Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OSU PHYSICIANS, INC.

700 ACKERMAN ROAD SUITE 600
COLUMBUS, OH 43202

2b Employer Identification Number (EIN) 31-1447726

2c Plan Sponsor's telephone number 614-685-1542

2d Business code (see instructions) 621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	KYLE SHARP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	1967
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	943
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	999
b	Retired or separated participants receiving benefits	**6b**	97
c	Other retired or separated participants entitled to future benefits	**6c**	946
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2042
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2042
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2037
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2L 2T 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.	**D** Employer Identification Number (EIN) 31-1447726

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 59 60 63 64	INVEST CO	209227	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY & CO, LLC

1 NEW YORK PLAZA, 12TH FL
NEW YORK, NY 10004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28 33 52	INVEST ADV	0	Yes [X] No [ ]	Yes [ ] No [X]	165644	Yes [ ] No [X]

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

APS-PENTEGRA

6830 COMMERCE COURT DRIVE
BLACKLICK, OH 43004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 64	THIRD PARTY ADMIN	43805	Yes [X] No [ ]	Yes [ ] No [X]	58556	Yes [ ] No [X]

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)

HUNTINGTON NATIONAL BANK

41 SOUTH HIGH STREET
COLUMBUS, OH 43216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 52	INVESTMENT ADVISOR	8262	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OSU PHYSICIANS, INC.

D Employer Identification Number (EIN)
31-1447726

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BEST OF AMERICA

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-009	P	92125480

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSU PHYSICIANS, INC.

D Employer Identification Number (EIN)
31-1447726

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	449330	897851
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	863374	1040712
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3566483	2360173
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1614729	1654473
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	86412969	93231080
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	92906885	99184289
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	92906885	99184289

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3611076	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	3263443	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6874519
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	72361	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		72361
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6109347
c Other income	2c		201023
d Total income. Add all **income** amounts in column (b) and enter total	2d		13257250
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6652014	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	327832	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6979846
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6979846
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6277404
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: BLUE & COMPANY, LLC **(2)** EIN: 35-1178661

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OSU PHYSICIANS, INC.

D Employer Identification Number (EIN)
31-1447726

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830 39-0509570

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

MODIFIED CASH BASIS
FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

CPAs / ADVISORS

blue

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

TABLE OF CONTENTS
DECEMBER 31, 2016 AND 2015

Page

Report of Independent Auditors 1

Financial Statements

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits (Year Ended December 31, 2016) 4

Notes to Financial Statements 5

Supplemental Schedule (December 31, 2016) *

Schedule H, line 4i – Schedule of Assets (Held at End of Year) 11

* Other Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

CPAs / ADVISORS

blue

Blue & Co., LLC / 8800 Lyra Drive, Suite 450 / Columbus, OH 43240
main 614.885.BLUE (2583) fax 614.885.0580 email blue@blueandco.com

blueandco.com

REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Ohio State University Physicians, Inc.
Interim Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of the Ohio State University Physicians, Inc. Interim Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016 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 the modified cash basis of accounting as described in Note 2; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc. and Huntington National Bank, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2016, and December 31, 2015 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is the basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blue & Co., LLC

Columbus, Ohio
July 27, 2017

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2016 AND 2015

	2016	2015
Assets		
Investments at fair value	$ 97,529,816	$ 91,292,156
Receivables		
Notes receivable from participants	1,654,473	1,614,729
Net assets available for benefits	$ 99,184,289	$ 92,906,885

See accompanying notes to the financial statements.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
YEAR ENDED DECEMBER 31, 2016

		2016
Additions		
Employer contributions	$	3,611,076
Net appreciation in fair value of investments		6,109,347
Rollovers		3,263,443
Settlement proceeds		201,023
Loan interest		72,361
Total additions		13,257,250
Deductions		
Benefits paid		6,652,014
Loans deemed distributed		327,832
Total deductions		6,979,846
Net change		6,277,404
Net assets available for benefits		
Beginning of year		92,906,885
End of year	$	99,184,289

