0</u>

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.)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Independent Auditor's Report

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

We have audited the accompanying financial statements of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the net assets of the Plan as of December 31, 2016 and 2015 and the changes in net assets for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2016 and reportable transactions for the year ended December 31, 2016 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Morse, PLLC

Cincinnati, Ohio
October 3, 2017

2016 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

1. Interest Rates:

Segment 1	4.43%
Segment 2	5.91%
Segment 3	6.65%
Post-retirement Lump Sum Rate	5.00%

2. Mortality Rates:

<u>Preretirement:</u>	None.
<u>Postretirement:</u>	IRS 2016 Combined Small Plan Static Mortality Table.
<u>Lump sums:</u>	1994 GAR Table (50% male/50% female)

3. Salary Scale: 3.00% per year.

4. Retirement Rates: Normal Retirement Age under the Plan.

5. Termination Rates: None.

6. Disability Rates: None.

7. Plan Expenses: None.

2016 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

- | | |
|---|--|
| 8. <u>Actuarial Cost Method:</u> | Unit Credit under PPA Rules. |
| 9. <u>Asset Valuation Method:</u> | Market Value. |
| 10. <u>Assumed Form of Benefit Payment:</u> | Lump sum distribution. |
| 11. <u>Rationale for Assumptions:</u> | The IRS segment rates and mortality tables used to determine minimum funding and maximum deductible amounts are pursuant to IRS regulations. The selection of other actuarial assumptions is based on the actuary's best estimate of future expectations based on an examination of historical results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes. |
| 12. <u>Changes Since Last Year:</u> | Interest rates and mortality tables were updated as mandated by PPA. |

2016 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

1. Effective Date: January 1, 2004. Amended December 2009 and November 2012 and again in 2014.

2. Plan Year: January 1st through December 31st.

3. Covered Employees: All non-union employees of Cincinnati Eye Institute, excluding physicians who are not named in the Plan document. The Plan may be amended to allow for physicians hired after January 1, 2004 to enter the Plan.

4. Eligibility: January 1st or July 1st following the attainment of age 21 and the completion of 1 year of service.

5. Earnings: Total wages as defined in Section 3401 of the Code and all other compensation for which the Employer is required by the IRS to furnish the Employee a written statement. Earnings do not include elective amounts not includible in the gross income of the Participant by reason of Section 125, 132(f), 402(e)(3), 402(h) or 403(b) of the Code.

6. Average Monthly Earnings: One-twelfth of the average compensation for the highest three consecutive Plan Years.

2016 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

7. Vesting Service:

One Year of Vesting Service is granted for each Plan Year in which the Employee is credited with 1,000 hours. Service prior to the effective date of the Plan is included.

8. Benefit Service:

One Year of Participation is granted for each Plan Year beginning on or after the effective date of the Plan in which the Employee is credited with 500 hours while a Plan Participant. Effective January 1, 2013, one Year of Participation is granted for each Plan Year beginning on or after the effective date of the Plan in which the Employee is credited with 1,000 hours while a Plan Participant.

9. Normal Retirement:

a. Eligibility

Later of age 65 or the fifth anniversary of Plan participation.

b. Monthly Benefit

Named Physicians: Various percents (see Plan document) of Average Monthly Earnings per Year of Participation (maximum of 15 years). All other participants: 0.50% of Average Monthly Earnings per Year of Participation (maximum of 15 years). All benefits are offset by the benefit equivalent to the profit sharing contribution for each Year of Participation (maximum of 15 years). Maximum offset per Year of Participation is 0.50% of Average Earnings. Benefit percents were amended effective January 1, 2014 and January 1, 2015 and the maximum service was increased from 10 years to 15 years.

2016 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

10. Early Retirement:

- | | |
|--------------------|--------------------------------------|
| a. Eligibility | No Early Retirement benefit offered. |
| b. Monthly Benefit | N/A |

11. Late Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Beyond Normal Retirement Age. |
| b. Monthly Benefit | Accrued Benefit as of the actual retirement date or the actuarial equivalent of the Normal Retirement Benefit, if greater. |

12. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 2 Years of Vesting Service. Participants vest 20% after two Years of Service plus 20% each year thereafter to 100% after six Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement based on Benefit Service and Average Earnings as of date of separation, times the participant's vesting percentage. |

13. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | No Disability Retirement benefit offered. |
| b. Monthly Benefit | N/A |

2016 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

14. Pre-Retirement Death:

- | | |
|----------------|---|
| a. Eligibility | A Participant with an Accrued Benefit. |
| b. Benefit | Lump sum value of the level annual premium reserve for the amount of the Normal Retirement benefit being funded for the participant, determined as of the end of the Plan year in which the participant's death occurred. |

15. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially equivalent lump sum. Actuarially equivalent 75% Joint & Survivor annuity for married participants. |

16. Actuarial Equivalency:

- | | |
|-------------------------|--|
| a. Other than Lump Sums | Pre-retirement: No mortality and 5.00% interest.
Post-retirement: 1994 Group Annuity Reserve Table, blended 50% male/50% female, and 5.00% interest. |
| b. Lump Sums | Greater of the lump sum calculated using the assumptions in (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate for the second month prior to the beginning of the Plan Year in which the distribution occurs. |

2016 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

17. Maximum Annual Benefit: \$210,000 per year for participants retiring at age 62 or later during the 2016 Plan Year.
18. Changes Since Last Year: None.

