

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |                                                                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |                                                                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                                                          |                                                                                                                                                                                                                                             |                                                                                           |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |                                                                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |                                                                                           |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |                                                                                           |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>               |                                                                                                                                                                                                                                             |                                                                                           |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> special extension (enter description)                                                                                                                             | <input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program |

|                |                                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                   |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                            | <b>1b</b> | Three-digit plan number (PN) ► <u>001</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> | Effective date of plan<br><u>06/01/1964</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>UNIVERSITY OTOLARYNGOLOGISTS, INC.</u><br><br><u>1810 MACKENZIE DRIVE</u><br><u>COLUMBUS, OH 43220</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>31-0682633</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>2c</b> | Plan Sponsor's telephone number<br><u>614-273-2244</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>2d</b> | Business code (see instructions)<br><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.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/12/2017 | JEFFREY HILTBRAND                                            |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | 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                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                  | <b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                             | <b>6a(1)</b> 159                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b> 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                 | <b>6c</b> 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        | <b>6d</b> 212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> 212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                    | <b>6g</b> 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                        | <b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2T 3D                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN                             | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UNIVERSITY OTOLARYNGOLOGISTS, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-0682633 |

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

**1** Coverage Information:

(a) Name of insurance carrier  
NATIONWIDE LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-4156830 | 66869         | 020H09824824                          | 5                                                                           | 01/01/2016              | 12/31/2016 |

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

|                                               |                                    |
|-----------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>25715 | (b) Total amount of fees paid<br>0 |
|-----------------------------------------------|------------------------------------|

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

|                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>AXA ADVISORS LLC<br>525 WASHINGTON BLVD, 29TH FL<br>JERSEY CITY, NJ 07310 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 25715                                         |                                 |             | 7                     |

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions ..... **7c(6)**

0

**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d**

0

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions ..... **7e(5)**

0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

0

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2016</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                                     |                                                             |     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN                             | <b>B</b> Three-digit plan number (PN) <b>►</b>              | 001 |
|                                                                                                     |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UNIVERSITY OTOLARYNGOLOGISTS, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-0682633 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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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)

JACKSON NATIONAL LIFE INSURANCE COM

38-1659835

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 22 51                            | INVEST MGR                                                                                                           | 57468                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

ALLIANZ

41-1366075

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 28 51                            | INVEST MGR                                                                                                           | 40104                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

CHARLES SCHWAB

94-1737782

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 28 51                            | INVEST. MGR                                                                                                          | 30536                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**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)

NATIONWIDE

31-4156830

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 38 51 52                      | INVEST. MGR                                                                                              | 24215                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 1726                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

AXA ADVISORS LLC

95-2834236

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | INVEST MGR                                                                                               | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 25774                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

FIDELITY INVESTMENTS

04-3523567

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | INVEST. MGR                                                                                              | 24745                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

RAYMOND JAMES FINANCIAL SERVICES

59-1531281

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | INVEST MGR                                                                                               | 21528                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

PRUDENTIAL SECURITIES

22-1211670

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | INVEST MGR                                                                                               | 13663                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

BLUE BENEFITS CONSULTING

35-1907899

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64 65                         | TPA                                                                                                      | 1875                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 6444                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**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)

UBS

13-2638166

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | INVEST MGR                                                                                               | 3177                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                    |            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>   |                                                                    |            |
| <b>A</b> Name of plan<br><u>UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
|                                                                                                            |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNIVERSITY OTOLARYNGOLOGISTS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0682633</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 999039                | 995826          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 22198                 | 22283           |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | -1299                 | -1099           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 384750                | 388000          |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 100000                | 100000          |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 100000                | 45993           |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 295822                | 296148          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 11495084              | 13970496        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 24739792              | 25153377        |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 38135386              | 40971024        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 38135386 | 40971024 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 1492498    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 978412     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 11421      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2482331   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 12886      |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 12886     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 951938    |
| c Other income.....                                                                            | 2c     |            | 1723996   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 5171151   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 2066081 |         |
| (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) |         | 2066081 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense.....                                                              | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 269432  |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 269432  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 2335513 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2835638 |
| 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: **GBQ PARTNERS**

(2) EIN: **20-2122306**

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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 ..... (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNIVERSITY OTOLARYNGOLOGISTS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0682633</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                      |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>31-1447161</u> <u>31-4156830</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                     |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                     | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> 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   .      |                                                                                                                                                                                   |
| <b>22b</b> 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   /   /   .                                     |                                                                                                                                                                                   |