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Ohio State University Physicians, Inc. (OSUP) Interim Retirement Plan (the "Plan") provides only general information. The Plan was formerly known as the Family Medicine Foundation, Inc. Money Purchase Pension Plan and was amended in 2004 to become the Ohio State University Physicians, Inc. Interim Retirement Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Ohio State University Physicians, Inc. At December 31, 2016, employees in the corporate office, emergency medicine, family medicine, obstetrics/gynecology, surgery, ophthalmology, psychiatry, oncology, urology, pathology, otolaryngology, physical medicine, internal medicine, neurology, radiology and unassociated physicians groups were eligible to participate. All employees of these groups are immediately eligible to participate in the Plan (including both full-time and part-time employees). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan administrative expenses are paid by OSUP.

Contributions

OSUP makes non-discretionary contributions to all OSUP staff of 7.5% of each employee's compensation, with the exception of employees of OSU Physicians Community Outreach, LLC and OSU Physicians Mount Carmel, LLC who receive a 3% contribution. There are also some grandfathered employees whose contributions range from 7.5% to 25% of compensation. The Plan also provides for an additional discretionary profit-sharing contribution of 2.5% to be made to employees who are employed on the last day of the plan year. OSUP's contributions are invested as directed by the participant.

Participants Accounts

Each participant's account is credited with OSUP's contribution, as well as allocations of Plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in OSUP's contributions plus actual earnings on the contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the plan administrator by reviewing interest rates charged for similar types of loans by other lenders. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, or other reasons, a participant will receive either an annuity, lump-sum distribution or a direct rollover equal to the value of his account balance. Normal retirement age is defined as when a participant attains age 55 and is credited with 5 years of service. Provisions exist for early, deferred, and disability retirements.

Settlement Proceeds

During 2016, the Plan was the recipient of litigation settlement proceeds in the amount of $201,023 from Nationwide Financial Services, Inc., a custodian of the Plan. At the discretion of the plan administrator, these proceeds were allocated to all current participant accounts on the date processed.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements and supplemental schedules were prepared on the modified cash basis of accounting recognizing income and related assets when received rather then when earned and the expenses when paid rather than when the obligation is incurred. The modified cash basis differs from the cash basis in that investments are recorded at fair value. Because this method differs from the accrual method of accounting, these statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded when received under the modified cash basis of accounting. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the modified cash basis. Related fees are recorded as administrative expenses and are expensed when they are paid. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by OSUP and are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through July 27, 2017, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc. and Huntington National Bank, the custodians of the Plan, have certified to the completeness and accuracy of substantially all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2016 and 2015, and investment related activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2016.

4. FAIR VALUE MEASUREMENTS

The frame work for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

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

- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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.

- Self-directed brokerage accounts - Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices (level 1). Other accounts include certain corporate bonds and debentures for which quoted market prices are not available are valued based on yields currently available on comparable securities of issuers with similar credit ratings (level 2). Also included are pooled separate accounts whose values are based on the underlying asset values as of the end of the day as reported by the managers of the pooled separate accounts (level 2).

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	$ 6,407,987	$ 1,040,712	$ -	$ 7,448,699
Mutual funds	89,494,428	-	-	89,494,428
Total assets at fair value	$ 95,902,415	$ 1,040,712	$ -	$ 96,943,127
Cash				586,689
Total investments				$ 97,529,816

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	$ 7,834,665	$ 863,374	$ -	$ 8,698,039
Mutual funds	82,144,787	-	-	82,144,787
Total assets at fair value	$ 89,979,452	$ 863,374	$ -	$ 90,842,826
Cash				449,330
Total investments				$ 91,292,156

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

5. TAX STATUS

The Internal Revenue Service has determined and informed OSUP by a letter dated March 15, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and that the related trust is tax-exempt.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, OSUP has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7. 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 participant's account balances and the amounts reported in the statement of net assets available for benefits (modified cash basis).

8. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Huntington National Bank and Nationwide Financial Services, Inc. Huntington National Bank and Nationwide Financial Services, Inc. are the custodians as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred are paid directly by the Plan for the investment management services.