2016 Schedule SB, Line 32 --Schedule of Amortization Bases

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ 54,018	01/01/2010	1	\$ 54,018
Shortfall	\$ 53,281	01/01/2011	2	\$ 27,218
Shortfall	\$ (173,731)	01/01/2012	3	\$ (60,438)
Shortfall	\$ 141,447	01/01/2013	4	\$ 37,693
Shortfall	\$ 267,846	01/01/2014	5	\$ 58,311
Shortfall	\$ 163,324	01/01/2015	6	\$ 30,563
Shortfall	\$ 679,849	01/01/2016	7	\$ 112,327
	<u>\$ 1,186,034</u>			<u>\$ 259,692</u>

Active Participants as of January 1, 2016

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

Total Years of Service

Age										
Group	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	<u>Total</u>
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	11	0	0	0	0	0	0	0	11
25-29	0	41	11	1	0	0	0	0	0	53
30-34	1	23	13	1	0	0	0	0	0	38
35-39	0	22	26	10	6	0	0	0	0	64
40-44	0	18	20	9	13	0	0	0	0	60
45-49	0	13	8	8	11	1	4	0	0	45
50-54	0	18	9	8	9	4	7	1	0	56
55-59	0	11	12	9	7	2	1	1	1	44
60-64	0	4	7	6	4	5	5	6	1	38
65-69	0	4	1	2	3	2	3	1	3	19
70 +	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	4
Total	1	165	107	55	55	14	20	9	6	432

Average Age: 44.5 Years (Last Year: 44.4)
Average Service: 9.2 Years (Last Year: 9.9)

2016 Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan
EIN: 31-1473421
PN: 006

(A) Early Retirement <u>Age</u>	(B) Retirement <u>Rates</u>	(C) Fraction <u>Remaining</u>	(D) Probability <u>Distribution</u>	(E) Sum Weighted <u>Average Age</u>
55	0%	1.00000	0.00%	0.00000
56	0%	1.00000	0.00%	0.00000
57	0%	1.00000	0.00%	0.00000
58	0%	1.00000	0.00%	0.00000
59	0%	1.00000	0.00%	0.00000
60	0%	1.00000	0.00%	0.00000
61	0%	1.00000	0.00%	0.00000
62	0%	1.00000	0.00%	0.00000
63	0%	1.00000	0.00%	0.00000
64	0%	1.00000	0.00%	0.00000
65	100%	0.00000	100.00%	<u>65.00000</u>
Weighted Average Retirement Age				65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2016 Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

Effective Interest Rate: 5.94% 0.943930527

				For Plan Year Ending <u>In</u>	Effective Interest <u>Rate</u>
<u>Date</u>	Contribution <u>Amount</u>	# Days to <u>1/1/2016</u>	Discounted Contributions @ <u>5.94%</u>		
6/6/2016	\$274,000	157	\$267,283	2016	
9/2/2016	269,000	245	258,780	2016	
11/21/2016	266,500	325	253,153	2016	
1/30/2017	<u>767,000</u>	395	<u>720,569</u>	2016	
Total	\$1,576,500		\$1,499,785		

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
▶ Round off amounts to nearest dollar.		
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Cincinnati Eye Institute Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶ 006	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CEI Physicians, P.S.C., Inc.	D Employer Identification Number (EIN) 31-1473421	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2016			
2 Assets:			
a Market value		2a	9,912,310
b Actuarial value		2b	9,912,310
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	432	10,292,313	10,292,313
d Total	432	10,292,313	10,292,313
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.94 %	
6 Target normal cost	6	608,743	

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	09/23/2017
Hans Nienaber	Date
Type or print name of actuary	17-05737
Cuni, Rust & Strenk, Inc.	Most recent enrollment number
Firm name	(513) 985-6164
4555 Lake Forest Drive, Suite 620	Telephone number (including area code)
US Cincinnati OH 45242	
Address of the firm	

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment:

4.43 %

2nd segment:

5.91 %

3rd segment:

6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b****4****22** Weighted average retirement age**22****65****23** Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28****0****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29****0****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30****0****Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a****608,743****b** Excess assets, if applicable, but not greater than line 31a**31b****0****32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment**1,186,034****259,692****b** Waiver amortization installment**0****0****33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****0****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34****868,435**

Carryover balance

Prefunding Balance

Total balance

35 Balances elected for use to offset funding requirement**0****151,915****151,915****36** Additional cash requirement (line 34 minus line 35)**36****716,520****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37****1,499,785****38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a****783,265****b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****0****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39****0****40** Unpaid minimum required contributions for all years**40****0****Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

**Cincinnati Eye Institute
Defined Benefit Pension Plan**

**Financial Report
December 31, 2016**

Cincinnati Eye Institute Defined Benefit Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

We have audited the accompanying financial statements of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the net assets of the Plan as of December 31, 2016 and 2015 and the changes in net assets for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2016 and reportable transactions for the year ended December 31, 2016 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Morse, PLLC