• **Financial Statements**  
• with Supplemental Information  
•

• **University**  
• **Otolaryngologists, Inc.**  
• **401(k) Plan**  
•

• December 31, 2016 and 2015  
•



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To the Trustees  
University Otolaryngologists, Inc. 401(k) Plan  
Columbus, Ohio

## **Independent Auditor's Report**

### ***Report on the Financial Statements***

We have audited the accompanying financial statements of University Otolaryngologists, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***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 of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the 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 Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

To the Trustees  
University Otolaryngologists, Inc. 401(k) Plan  
Page 2

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of University Otolaryngologists, Inc. 401(k) Plan as of December 31, 2016 and 2015 and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Report on Supplemental Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the financial statements, but is 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*GBQ Partners LLC*

Columbus, Ohio  
October 11, 2017

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Statements of Net Assets Available for Benefits

### December 31, 2016 and 2015

|                                          | 2016                 | 2015                 |
|------------------------------------------|----------------------|----------------------|
| <b>Assets:</b>                           |                      |                      |
| Investments                              | <b>\$ 39,657,866</b> | \$ 36,819,626        |
| Receivables:                             |                      |                      |
| Participant contribution                 | <b>21,184</b>        | 20,899               |
| Employer contribution                    | <b>995,826</b>       | 999,039              |
| Notes receivable from participants       | <b>296,148</b>       | 295,822              |
| Total receivables                        | <b>1,313,158</b>     | 1,315,760            |
| <b>Net Assets Available for Benefits</b> | <b>\$ 40,971,024</b> | <b>\$ 38,135,386</b> |

*The accompanying notes are an integral part of the financial statements.*

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Statements of Changes in Net Assets Available for Benefits

### For the Years Ended December 31, 2016 and 2015

|                                                       | 2016                 | 2015                 |
|-------------------------------------------------------|----------------------|----------------------|
| <b>Additions to Net Assets Attributed to:</b>         |                      |                      |
| Investment income:                                    |                      |                      |
| Net appreciation and fair value of investments        | \$ 2,167,611         | \$ -                 |
| Interest and dividends                                | 508,323              | 840,346              |
| Total investment income                               | <u>2,675,934</u>     | <u>840,346</u>       |
| Interest income on notes receivable from participants | 12,886               | 13,708               |
| Contributions:                                        |                      |                      |
| Participants'                                         | 978,412              | 972,351              |
| Employer's                                            | 1,492,498            | 1,505,405            |
| Rollovers                                             | 11,421               | 108,544              |
| Total contributions                                   | <u>2,482,331</u>     | <u>2,586,300</u>     |
| Total additions                                       | <u>5,171,151</u>     | <u>3,440,354</u>     |
| <b>Deductions from Net Assets Attributed to:</b>      |                      |                      |
| Net depreciation in fair value of investments         | -                    | 1,787,792            |
| Benefits paid to participants                         | 2,066,081            | 2,397,331            |
| Administrative expenses                               | 269,432              | 207,714              |
| Total deductions                                      | <u>2,335,513</u>     | <u>4,392,837</u>     |
| Net increase (decrease)                               | <u>2,835,638</u>     | ( 952,483)           |
| <b>Net Assets Available for Benefits:</b>             |                      |                      |
| Beginning of Year                                     | <u>38,135,386</u>    | <u>39,087,869</u>    |
| End of Year                                           | <u>\$ 40,971,024</u> | <u>\$ 38,135,386</u> |

*The accompanying notes are an integral part of the financial statements.*

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Notes to Financial Statements

December 31, 2016 and 2015

### Plan Description

The following description of the University Otolaryngologists, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

#### General

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan agreement. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Company contributes 100% of the first 4.75% of compensation that a participant contributes to the Plan as a matching contribution. Additional profit sharing amounts may be contributed at the option of the Company's management. Contributions are subject to certain limitations.

#### Participant Accounts

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

#### Self-Directed Accounts

The Plan permits any participant to self direct the investing activity of their assets in the Plan. As such, the funds are segregated and accounted for separately from the pooled accounts.