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, OSUP and certain others. Investment management fees are paid to Huntington National Bank and Nationwide Financial Services, Inc., the custodians. Pentegra Retirement Services is the Plan's third party administrator. Blue & Co., LLC is the independent auditor for the Plan. The aforementioned parties generally receive payment from OSUP.

Supplemental Schedule

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

Name of Plan Sponsor: Ohio State University Physicians, Inc.
Federal Employer Identification Number: 31-1447726
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	Alliance Bernstein	Alliance Bernstein Discovery Value K	**	$ 5,794
	American Century	American Century Ginnie Mae Adv Cls	**	5,492
	American Century	American Century Value Fund	**	10,785
	American Funds	American Funds US Government Securities	**	5,430
	American Funds	American Fund Euro Pacific Growth R6	**	880,039
	American Funds	American Funds Balanced Fund R6	**	3,910,905
	American Funds	American Funds Capital World Growth Income R6	**	1,807,105
	American Funds	American Funds Growth Fund Am R6	**	4,969,676
	American Funds	American Funds New World R6	**	4,154
	American Funds	American Funds Am Mut R6	**	14,996
	American Funds	American Funds Income Fund of America	**	73,079
	American Funds	New Perspective Fund Inc.	**	85,046
	berdeen Funds	Abrden Intl Eq A	**	2,646
	Black Rock Funds	Black Rock GNMA Port Inv A	**	9,264
	Black Rock Funds	Black Rock Health Scnc Opp Inv A	**	18,824
	Black Rock Funds	BlackRock S&P 500 Index Institutional	**	20,004
	Black Rock Funds	Black Rock Gl Alloc A	**	17,328
	Black Rock Funds	Black Rock Natural Resources Trust A	**	6,848
	Davis Funds	Davis NY Venture Fund Class A	**	55,953
	Delaware Investments	DE Emerging Markets A	**	9,270
	Delaware Investments	DE Extended Duration Bond A	**	44,215
	Dimensional Fund Advisors	DFA Global Real Estate Sec	**	2,163,448
	Dimensional Fund Advisors	DFA Intermediate Govt Fixed Income Inst	**	3,775
	Dimensional Fund Advisors	DFA US Long Co	**	67,303
	Dodge & Cox Funds	Dodge & Cox International Stock Fund	**	5,373
	Dodge & Cox Funds	Dodge & Cox Balance Fd	**	5,550
	Dodge & Cox Funds	Dodge & Cox Income	**	15,863
	DoubleLine	DoubleLine Core Fixed Income I	**	5,143
	Drey	Drey Natural Resource A	**	14,527
	DWS Investments	DWS Inst Equity 500 Index	**	4,346,455
	Eaton Vance	Eaton Vance Government Obligations A	**	8,509
	Federated Equity Funds	Fed Kaufman Fund	**	22,169
	Federated Equity Funds	Fed Intl Lenders A	**	3,274
	Fidelity Investments	Fidelity Advisors Stock Select Mid Cap Fund A	**	24,925
	Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**	20,139
	Franklin Templeton Investment Funds	Frank MSF MutShrsFnd Cls A	**	49,065
	Franklin Templeton Investment Funds	Franklin Mutual Global Discover Fund	**	52,646
	Franklin Templeton Investment Funds	Franklin Templeton Foreign A	**	40,913
	Franklin Templeton Investment Funds	Franklin Templeton Growth A	**	86,669
	Goldman Sachs	Goldman Sachs Emerging Markets Db Inst	**	6,163
	Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**	16,277
	Goldman Sachs	Goldman Sachs Short Dur Govt A	**	8,016
	Goldman Sachs	Goldman Sachs Short Dur Govt Inst	**	38,011
	Harbor Funds	Harbor International Inv	**	38,826
	Heartland Funds	Heartland Select Value Fund	**	47,330
	Heartland Funds	Heartland Value Pls Inv	**	3,557