Cincinnati, Ohio
October 3, 2017

Cincinnati Eye Institute Defined Benefit Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Investments:		
Money market fund	\$ 325,702	\$ 202,296
Interest-bearing cash	4,460	5,011
U.S. government securities - Direct and guaranteed	2,780,843	2,522,352
Common and preferred stocks	1,975,866	1,844,338
Corporate debt instruments	160,228	186,436
Mutual funds	2,805,871	1,931,125
State and municipal securities	2,149,968	2,076,763
Other	1,024,677	824,721
Total investments	11,227,615	9,593,042
Contributions receivable	767,000	285,000
Accrued interest and dividends	38,455	39,862
Net Assets Available for Benefits	\$ 12,033,070	\$ 9,917,904

Cincinnati Eye Institute Defined Benefit Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions	\$ 1,576,843	\$ 1,138,000
Investment income (loss):		
Interest and dividends	389,518	330,384
Net realized and unrealized gains (losses) on investments	212,070	(379,172)
Total investment income (loss)	601,588	(48,788)
Total additions	2,178,431	1,089,212
Deductions from Net Assets - Administrative expenses	63,265	56,079
Net Increase	2,115,166	1,033,133
Net Assets Available for Benefits		
Beginning of year	9,917,904	8,884,771
End of year	<u><u>\$ 12,033,070</u></u>	<u><u>\$ 9,917,904</u></u>

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description

The following description of Cincinnati Eye Institute Defined Benefit Pension 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 noncontributory defined benefit plan covering all nonunion employees of CEI Physicians, P.S.C., Inc. d/b/a Cincinnati Eye Institute (the "Company"), excluding all physicians except for those physicians listed in the plan document. The Plan was effective January 1, 2004 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. The Plan met the minimum funding requirements of ERISA for the 2016 and 2015 plan years.

Payment of Benefits - Benefits are available to participants at the later of age 65 or the fifth anniversary of plan participation. The basic form of benefit is a single life annuity, with an option to receive a qualified joint and survivor annuity which is deemed to be actuarially equivalent to the single life annuity. A participant may also elect to waive the annuity benefit and receive a single lump-sum payment in an amount that is actuarially equivalent to the basic form of benefit. The monthly benefit is equal to a percentage of the participant's average earnings times years of participation up to a maximum of 10 years. The plan document specifies the percentage for physicians. For all nonphysicians, the participant percentage is 0.5 percent. The benefit is offset by the actuarially equivalent monthly benefit payable from Cincinnati Eye Institute 401(k) Plan, with the maximum offset being 0.5 percent times years of participation (maximum 10 years).

The Plan also provides a death benefit to a surviving spouse and/or designated beneficiary upon the death of an active employee. The benefit is equivalent to the lump-sum value of the level annual premium reserve for the amount of the normal retirement benefit being funded for the participant, determined as of the end of the plan year in which the participant's death occurred.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

Vesting - A participant is credited with one year of vesting service for each year in which the employee works more than 1,000 hours. This includes years prior to the effective date of the Plan. The vesting schedule is as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Charles Schwab & Co., Inc. or its affiliates. Charles Schwab & Co., Inc. is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The interest-bearing cash is valued at the outstanding balance, which approximates fair value. The U.S. government securities, corporate debt instruments, and state and municipal securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

All other investments are valued based on quoted market prices. See Note 3 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - All actuarial and administrative expenses of the Plan are paid by the Company.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits are calculated based on a percentage of average monthly compensation times the number of full years of participation, up to a maximum of 10 years, and are subject to an offset as defined in the Plan.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an independent actuary from Cuni, Rust, & Strenk and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The statements of accumulated plan benefits at December 31, 2015 and 2014 and changes in accumulated plan benefits for the years then ended were based on an actuarial valuation as of January 1, 2016 and 2015. There were no significant changes or amendments for the one-day difference.

The significant actuarial assumptions used in the valuation of the Plan at 2015 and 2014 are summarized as follows:

Actuarial cost method	- PPA unit credit method
Interest rate	- 5.00 percent per year
Mortality basis	- IRS 2016 Applicable Mortality Table (2016) - IRS 2015 Applicable Mortality Table (2015)
Salary projection	- 3.00 percent per year
Retirement rates	- Later of age 65 and five years of participation

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarially computed present value of accumulated plan benefits at December 31, 2015 is as follows:

Vested benefits - Active participants	<u>\$ 11,146,019</u>
---------------------------------------	----------------------

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

The changes in the actuarially computed present value of accumulated benefits for the plan year ended December 31, 2015 are as follows:

Value of accumulated benefits - Beginning of year	\$ 10,095,110
Decrease in discount period	504,756
Plan experience and benefit accrual	<u>546,153</u>
Value of accumulated benefits - End of year	<u>\$ 11,146,019</u>

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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 the financial statements.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 3, 2017, which is the date the financial statements were available to be issued.