#### Vesting

Participants are immediately vested in their contributions and the employer matching contributions plus actual earnings thereon. Vesting in the Company's profit sharing contribution portion of their accounts plus actual earnings thereon is based on continuous years of service according to the following vesting schedule:

| Years of Service | Vesting Percentage |
|------------------|--------------------|
| 1                | 20%                |
| 2                | 40%                |
| 3                | 60%                |
| 4                | 80%                |
| 5 or more        | 100%               |

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Notes to Financial Statements

December 31, 2016 and 2015

### Plan Description (continued)

#### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. All loans are secured by all or a portion of the assets within a participant's individual account. Interest rates are 1% over the prime rate at the time of the loan and range from 4.25% to 4.50%. Principal and interest are paid ratably through payroll deductions.

#### Payment of Benefits

A participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments upon termination of service due to separation of service, death, disability, retirement or other reasons.

#### Forfeited Accounts

At December 31, 2016 and 2015, forfeited non-vested accounts totaled \$15,451 and \$2,573, respectively. Amounts forfeited by participants who have terminated service prior to becoming fully vested are used to pay any administrative expenses and then are added to the employer profit sharing contribution. At December 31, 2016 and 2015, forfeitures of \$15,451 and \$2,573, respectively, were added to the employer profit sharing contribution and paid subsequent to year end.

### Summary of Significant Accounting Policies

#### Basis of Accounting

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

#### Use of Estimates

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

#### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For additional disclosure regarding fair value of investments, see the *Fair Value Measurements* footnote herein.

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

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Notes to Financial Statements

December 31, 2016 and 2015

### Summary of Significant Accounting Policies (continued)

#### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal plus any accrued, but unpaid, interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

#### Payment of Benefits

Benefits are recorded when paid.

### Investments

The following is a summary of investments at December 31, 2016 and 2015.

|                        | 2016                        | 2015                        |
|------------------------|-----------------------------|-----------------------------|
| Mutual funds           | \$ 13,970,496               | \$ 11,442,267               |
| Self-directed accounts | 25,153,377                  | 24,792,609                  |
| Others                 | <u>533,993</u>              | <u>584,750</u>              |
| <b>Total</b>           | <b><u>\$ 39,657,866</u></b> | <b><u>\$ 36,819,626</u></b> |

The Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in value as follows at December 31:

|                        | 2016                       | 2015                          |
|------------------------|----------------------------|-------------------------------|
| Mutual funds           | \$ 951,938                 | \$ ( 391,602)                 |
| Self-directed accounts | 1,165,088                  | ( 1,341,765)                  |
| Others                 | <u>50,585</u>              | <u>( 54,425)</u>              |
| <b>Total</b>           | <b><u>\$ 2,167,611</u></b> | <b><u>\$ ( 1,787,792)</u></b> |

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Notes to Financial Statements

December 31, 2016 and 2015

### Fair Value Measurements

GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.
- Level 2 inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets or liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- Level 3 inputs are significant unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

|                      |                                                                             |
|----------------------|-----------------------------------------------------------------------------|
| <i>Mutual Funds:</i> | Valued at the net asset value (NAV) of shares held by the Plan at year-end. |
|----------------------|-----------------------------------------------------------------------------|

|                                                                                                    |                                                                                                                          |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <i>Common Stocks,<br/>Corporate Bonds, U.S.<br/>Government Securities<br/>and Preferred Stock:</i> | Valued at the closing price reported on the active market on which they are traded. These investments are self-directed. |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <i>Others:</i> | Valued based on the underlying investments held by the fund. These investments are self-directed. |
|----------------|---------------------------------------------------------------------------------------------------|

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Notes to Financial Statements

December 31, 2016 and 2015

### Fair Value Measurements (continued)

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

| Assets at Fair Value as of December 31, 2016 |                             |                    |                          |                             |
|----------------------------------------------|-----------------------------|--------------------|--------------------------|-----------------------------|
|                                              | Level 1                     | Level 2            | Level 3                  | Total                       |
| Mutual funds                                 | \$ 13,970,496               | \$ -               | \$ -                     | \$ 13,970,496               |
| Self-directed accounts                       | 25,153,377                  | -                  | -                        | 25,153,377                  |
| Others                                       | <u>-</u>                    | <u>-</u>           | <u>533,993</u>           | <u>533,993</u>              |
| <b>Total assets at fair value</b>            | <b><u>\$ 39,123,873</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 533,993</u></b> | <b><u>\$ 39,657,866</u></b> |