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Invesco	Invesco Ltd Mat Treasury	**	5,130
	Invesco	Invesco Real Estate Fund	**	86,269
	Invesco	Investco Balance Risk Allocation A	**	33,920
	Ivy Funds	Ivy Asset Strategy Fd Cl Y	**	85,652
	John Hancock	John Hancock Grtr China Opp A	**	17,945
	JPMorgan	JPM Mid Cap Value Fund A	**	78,439
	JPMorgan	JPM Small Cap Equity A	**	57,229
	JPMorgan	JPMorgan High Yield A	**	2,702
	Lazard Funds	Lazard Emrg Mkts Port OS	**	11,967
	Legg Mason	Legg Mason Capital Management Special Investment	**	43,068
	Legg Mason	Legg Mason Wstr AS Cor Plus Bond I	**	2,131
	Loomis Sayles Funds	Loomis Sayles Bond Admin Fund	**	11,296
	Manning and Napier	Manning and Napier Pro-Blend Conservative Term	**	3,290,854
	Manning and Napier	Manning and Napier Pro-Blend Extended Term	**	4,329,097
	Manning and Napier	Manning and Napier Pro-Blend Max Term	**	3,424,752
	Manning and Napier	Manning and Napier Pro-Blend Moderate Term	**	18,312,481
	Manning and Napier	Manning and Napier World Opportunities	**	2,570
	Metropolitan West Funds	Metropolitan West Total Return Bond I	**	4,078,405
	MFS International	MFS International Val A	**	4,667,893
*	Nationwide Mutual Funds	NW Money Market Inst	**	3,512,694
*	Nationwide Mutual Funds	NW Intl Indx A	**	366,082
*	Nationwide Mutual Funds	NW MdCap Mkt Indx A	**	522,924
*	Nationwide Mutual Funds	NW MdCap Mkt Indx Inst	**	11,892
*	Nationwide Mutual Funds	NW Small Cap Index Inst	**	9,094
*	Nationwide Mutual Funds	Nationwide S&P 500 Index Instl	**	32,208
	NeuBer	NeuBer High Income A	**	4,147
	Oppenheimer Funds	Oppenheimer Developing Markets Fund A	**	501,770
	Oppenheimer Funds	Oppenheimer Equity Income A	**	5,199
	Oppenheimer Funds	Oppenheimer Gold and Special Mineral Fund	**	12,368
	Oppenheimer Funds	Oppenheimer International Bond Fund A	**	52,771
	Oppenheimer Funds	Oppenheimer International Small Co. Fund	**	4,795
	Oppenheimer Funds	Oppenheimer Ltd Term Govt Fund A	**	12,929
	Oppenheimer Funds	Oppenheimer Main St Small Cap Fd A	**	1,510,324
	Oppenheimer Funds	Oppenheimer SmMd Cap Value Fund A	**	3,803
	Parnassus	Parnassus Core Equity	**	23,872
	Parnassus	Parnassus Fd	**	7,507
	Parnassus	Parnassus Endvr	**	727,893
	PIMCO Funds	PIMCO Income Inst	**	5,242
	PIMCO Funds	PIMCO Real Return Inst	**	5,420
	PIMCO Funds	PIMCO Low Duration Inst	**	30,111
	Pioneer Investments	Pioneer High Yield Fund	**	17,409
	Principal Funds	Principal Equity Income I Inst	**	2,697,379
	Principal Funds	Principal Hi Yd Inst	**	2,049,722
	Principal Funds	Principal Real Estate Securities A	**	39,729
	Prudential	Jennison Port. J	**	46,609
	Prudential	Prudentl Juisn Natural Resource A	**	42,060
	Prudential	Prudentl Juisn Util A	**	51,794