New Accounting Pronouncement - During 2016, the Plan adopted Accounting Standards Update (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. Part II of the ASU was applicable to the Plan and modified the investment disclosures under ASC 820 and 960. The standard was adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 3 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 4,460	\$ 4,460	\$ -	\$ -
Money market fund	325,702	325,702	-	-
Debt securities (1)	5,091,039	-	5,091,039	-
Common and preferred stocks	1,975,866	1,975,866	-	-
Mutual funds	2,805,871	2,805,871	-	-
Other (2)	1,024,677	1,024,677	-	-
Total investments at fair value	<u>\$ 11,227,615</u>	<u>\$ 6,136,576</u>	<u>\$ 5,091,039</u>	<u>\$ -</u>

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 3 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 5,011	\$ 5,011	\$ -	\$ -
Money market fund (1)	202,296	202,296	-	-
Debt securities	4,785,551	-	4,785,551	-
Common and preferred stocks	1,844,338	1,844,338	-	-
Mutual funds	1,931,125	1,931,125	-	-
Other (2)	824,721	824,721	-	-
Total investments at fair value	<u>\$ 9,593,042</u>	<u>\$ 4,807,491</u>	<u>\$ 4,785,551</u>	<u>\$ -</u>

- (1) This class represents investments in securities issued by the U.S. government and/or U.S. government agencies, investments in securities issued by state and municipal governments and/or agencies, and investments in debt instruments issued by U.S. and international corporations. Investments are valued at their quoted market prices and/or other market data for the same or comparable instruments and transactions establishing the prices, discounted cash flow models, and other pricing models.
- (2) This class represents investments in various equity-based holdings in commodities and/or funds that are indexed based upon various commodities, primarily oil and gas. Investments are valued at their quoted market price.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no transfers between levels of the fair value hierarchy during 2016 and 2015.

Note 4 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company in a letter dated June 27, 2012 that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code (IRC).

Note 5 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 5 - Plan Termination (Continued)

Although it has not taken the steps to do so, the Company has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the Company will contribute the amount necessary to pay its share of medical benefits incurred to the date of termination.

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing cash	\$ -	\$ 4,460
Charles Schwab	Money market fund - Government money market fund	-	325,702
	U.S. government securities, direct, and guaranteed:		
United States of America	U.S. Treasury 3.75% notes due 11/15/18	26,075	26,188
United States of America	U.S. Treasury fund due 11/15/22	115,112	117,503
United States of America	U.S. Treasury 2.125% notes due 8/31/20	201,664	203,094
United States of America	U.S. Treasury 2.625% notes due 11/15/20	218,992	206,594
United States of America	U.S. Treasury 2.00% notes due 11/30/20	45,148	45,443
United States of America	U.S. Treasury 2.25% notes due 7/31/21	40,744	40,594
United States of America	U.S. Treasury 2.00% notes due 11/15/21	52,375	50,094
United States of America	U.S. Treasury 1.65% note due 11/15/22	97,913	97,250
United States of America	U.S. Treasury fund due 1/15/23	131,827	135,047
United States of America	U.S. Treasury fund due 07/15/23	51,801	52,346
United States of America	U.S. Treasury fund due 01/15/24	52,826	52,661
United States of America	U.S. Treasury fund due 1/15/24	202,559	171,777
United States of America	U.S. Treasury fund due 1/15/25	150,442	147,064
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GNMA PL 003910M	6.0% notes due 10/20/36	1,730	1,887
GNMA PL 657159	6.5% notes due 6/15/37	710	732
GNMA PL 003998M	6% notes due 6/20/37	1,418	1,582
GNMA PL 004028M	6% notes due 09/20/37	1,689	1,827
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GNMA PL 744275	4% notes due 10/15/40	24,077	24,620
GNMA PL 004882M	4% notes due 12/20/40	16,724	17,228
GNMA PL 740764	3.5% notes due 2/15/41	26,787	26,957
GNMA PL 005114M	4% notes due 7/20/41	8,914	8,993
GNMA PL 005232M	3.5% notes due 11/20/41	21,743	21,363
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Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. government securities, direct, and guaranteed (continued):			
GNMA PL MA3873M	3% notes due 8/20/46	\$ 77,528	\$ 74,207
GNMA PL MA4126M	3% notes due 12/20/46	69,881	70,895
Total U.S. government securities, direct, and guaranteed		2,851,438	2,780,843
State and municipal securities:			
Alaska Indl Dev	5.25% notes due 3/1/30	52,174	50,079
Allentown PA	5.62% notes due 5/01/22	55,615	51,669
Atlanta GA Urban Resid	5.802% notes due 12/1/27	46,493	50,808
Atwater Calif RE	5.65% notes due 6/1/17	4,534	5,006
Bloomfield Twship MI	5.37% notes due 5/1/32	27,769	27,208
Cincinnati OH	4.60% notes due 11/1/35	26,924	25,505
City of Montebel	4.07% notes due 11/1/24	51,570	50,519
Clearlake California	5.7% notes due 10/1/26	51,392	50,058
Cleveland Cuyahoga	4.00% notes due 9/01/21	46,765	45,418
Cook County Illinois	6.125% notes due 12/1/27	27,821	26,742
Decatur GA SCH CO	6.3% notes due 5/1/37	39,605	37,443
Eastern Illinois UN	5.45% notes due 4/1/19	52,400	34,435
Eastern Illinois UN	6.35% notes due 4/1/36	52,243	51,352
Garaza Cnty Tex PU	6.2% notes due 10/1/20	15,015	6,812
Garaza Cnty Tex PU	7.2% notes due 10/1/25	41,566	16,088
Hudson County NJ	6.64% notes due 2/1/24	52,958	49,502
Illinois St.	4.95% notes due 6/1/23	44,853	46,015
Indio CA Pub Tax Alloc	7.48% notes due 8/15/19	5,055	5,116
Kentucky Pub AGY	3.25% notes due 8/01/18	50,524	49,687
Kentucky HSG Corp	4.25% notes due 7/1/33	21,010	20,454
Lackawanna NY HSG Auth	8.5% notes due 1/1/23	27,398	27,361
Memphis CTR City	4.73% notes due 11/1/24	55,205	53,450
Meriden CT HSG	7.25% notes due 11/1/27	74,688	70,640
Moreno Vly California	5.549% notes due 5/1/27	51,133	50,717
Newark NJ HSG Auth	5.95% notes due 12/1/18	9,278	10,004
New Hope Cultura	4.25% notes due 7/1/31	52,717	49,893
NJ Econ Auth MTR	3.608% notes due 11/1/24	55,345	55,037
NJHMFA Cmty Dev	3.608% notes due 11/1/24	14,097	14,987
Norristown PA	5.58% notes due 11/1/19	30,314	30,059
Northwest Ark Regl	7% notes due 11/1/17	25,242	2,250
NYC NY HDC MFM	4.48% notes due 8/1/28	105,618	100,885
Orlando IL Fire	3.75% notes due 12/15/24	52,013	50,079
Pennsylvania HFA	3.15% notes due 4/1/22	25,316	25,526
Paramus NJ	5.2% notes due 3/1/21	26,068	26,553
Philadelphia PA	3.964% notes due 4/15/26	25,681	24,496
Pomono California	4.975% notes due 8/1/18	10,660	10,303
Pompano Beach	4.777% notes due 1/1/30	53,903	51,806
Port Greater Cincinnati	4.75% notes due 12/1/33	52,000	50,077
Reading PA	3.25% notes due 2/1/24	75,902	76,421
River City Reg St	8.09% notes due 11/1/29	45,612	45,524
River Islands PFA	5% notes due 9/1/20	20,020	19,903
S Gate CA PEN OB	5.42% notes due 6/1/20	75,434	80,020
Sacramento CA	5.85% notes due 8/1/19	50,647	54,042
Sacramento CA	6.42% notes due 8/1/23	115,679	113,422