| Assets at Fair Value as of December 31, 2015 |                             |                    |                          |                             |
|----------------------------------------------|-----------------------------|--------------------|--------------------------|-----------------------------|
|                                              | Level 1                     | Level 2            | Level 3                  | Total                       |
| Mutual funds                                 | \$ 11,442,267               | \$ -               | \$ -                     | \$ 11,442,267               |
| Self-directed accounts                       | 24,792,609                  | -                  | -                        | 24,792,609                  |
| Others                                       | <u>-</u>                    | <u>-</u>           | <u>584,750</u>           | <u>584,750</u>              |
| <b>Total assets at fair value</b>            | <b><u>\$ 36,234,876</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 584,750</u></b> | <b><u>\$ 36,819,626</u></b> |

### Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

|                             | 2016                     | 2015                     |
|-----------------------------|--------------------------|--------------------------|
| Others:                     |                          |                          |
| Balance, beginning of year  | \$ 584,750               | \$ 772,500               |
| Transfers out               | ( 43,691)                | (118,684)                |
| Investment fees             | ( 57,651)                | ( 14,641)                |
| Unrealized gains (losses)   | <u>50,585</u>            | <u>( 54,425)</u>         |
| <b>Balance, end of year</b> | <b><u>\$ 533,993</u></b> | <b><u>\$ 584,750</u></b> |

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

## Notes to Financial Statements

December 31, 2016 and 2015

### Transactions with Parties-in-Interest

Certain Plan investments are managed by Nationwide Financial Services, Inc. (Nationwide). Nationwide is the custodian as defined by the Plan agreement and, therefore, these transactions qualify as party-in-interest. Self-directed investments are managed by various brokerage companies. These transactions also qualify as party-in-interest. Fees paid by the Plan to these various custodians for investment management services amounted to \$269,432 and \$207,714 for the years ended December 31, 2016 and 2015, respectively.

### Plan Termination

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

### Tax Status

The Plan obtained its latest determination letter dated March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2016 statement of net assets available for benefits.

### Subsequent Events - Date of Management's Evaluation

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date on which the financial statements were available to be issued.

## **SUPPLEMENTAL INFORMATION**

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# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