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Prudential	Prudential St Cor Bd	**	10,864
	Prudential	Prudentl Juisn 20 20 Focus A	**	13,546
	Russell	Russell US Small Cap Eq	**	7,458
	Rydex Funds	Rydex Government Long Bd 1.2x Strat	**	17,096
	Rydex Funds	Rydex S&P Mid Cap 400 Pure Growth H	**	5,127
	Sentinel Funds	Sntnl Sm Co A	**	2,148,905
	Sentinel Funds	Sntnl Govt Sec A	**	13,944
	T. Rowe Price	T Rowe Price Health Science	**	22,984
	T. Rowe Price	T Rowe Mid Cap Growth R	**	2,630,873
	T. Rowe Price	T Rowe Small Cap Value	**	4,563
	Thornburg Funds	Thornburg International Value Fund	**	1,913
	Van Eck Funds	Van Eck Emrg Mkt A	**	4,476
	Van Eck Funds	Van Eck Glbl Hard Assets A	**	2,106
	Van Eck Funds	Van Eck Intnatl Inv Gold A	**	1,320
	Vanguard	Vanguard 500 Index Fd AS	**	297,335
	Vanguard	Vanguard Balanced Index Adml	**	1,818,204
	Vanguard	Vanguard Developed Markets Idx Admiral	**	12,774
	Vanguard	Vanguard Energy Adml	**	11,659
	Vanguard	Vanguard Emerging Mkts Stock Idx Adm	**	9,008
	Vanguard	Vanguard Mid Cap Index Adm Fund	**	56,050
	Vanguard	Vanguard REIT Index Adm	**	9,374
	Vanguard	Vaguard Small Cap Index Fund AS	**	16,826
	Vanguard	Vanguard ST Bond Index Adml	**	2,174,407
	Vanguard	Vanguard total stock market Index Fd AS	**	125,890
	Vanguard	Vaguard Total Bond Market Index Adm	**	613
	Vanguard	Vanguard Explorer Adm	**	9,005
	Vanguard	Vanguard Health Care Adm	**	14,556
	Vanguard	Vanguard Mid-Cap Growth Index Admiral	**	14,427
	Vanguard	Vanguard Mid-Cap Value Index Adml	**	2,830
	Vanguard	Vanguard Small Cap Value Index Adml	**	9,342
	Vanguard	Vanguard Divd Gr Inv	**	3,912,282
	Vanguard	Vanguard GMNA Fd	**	32,719
	Vanguard	Vanguard High-Yield Corporate Adm	**	10,918
	Vanguard	Vanguard Intm-Trm USTrs	**	17,813
	Vanguard	Vanguard State Treasury Inv	**	5,103
	Vanguard	Vanguard Infl-Prot Secs	**	421,937
	Vanguard	Vanguard Md Cap Gr Indx Inv	**	16,787
	Vanguard	Vanguard REIT Index Fd IS	**	35,139
	Vanguard	Vanguard Sel Val Inv	**	4,061,669
	Vanguard	Vanguard Small Cap Growth Index Fund	**	1,275,998
	Vanguard	Vanguard Small Cap Value Index Fund	**	61,195
	Vanguard	Vanguard Strategic Eq Inv	**	9,105
	Vanguard	Vanguard Strategic Small Cap Eq Inv	**	14,851
	Vanguard	Vanguard US Value Fund	**	41,558
	Vanguard	Vanguard Wellesley Income	**	67,762
	Vanguard	Vanguard Wellington Fd	**	62,699

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Victory	Victory Fund for Income	**	7,624
	Wells Fargo	WFA Emerging Markets Equity A	**	5,189
	Wells Fargo	WFA Precious Metals	**	52,638
	Wells Fargo	Wells Fargo Adj Rt Govt A	**	3,044
	Wells Fargo	Wells Fargo Government Securities A	**	5,499
	Yacktman	Ycktmn Focs	**	5,098
*	Various	Individual brokerage accounts	**	8,035,388
*	Loans Receivable	Notes Receivable from Participants (with rates of interest 4.25% to 4.75% with various maturities through August 28, 2026)	-0-	1,654,473
		Total investments		$ 99,184,289