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
State and municipal securities (continued):			
San Bernadino CA	7.703% notes due 2/1/21	\$ 26,400	\$ 27,730
Selma AL	5.82% notes due 7/1/31	55,435	57,767
St Clair IL	5.75% notes due 10/1/35	29,024	27,447
TX ST Charter School Corp	7.5% notes due 7/1/32	27,309	25,523
TX ST Charter School Corp	9.00% notes due 2/15/27	58,581	51,759
University N Mexico CTFS	8% notes due 6/30/25	35,588	35,659
Washington State	5.25% notes due 10/1/21	53,678	51,494
Willacy County TX	7.8% notes due 12/1/28	30,870	2,250
Westchester CN	3.332% notes due 6/01/25	47,470	46,632
Wyandotte County	6.15% notes due 12/1/17	24,607	25,344
KY HSG Corp		5,000	5,000
Total state and municipal securities		2,290,718	2,149,968
Corporate debt instruments:			
Conagra Brands	6.625% bonds due 8/15/39	57,895	55,103
Goodyear Tire	7% notes due 5/15/22	50,025	52,625
Triumph Bancorp	notes due 9/30/26	53,189	52,500
Total corporate debt instruments		161,109	160,228
Common and preferred stocks:			
Accenture PLC	Common stock	73,278	71,566
Adient PLC	Common stock	2,283	2,871
Amgen Incorporated	Common stock	41,003	48,834
Apple Inc.	Common stock	52,535	57,794
Becton Dickinson & Co	Common stock	22,397	42,215
Big Lots Inc	Common stock	25,868	33,892
Chevron Corporation	Common stock	7,158	12,005
Cisco Systems	Common stock	33,359	48,624
CR Bard Incorporate	Common stock	7,947	9,436
CVS Health Corp	Common stock	6,997	5,682
Delta Airlines Inc	Common stock	26,790	28,530
Discover Financial	Common stock	17,439	22,708
Discovery Comm Inc	Common stock	14,807	15,541
Doubleline Inc. Solutions	Common stock	116,983	102,090
Entergy Corp	Common stock	50,245	46,286
Everest Re Group LTD	Common stock	18,392	26,617
Exelon Corporation	Common stock	16,869	17,390
Exxon Mobile Corp	Common stock	38,053	46,394
Fedex Corporation	Common Stock	44,496	49,902
Gap Inc.	Common stock	6,786	3,882
General Mills Inc.	Common stock	35,607	38,668
General Motors	Common stock	16,978	16,549
Gilead Sciences Inc.	Common stock	35,439	26,997
Hanover Insurance Group	Common stock	40,646	51,330
Hasbro	Common stock	22,781	47,452
Honeywell International	Common stock	40,679	42,633
Intel Corp	Common stock	39,344	47,659
International Paper Co	Common stock	26,399	29,926
J M Smucker Co	Common stock	15,126	12,806
Johnson & Johnson	Common stock	12,414	11,521
Johnson Controls Inc.	Common stock	22,571	20,348