EIN: #31-0682633

PN: #001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|
|     | <i>Mutual Funds:</i>                                           |                                                                                                                     |                         |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Extended Term Fund                                                                       | \$ 1,485,776            |
| *   | Nationwide Financial Services, Inc.                            | American Funds American Balanced Fund R5                                                                            | 1,250,077               |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Balanced Index                                                                                             | 920,130                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Growth fund of America R5 Fund                                                                       | 714,683                 |
| *   | Nationwide Financial Services, Inc.                            | Loomis Sayles Bond Admin                                                                                            | 625,507                 |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Max Term S Fund                                                                          | 621,872                 |
| *   | Nationwide Financial Services, Inc.                            | Nationwide Money Market Institutional Fund                                                                          | 540,072                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Prime Cap Core Fund                                                                                        | 508,074                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Capital World Gr Inc Class R5 Fund                                                                   | 498,992                 |
| *   | Nationwide Financial Services, Inc.                            | Lazard Emerging Market Equity Fund                                                                                  | 489,933                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2020 Fund                                                                                          | 362,117                 |
| *   | Nationwide Financial Services, Inc.                            | Emerging Market Fund                                                                                                | 346,346                 |
| *   | Nationwide Financial Services, Inc.                            | Baron Partners Fund                                                                                                 | 334,610                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Leveraged Company Stock                                                                                    | 326,229                 |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Moderate Term S Fund                                                                     | 298,911                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Capital Income Builder Class R5 Fund                                                                 | 298,041                 |
| *   | Nationwide Financial Services, Inc.                            | Diamond Hill Small Cap Fund                                                                                         | 263,217                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Small Cap Growth Index Fund                                                                                | 248,979                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2030 Fund                                                                                          | 247,328                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Select Value Fund                                                                                          | 230,065                 |
| *   | Nationwide Financial Services, Inc.                            | Thornburg International Value Fund                                                                                  | 215,533                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Capital World Bond R5 Fund                                                                           | 200,679                 |
| *   | Nationwide Financial Services, Inc.                            | Diamond Hill Large Cap Fund                                                                                         | 169,838                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Growth Index Fund                                                                                          | 167,856                 |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Max Conservative Term S Fund                                                             | 154,833                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Fundamental Investment R5 Fund                                                                       | 153,939                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard REIT Index Fund IS                                                                                         | 150,756                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Wellesley Income Fund                                                                                      | 143,762                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Short-term Bond Index                                                                                      | 129,499                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Equity-Income Fund                                                                                         | 117,484                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Emerging Market Stock Index Fund                                                                           | 115,006                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Total International Stock Index Fund                                                                       | 114,040                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Extended Market Index Fund                                                                                 | 112,294                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds EuroPacific Growth Fund R5                                                                           | 102,900                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2040 Fund                                                                                          | 102,815                 |
| *   | Nationwide Financial Services, Inc.                            | TCW Total Return Bond Fund                                                                                          | 92,372                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard 500 Index Fund                                                                                             | 86,857                  |
| *   | Nationwide Financial Services, Inc.                            | T Rowe Price Equity Income Fund                                                                                     | 83,175                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds Income Fund of America R5 Fund                                                                       | 72,630                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds AmCap R5 Fund                                                                                        | 69,298                  |
| *   | Nationwide Financial Services, Inc.                            | T Rowe Price Growth Stock Fund R                                                                                    | 61,448                  |
| *   | Nationwide Financial Services, Inc.                            | Baron Asset Fund                                                                                                    | 57,875                  |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2025 Fund                                                                                          | 55,311                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds American Mutual R5 Fund                                                                              | 54,767                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard International Growth Fund                                                                                  | 53,316                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Inflation- Protected Securities Fund                                                                       | 52,528                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Value Index IS                                                                                             | 49,524                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds American High Income Treasury Fund                                                                   | 40,970                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard FTSE Social Index Fund Investor Shares                                                                     | 39,382                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds Small Cap World Fund                                                                                 | 38,109                  |
| *   | Nationwide Financial Services, Inc.                            | Franklin Small Mid Cap Growth Fund                                                                                  | 29,434                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds New Prospect Fund                                                                                    | 27,108                  |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2035 Fund                                                                                          | 25,990                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Explorer Fund                                                                                              | 23,658                  |
| *   | Nationwide Financial Services, Inc.                            | Eaton Vance Worldwide Health Science Fund                                                                           | 23,588                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds New World R5 Fund                                                                                    | 22,246                  |

See Independent Auditor's Report.

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

EIN: #31-0682633

PN: #001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2016

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|
|     | <i>Mutual Funds: (continued)</i>                               |                                                                                                                     |                         |
| *   | Nationwide Financial Services, Inc.                            | Vanguard GNMA Fund                                                                                                  | 20,348                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds Investment Company of America Fund                                                                   | 19,940                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Small Cap Value Index                                                                                      | 17,886                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Intermediate Term Investment Fund                                                                          | 11,780                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds New Economy Fund                                                                                     | 9,656                   |
| *   | Nationwide Financial Services, Inc.                            | Harbor Mid Cap Growth                                                                                               | 9,285                   |
| *   | Nationwide Financial Services, Inc.                            | American Funds Washington Mutual Fund                                                                               | 9,100                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Short-Term Treasury Fund Investor Shares                                                                   | 6,159                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2045 Fund                                                                                          | 5,735                   |
| *   | Nationwide Financial Services, Inc.                            | Franklin US Government Securities Fund                                                                              | 5,569                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2050 Fund                                                                                          | 4,729                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard High Yield Corporate Fund Admiral Shares                                                                   | 4,501                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Long-Term Investment Grade Fund Admiral Shares                                                             | 4,467                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2010 Fund                                                                                          | 2,937                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2005 Fund                                                                                          | 2,923                   |
| *   | Nationwide Financial Services, Inc.                            | John Hancock Strategic Income                                                                                       | 2,360                   |
| *   | Nationwide Financial Services, Inc.                            | PIMCO High Yield Fund Class A                                                                                       | 2,354                   |
| *   | Nationwide Financial Services, Inc.                            | American Funds US Government Securities Fund                                                                        | 1,972                   |
| *   | Nationwide Financial Services, Inc.                            | American Funds Intermediate Bond Fund                                                                               | 1,604                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Intermediate Term Treasury Fund Investor Shares                                                            | 1,053                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Advisory Freedom 2055 Fund Class A                                                                         | 954                     |
| *   | Nationwide Financial Services, Inc.                            | PIMCO Real Return A Fund                                                                                            | 918                     |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Advisory Freedom Income Fund Class A                                                                       | 903                     |
| *   | Nationwide Financial Services, Inc.                            | Oppenheimer Value Fund Class A                                                                                      | 673                     |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Advisor Freedom 2015 Fund Class A                                                                          | 359                     |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Dividend Growth Fund                                                                                       | 114                     |
| *   | Nationwide Financial Services, Inc.                            | Parnassus Core Equity Investor Fund                                                                                 | 114                     |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Total Stock Market Index Fund                                                                              | 69                      |
| *   | Nationwide Financial Services, Inc.                            | Calvert Short Duration Income Fund                                                                                  | 62                      |
| *   | Nationwide Financial Services, Inc.                            | Nationwide MidCap Market Index                                                                                      | 61                      |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Small Cap Index Fund                                                                                       | 54                      |
| *   | Nationwide Financial Services, Inc.                            | American Funds New World Fund                                                                                       | 39                      |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Strategic Small Cap Equity Fund                                                                            | 23                      |
| *   | Nationwide Financial Services, Inc.                            | Aston Fairpointe Mid Cap Fund                                                                                       | 16                      |
|     | <i>Self-Directed Accounts:</i>                                 |                                                                                                                     |                         |
|     | Allianz                                                        | Self-directed brokerage accounts                                                                                    | 3,492,496               |
|     | AXA Equitable                                                  | Self-directed brokerage accounts                                                                                    | 2,990,762               |
|     | Charles Schwab                                                 | Self-directed brokerage accounts                                                                                    | 6,363,618               |
|     | Commonwealth                                                   | Self-directed brokerage accounts                                                                                    | 135,739                 |
|     | Fidelity Investments                                           | Self-directed brokerage accounts                                                                                    | 3,247,295               |
|     | FSC Securities                                                 | Self-directed brokerage accounts                                                                                    | 88,130                  |
|     | Jackson National                                               | Self-directed brokerage accounts                                                                                    | 3,541,165               |
|     | Nationwide                                                     | Self-directed brokerage accounts                                                                                    | 1,482,253               |
|     | Prudential                                                     | Self-directed brokerage accounts                                                                                    | 589,886                 |
|     | Raymond James                                                  | Self-directed brokerage accounts                                                                                    | 2,825,253               |
|     | UBS                                                            | Self-directed brokerage accounts                                                                                    | 396,780                 |
|     | <i>Others:</i>                                                 |                                                                                                                     |                         |
|     | Healthcare Partners Fund                                       |                                                                                                                     | 488,000                 |
|     | Maples at Sonata                                               |                                                                                                                     | 45,993                  |
| *   | <i>Notes Receivable from Participants</i>                      | Loans to plan participants, interest rates<br>from 4.25% - 4.50% with maturity dates through 2038                   | 296,148                 |
|     | <b>Total</b>                                                   |                                                                                                                     | <b>\$ 39,954,014</b>    |