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common and preferred stock (continued):			
JPMorgan Chase & Co.	Common stock	\$ 43,700	\$ 67,738
Lowes Companies Inc	Common stock	29,556	26,101
LyondellBasell Inds	Common stock	26,765	25,048
Marathon Pete Corp	Common stock	48,282	48,638
McKesson Corp	Common stock	36,906	50,562
Microsoft Corp	Common stock	38,527	72,331
Nielsen Holdings PLC	Common stock	28,350	23,073
Oracle Corp	Common stock	14,287	19,302
PepsiCo Incorporated	Common stock	54,732	60,267
Pfizer Incorporated	Common stock	26,444	35,046
Public Services Enterprise	Common stock	18,086	19,088
Stanley Black & Decker	Common stock	17,724	19,842
Target Corp	Common stock	75,670	71,508
Toronto Dominion Bank	Common stock	60,895	82,151
Total SA	Common stock	50,852	52,499
Travelers Companies Inc.	Common stock	35,003	51,416
Tyson Foods Inc	Common stock	31,208	27,756
United Technologies Corp	Common stock	19,216	31,242
Valero Energy Corp	Common stock	10,439	11,136
Verizon Communications	Common stock	51,526	68,860
Wal-mart Stores Inc	Common stock	10,402	10,367
Wells Fargo & Co.	Common stock	15,220	26,343
Western Union Co.	Common stock	10,261	11,512
3M Company	Common stock	11,608	25,892
Total common and preferred stocks		1,697,328	1,975,866
Mutual funds:			
AQR Managed Futures	Strategy High Value Fund	150,028	139,065
DFA	Emerging Markets Value	153,534	155,216
DFA	Emerging Markets Small Cap I	50,457	46,806
DFA	Intl Small Co Port	57,924	59,435
Direxion	Commodities Broad Basket	85,400	70,055
Federated Prudent	Bear CL A	118,131	103,169
Harbor International	International Fund	101,562	93,074
Matthews	Asian Growth & Income Fund	86,627	92,257
Oakmark	Foreign Large Blend	115,350	112,486
Performance Trust Strat	Bond Fund	32,417	31,929
Pioneer	ILS Interval Fund	179,362	178,755
PIMCO	All Asset All Authority Inst	121,088	100,890
Stone Ridge	All Asset	94,457	98,755
Stone Ridge	Intl Deviation	57,557	57,848
Stone Ridge	Alt Lending	503,234	491,879
Stone Ridge	High Yield	344,030	337,464
Stone Ridge	Equity Fund	186,354	187,946
Tortoise MLP & Pipeline	Energy Fund	113,266	128,402
TCW	Emerging Markets Local	209,255	205,690
361 Managed Futures	Managed Futures	114,874	114,750
Total mutual funds		2,874,907	2,805,871

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Other:			
Annaly Capital Mgmt	Specialty Mortgage Finance Fund	\$ 14,992	\$ 13,310
Blackstone Mtg Tr	Real Estate Invest Trust	10,041	11,216
Charles Schwab US Reit	Exchange traded fund	54,728	53,557
iShares Edge MSCI	EFAV	92,507	88,647
iShares TR	Gold Trust	177,055	171,241
iShares TR Barclays	Bond Fund	150,520	143,726
iShares TR Barclays	Bond Fund	74,845	73,375
JAN Velocity Tail Risk	Bond Fund	53,427	51,746
PowerShares	Fixed Income Emerging Markets	227,253	224,893
PowerShares	Emerging Markets Exchange Traded Fund	14,344	17,932
Sabine	Royalty Trust	53,195	47,663
Schwab	Equity Emerging Markets	75,938	73,493
Vanguard Intermediate	Term Government Fund	10,966	10,802
Vanguard Small Cap Value	Exchange Traded Fund	39,189	43,076
Total other		1,049,000	1,024,677
Total investments		<u>\$ 10,924,500</u>	<u>\$ 11,227,615</u>

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1473421, Plan No. 006 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Stone Ridge	Alternative Lending Risk Premium Institution: Purchases - 2 Sales - None	\$ 503,234	\$ -	\$ 503,234	\$ 503,234	\$ -
Charles Schwab	Government Money Market Fund: Purchases - 123 Sales - 45	2,176,960	\$ -	2,176,960	2,176,960	\$ -
		\$ -	2,053,583	2,053,583	2,053,583	\$ -

There were no Category (i), (ii), or (iv) reportable transactions during the year.

Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1473421, Plan No. 006 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

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Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
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Alaska Indl Dev	5.25% notes due 3/1/30	52,174	50,079
Allentown PA	5.62% notes due 5/01/22	55,615	51,669
Atlanta GA Urban Resid	5.802% notes due 12/1/27	46,493	50,808
Atwater Calif RE	5.65% notes due 6/1/17	4,534	5,006
Bloomfield Twship MI	5.37% notes due 5/1/32	27,769	27,208
Cincinnati OH	4.60% notes due 11/1/35	26,924	25,505
City of Montebel	4.07% notes due 11/1/24	51,570	50,519
Clearlake California	5.7% notes due 10/1/26	51,392	50,058
Cleveland Cuyahoga	4.00% notes due 9/01/21	46,765	45,418
Cook County Illinois	6.125% notes due 12/1/27	27,821	26,742
Decatur GA SCH CO	6.3% notes due 5/1/37	39,605	37,443
Eastern Illinois UN	5.45% notes due 4/1/19	52,400	34,435
Eastern Illinois UN	6.35% notes due 4/1/36	52,243	51,352
Garaza Cnty Tex PU	6.2% notes due 10/1/20	15,015	6,812
Garaza Cnty Tex PU	7.2% notes due 10/1/25	41,566	16,088
Hudson County NJ	6.64% notes due 2/1/24	52,958	49,502
Illinois St.	4.95% notes due 6/1/23	44,853	46,015
Indio CA Pub Tax Alloc	7.48% notes due 8/15/19	5,055	5,116
Kentucky Pub AGY	3.25% notes due 8/01/18	50,524	49,687
Kentucky HSG Corp	4.25% notes due 7/1/33	21,010	20,454
Lackawanna NY HSG Auth	8.5% notes due 1/1/23	27,398	27,361
Memphis CTR City	4.73% notes due 11/1/24	55,205	53,450
Meriden CT HSG	7.25% notes due 11/1/27	74,688	70,640
Moreno Vly California	5.549% notes due 5/1/27	51,133	50,717
Newark NJ HSG Auth	5.95% notes due 12/1/18	9,278	10,004
New Hope Cultura	4.25% notes due 7/1/31	52,717	49,893
NJ Econ Auth MTR	3.608% notes due 11/1/24	55,345	55,037
NJHMFA Cmty Dev	3.608% notes due 11/1/24	14,097	14,987
Norristown PA	5.58% notes due 11/1/19	30,314	30,059
Northwest Ark Regl	7% notes due 11/1/17	25,242	2,250
NYC NY HDC MFM	4.48% notes due 8/1/28	105,618	100,885
Orlando IL Fire	3.75% notes due 12/15/24	52,013	50,079
Pennsylvania HFA	3.15% notes due 4/1/22	25,316	25,526
Paramus NJ	5.2% notes due 3/1/21	26,068	26,553
Philadelphia PA	3.964% notes due 4/15/26	25,681	24,496
Pomono California	4.975% notes due 8/1/18	10,660	10,303
Pompano Beach	4.777% notes due 1/1/30	53,903	51,806
Port Greater Cincinnati	4.75% notes due 12/1/33	52,000	50,077
Reading PA	3.25% notes due 2/1/24	75,902	76,421
River City Reg St	8.09% notes due 11/1/29	45,612	45,524
River Islands PFA	5% notes due 9/1/20	20,020	19,903
S Gate CA PEN OB	5.42% notes due 6/1/20	75,434	80,020
Sacramento CA	5.85% notes due 8/1/19	50,647	54,042
Sacramento CA	6.42% notes due 8/1/23	115,679	113,422

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
State and municipal securities (continued):			
San Bernadino CA	7.703% notes due 2/1/21	\$ 26,400	\$ 27,730
Selma AL	5.82% notes due 7/1/31	55,435	57,767
St Clair IL	5.75% notes due 10/1/35	29,024	27,447
TX ST Charter School Corp	7.5% notes due 7/1/32	27,309	25,523
TX ST Charter School Corp	9.00% notes due 2/15/27	58,581	51,759
University N Mexico CTFS	8% notes due 6/30/25	35,588	35,659
Washington State	5.25% notes due 10/1/21	53,678	51,494
Willacy County TX	7.8% notes due 12/1/28	30,870	2,250
Westchester CN	3.332% notes due 6/01/25	47,470	46,632
Wyandotte County	6.15% notes due 12/1/17	24,607	25,344
KY HSG Corp		5,000	5,000
Total state and municipal securities		2,290,718	2,149,968
Corporate debt instruments:			
Conagra Brands	6.625% bonds due 8/15/39	57,895	55,103
Goodyear Tire	7% notes due 5/15/22	50,025	52,625
Triumph Bancorp	notes due 9/30/26	53,189	52,500
Total corporate debt instruments		161,109	160,228
Common and preferred stocks:			
Accenture PLC	Common stock	73,278	71,566
Adient PLC	Common stock	2,283	2,871
Amgen Incorporated	Common stock	41,003	48,834
Apple Inc.	Common stock	52,535	57,794
Becton Dickinson & Co	Common stock	22,397	42,215
Big Lots Inc	Common stock	25,868	33,892
Chevron Corporation	Common stock	7,158	12,005
Cisco Systems	Common stock	33,359	48,624
CR Bard Incorporate	Common stock	7,947	9,436
CVS Health Corp	Common stock	6,997	5,682
Delta Airlines Inc	Common stock	26,790	28,530
Discover Financial	Common stock	17,439	22,708
Discovery Comm Inc	Common stock	14,807	15,541
Doubleline Inc. Solutions	Common stock	116,983	102,090
Entergy Corp	Common stock	50,245	46,286
Everest Re Group LTD	Common stock	18,392	26,617
Exelon Corporation	Common stock	16,869	17,390
Exxon Mobile Corp	Common stock	38,053	46,394
Fedex Corporation	Common Stock	44,496	49,902
Gap Inc.	Common stock	6,786	3,882
General Mills Inc.	Common stock	35,607	38,668
General Motors	Common stock	16,978	16,549
Gilead Sciences Inc.	Common stock	35,439	26,997
Hanover Insurance Group	Common stock	40,646	51,330
Hasbro	Common stock	22,781	47,452
Honeywell International	Common stock	40,679	42,633
Intel Corp	Common stock	39,344	47,659
International Paper Co	Common stock	26,399	29,926
J M Smucker Co	Common stock	15,126	12,806
Johnson & Johnson	Common stock	12,414	11,521
Johnson Controls Inc.	Common stock	22,571	20,348