\* Denotes party-in-interest

*See Independent Auditor's Report.*

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

EIN: #31-0682633

PN: #001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|
|     | <i>Mutual Funds:</i>                                           |                                                                                                                     |                         |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Extended Term Fund                                                                       | \$ 1,485,776            |
| *   | Nationwide Financial Services, Inc.                            | American Funds American Balanced Fund R5                                                                            | 1,250,077               |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Balanced Index                                                                                             | 920,130                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Growth fund of America R5 Fund                                                                       | 714,683                 |
| *   | Nationwide Financial Services, Inc.                            | Loomis Sayles Bond Admin                                                                                            | 625,507                 |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Max Term S Fund                                                                          | 621,872                 |
| *   | Nationwide Financial Services, Inc.                            | Nationwide Money Market Institutional Fund                                                                          | 540,072                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Prime Cap Core Fund                                                                                        | 508,074                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Capital World Gr Inc Class R5 Fund                                                                   | 498,992                 |
| *   | Nationwide Financial Services, Inc.                            | Lazard Emerging Market Equity Fund                                                                                  | 489,933                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2020 Fund                                                                                          | 362,117                 |
| *   | Nationwide Financial Services, Inc.                            | Emerging Market Fund                                                                                                | 346,346                 |
| *   | Nationwide Financial Services, Inc.                            | Baron Partners Fund                                                                                                 | 334,610                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Leveraged Company Stock                                                                                    | 326,229                 |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Moderate Term S Fund                                                                     | 298,911                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Capital Income Builder Class R5 Fund                                                                 | 298,041                 |
| *   | Nationwide Financial Services, Inc.                            | Diamond Hill Small Cap Fund                                                                                         | 263,217                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Small Cap Growth Index Fund                                                                                | 248,979                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2030 Fund                                                                                          | 247,328                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Select Value Fund                                                                                          | 230,065                 |
| *   | Nationwide Financial Services, Inc.                            | Thornburg International Value Fund                                                                                  | 215,533                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Capital World Bond R5 Fund                                                                           | 200,679                 |
| *   | Nationwide Financial Services, Inc.                            | Diamond Hill Large Cap Fund                                                                                         | 169,838                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Growth Index Fund                                                                                          | 167,856                 |
| *   | Nationwide Financial Services, Inc.                            | Manning & Napier Pro-Blend Max Conservative Term S Fund                                                             | 154,833                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds Fundamental Investment R5 Fund                                                                       | 153,939                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard REIT Index Fund IS                                                                                         | 150,756                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Wellesley Income Fund                                                                                      | 143,762                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Short-term Bond Index                                                                                      | 129,499                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Equity-Income Fund                                                                                         | 117,484                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Emerging Market Stock Index Fund                                                                           | 115,006                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Total International Stock Index Fund                                                                       | 114,040                 |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Extended Market Index Fund                                                                                 | 112,294                 |
| *   | Nationwide Financial Services, Inc.                            | American Funds EuroPacific Growth Fund R5                                                                           | 102,900                 |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2040 Fund                                                                                          | 102,815                 |
| *   | Nationwide Financial Services, Inc.                            | TCW Total Return Bond Fund                                                                                          | 92,372                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard 500 Index Fund                                                                                             | 86,857                  |
| *   | Nationwide Financial Services, Inc.                            | T Rowe Price Equity Income Fund                                                                                     | 83,175                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds Income Fund of America R5 Fund                                                                       | 72,630                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds AmCap R5 Fund                                                                                        | 69,298                  |
| *   | Nationwide Financial Services, Inc.                            | T Rowe Price Growth Stock Fund R                                                                                    | 61,448                  |
| *   | Nationwide Financial Services, Inc.                            | Baron Asset Fund                                                                                                    | 57,875                  |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2025 Fund                                                                                          | 55,311                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds American Mutual R5 Fund                                                                              | 54,767                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard International Growth Fund                                                                                  | 53,316                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Inflation- Protected Securities Fund                                                                       | 52,528                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Value Index IS                                                                                             | 49,524                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds American High Income Treasury Fund                                                                   | 40,970                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard FTSE Social Index Fund Investor Shares                                                                     | 39,382                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds Small Cap World Fund                                                                                 | 38,109                  |
| *   | Nationwide Financial Services, Inc.                            | Franklin Small Mid Cap Growth Fund                                                                                  | 29,434                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds New Prospect Fund                                                                                    | 27,108                  |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2035 Fund                                                                                          | 25,990                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Explorer Fund                                                                                              | 23,658                  |
| *   | Nationwide Financial Services, Inc.                            | Eaton Vance Worldwide Health Science Fund                                                                           | 23,588                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds New World R5 Fund                                                                                    | 22,246                  |

See Independent Auditor's Report.

# UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(k) PLAN

EIN: #31-0682633

PN: #001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2016

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|
|     | <i>Mutual Funds: (continued)</i>                               |                                                                                                                     |                         |
| *   | Nationwide Financial Services, Inc.                            | Vanguard GNMA Fund                                                                                                  | 20,348                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds Investment Company of America Fund                                                                   | 19,940                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Small Cap Value Index                                                                                      | 17,886                  |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Intermediate Term Investment Fund                                                                          | 11,780                  |
| *   | Nationwide Financial Services, Inc.                            | American Funds New Economy Fund                                                                                     | 9,656                   |
| *   | Nationwide Financial Services, Inc.                            | Harbor Mid Cap Growth                                                                                               | 9,285                   |
| *   | Nationwide Financial Services, Inc.                            | American Funds Washington Mutual Fund                                                                               | 9,100                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Short-Term Treasury Fund Investor Shares                                                                   | 6,159                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2045 Fund                                                                                          | 5,735                   |
| *   | Nationwide Financial Services, Inc.                            | Franklin US Government Securities Fund                                                                              | 5,569                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2050 Fund                                                                                          | 4,729                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard High Yield Corporate Fund Admiral Shares                                                                   | 4,501                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Long-Term Investment Grade Fund Admiral Shares                                                             | 4,467                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2010 Fund                                                                                          | 2,937                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Freedom 2005 Fund                                                                                          | 2,923                   |
| *   | Nationwide Financial Services, Inc.                            | John Hancock Strategic Income                                                                                       | 2,360                   |
| *   | Nationwide Financial Services, Inc.                            | PIMCO High Yield Fund Class A                                                                                       | 2,354                   |
| *   | Nationwide Financial Services, Inc.                            | American Funds US Government Securities Fund                                                                        | 1,972                   |
| *   | Nationwide Financial Services, Inc.                            | American Funds Intermediate Bond Fund                                                                               | 1,604                   |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Intermediate Term Treasury Fund Investor Shares                                                            | 1,053                   |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Advisory Freedom 2055 Fund Class A                                                                         | 954                     |
| *   | Nationwide Financial Services, Inc.                            | PIMCO Real Return A Fund                                                                                            | 918                     |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Advisory Freedom Income Fund Class A                                                                       | 903                     |
| *   | Nationwide Financial Services, Inc.                            | Oppenheimer Value Fund Class A                                                                                      | 673                     |
| *   | Nationwide Financial Services, Inc.                            | Fidelity Advisor Freedom 2015 Fund Class A                                                                          | 359                     |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Dividend Growth Fund                                                                                       | 114                     |
| *   | Nationwide Financial Services, Inc.                            | Parnassus Core Equity Investor Fund                                                                                 | 114                     |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Total Stock Market Index Fund                                                                              | 69                      |
| *   | Nationwide Financial Services, Inc.                            | Calvert Short Duration Income Fund                                                                                  | 62                      |
| *   | Nationwide Financial Services, Inc.                            | Nationwide MidCap Market Index                                                                                      | 61                      |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Small Cap Index Fund                                                                                       | 54                      |
| *   | Nationwide Financial Services, Inc.                            | American Funds New World Fund                                                                                       | 39                      |
| *   | Nationwide Financial Services, Inc.                            | Vanguard Strategic Small Cap Equity Fund                                                                            | 23                      |
| *   | Nationwide Financial Services, Inc.                            | Aston Fairpointe Mid Cap Fund                                                                                       | 16                      |
|     | <i>Self-Directed Accounts:</i>                                 |                                                                                                                     |                         |
|     | Allianz                                                        | Self-directed brokerage accounts                                                                                    | 3,492,496               |
|     | AXA Equitable                                                  | Self-directed brokerage accounts                                                                                    | 2,990,762               |
|     | Charles Schwab                                                 | Self-directed brokerage accounts                                                                                    | 6,363,618               |
|     | Commonwealth                                                   | Self-directed brokerage accounts                                                                                    | 135,739                 |
|     | Fidelity Investments                                           | Self-directed brokerage accounts                                                                                    | 3,247,295               |
|     | FSC Securities                                                 | Self-directed brokerage accounts                                                                                    | 88,130                  |
|     | Jackson National                                               | Self-directed brokerage accounts                                                                                    | 3,541,165               |
|     | Nationwide                                                     | Self-directed brokerage accounts                                                                                    | 1,482,253               |
|     | Prudential                                                     | Self-directed brokerage accounts                                                                                    | 589,886                 |
|     | Raymond James                                                  | Self-directed brokerage accounts                                                                                    | 2,825,253               |
|     | UBS                                                            | Self-directed brokerage accounts                                                                                    | 396,780                 |
|     | <i>Others:</i>                                                 |                                                                                                                     |                         |
|     | Healthcare Partners Fund                                       |                                                                                                                     | 488,000                 |
|     | Maples at Sonata                                               |                                                                                                                     | 45,993                  |
| *   | <i>Notes Receivable from Participants</i>                      | Loans to plan participants, interest rates<br>from 4.25% - 4.50% with maturity dates through 2038                   | 296,148                 |
|     | <b>Total</b>                                                   |                                                                                                                     | <b>\$ 39,954,014</b>    |

\* Denotes party-in-interest

*See Independent Auditor's Report.*