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common and preferred stock (continued):			
JPMorgan Chase & Co.	Common stock	\$ 43,700	\$ 67,738
Lowes Companies Inc	Common stock	29,556	26,101
LyondellBasell Inds	Common stock	26,765	25,048
Marathon Pete Corp	Common stock	48,282	48,638
McKesson Corp	Common stock	36,906	50,562
Microsoft Corp	Common stock	38,527	72,331
Nielsen Holdings PLC	Common stock	28,350	23,073
Oracle Corp	Common stock	14,287	19,302
PepsiCo Incorporated	Common stock	54,732	60,267
Pfizer Incorporated	Common stock	26,444	35,046
Public Services Enterprise	Common stock	18,086	19,088
Stanley Black & Decker	Common stock	17,724	19,842
Target Corp	Common stock	75,670	71,508
Toronto Dominion Bank	Common stock	60,895	82,151
Total SA	Common stock	50,852	52,499
Travelers Companies Inc.	Common stock	35,003	51,416
Tyson Foods Inc	Common stock	31,208	27,756
United Technologies Corp	Common stock	19,216	31,242
Valero Energy Corp	Common stock	10,439	11,136
Verizon Communications	Common stock	51,526	68,860
Wal-mart Stores Inc	Common stock	10,402	10,367
Wells Fargo & Co.	Common stock	15,220	26,343
Western Union Co.	Common stock	10,261	11,512
3M Company	Common stock	11,608	25,892
Total common and preferred stocks		1,697,328	1,975,866
Mutual funds:			
AQR Managed Futures	Strategy High Value Fund	150,028	139,065
DFA	Emerging Markets Value	153,534	155,216
DFA	Emerging Markets Small Cap I	50,457	46,806
DFA	Intl Small Co Port	57,924	59,435
Direxion	Commodities Broad Basket	85,400	70,055
Federated Prudent	Bear CL A	118,131	103,169
Harbor International	International Fund	101,562	93,074
Matthews	Asian Growth & Income Fund	86,627	92,257
Oakmark	Foreign Large Blend	115,350	112,486
Performance Trust Strat	Bond Fund	32,417	31,929
Pioneer	ILS Interval Fund	179,362	178,755
PIMCO	All Asset All Authority Inst	121,088	100,890
Stone Ridge	All Asset	94,457	98,755
Stone Ridge	Intl Deviation	57,557	57,848
Stone Ridge	Alt Lending	503,234	491,879
Stone Ridge	High Yield	344,030	337,464
Stone Ridge	Equity Fund	186,354	187,946
Tortoise MLP & Pipeline	Energy Fund	113,266	128,402
TCW	Emerging Markets Local	209,255	205,690
361 Managed Futures	Managed Futures	114,874	114,750
Total mutual funds		2,874,907	2,805,871

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-1473421, Plan No. 006

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Other:			
Annaly Capital Mgmt	Specialty Mortgage Finance Fund	\$ 14,992	\$ 13,310
Blackstone Mtg Tr	Real Estate Invest Trust	10,041	11,216
Charles Schwab US Reit	Exchange traded fund	54,728	53,557
iShares Edge MSCI	EFAV	92,507	88,647
iShares TR	Gold Trust	177,055	171,241
iShares TR Barclays	Bond Fund	150,520	143,726
iShares TR Barclays	Bond Fund	74,845	73,375
JAN Velocity Tail Risk	Bond Fund	53,427	51,746
PowerShares	Fixed Income Emerging Markets	227,253	224,893
PowerShares	Emerging Markets Exchange Traded Fund	14,344	17,932
Sabine	Royalty Trust	53,195	47,663
Schwab	Equity Emerging Markets	75,938	73,493
Vanguard Intermediate	Term Government Fund	10,966	10,802
Vanguard Small Cap Value	Exchange Traded Fund	39,189	43,076
Total other		1,049,000	1,024,677
Total investments		<u>\$ 10,924,500</u>	<u>\$ 11,227,615</u>