* Party-in-interest

** Cost omitted for participant directed investments

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

Name of Plan Sponsor: Ohio State University Physicians, Inc.
Federal Employer Identification Number: 31-1447726
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	Alliance Bernstein	Alliance Bernstein Discovery Value K	**	$ 5,794
	American Century	American Century Ginnie Mae Adv Cls	**	5,492
	American Century	American Century Value Fund	**	10,785
	American Funds	American Funds US Government Securities	**	5,430
	American Funds	American Fund Euro Pacific Growth R6	**	880,039
	American Funds	American Funds Balanced Fund R6	**	3,910,905
	American Funds	American Funds Capital World Growth Income R6	**	1,807,105
	American Funds	American Funds Growth Fund Am R6	**	4,969,676
	American Funds	American Funds New World R6	**	4,154
	American Funds	American Funds Am Mut R6	**	14,996
	American Funds	American Funds Income Fund of America	**	73,079
	American Funds	New Perspective Fund Inc.	**	85,046
	berdeen Funds	Abrden Intl Eq A	**	2,646
	Black Rock Funds	Black Rock GNMA Port Inv A	**	9,264
	Black Rock Funds	Black Rock Health Scnc Opp Inv A	**	18,824
	Black Rock Funds	BlackRock S&P 500 Index Institutional	**	20,004
	Black Rock Funds	Black Rock Gl Alloc A	**	17,328
	Black Rock Funds	Black Rock Natural Resources Trust A	**	6,848
	Davis Funds	Davis NY Venture Fund Class A	**	55,953
	Delaware Investments	DE Emerging Markets A	**	9,270
	Delaware Investments	DE Extended Duration Bond A	**	44,215
	Dimensional Fund Advisors	DFA Global Real Estate Sec	**	2,163,448
	Dimensional Fund Advisors	DFA Intermediate Govt Fixed Income Inst	**	3,775
	Dimensional Fund Advisors	DFA US Long Co	**	67,303
	Dodge & Cox Funds	Dodge & Cox International Stock Fund	**	5,373
	Dodge & Cox Funds	Dodge & Cox Balance Fd	**	5,550
	Dodge & Cox Funds	Dodge & Cox Income	**	15,863
	DoubleLine	DoubleLine Core Fixed Income I	**	5,143
	Drey	Drey Natural Resource A	**	14,527
	DWS Investments	DWS Inst Equity 500 Index	**	4,346,455
	Eaton Vance	Eaton Vance Government Obligations A	**	8,509
	Federated Equity Funds	Fed Kaufman Fund	**	22,169
	Federated Equity Funds	Fed Intl Lenders A	**	3,274
	Fidelity Investments	Fidelity Advisors Stock Select Mid Cap Fund A	**	24,925
	Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**	20,139
	Franklin Templeton Investment Funds	Frank MSF MutShrsFnd Cls A	**	49,065
	Franklin Templeton Investment Funds	Franklin Mutual Global Discover Fund	**	52,646
	Franklin Templeton Investment Funds	Franklin Templeton Foreign A	**	40,913
	Franklin Templeton Investment Funds	Franklin Templeton Growth A	**	86,669
	Goldman Sachs	Goldman Sachs Emerging Markets Db Inst	**	6,163
	Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**	16,277
	Goldman Sachs	Goldman Sachs Short Dur Govt A	**	8,016
	Goldman Sachs	Goldman Sachs Short Dur Govt Inst	**	38,011
	Harbor Funds	Harbor International Inv	**	38,826
	Heartland Funds	Heartland Select Value Fund	**	47,330
	Heartland Funds	Heartland Value Pls Inv	**	3,557

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Invesco	Invesco Ltd Mat Treasury	**	5,130
	Invesco	Invesco Real Estate Fund	**	86,269
	Invesco	Investco Balance Risk Allocation A	**	33,920
	Ivy Funds	Ivy Asset Strategy Fd Cl Y	**	85,652
	John Hancock	John Hancock Grtr China Opp A	**	17,945
	JPMorgan	JPM Mid Cap Value Fund A	**	78,439
	JPMorgan	JPM Small Cap Equity A	**	57,229
	JPMorgan	JPMorgan High Yield A	**	2,702
	Lazard Funds	Lazard Emrg Mkts Port OS	**	11,967
	Legg Mason	Legg Mason Capital Management Special Investment	**	43,068
	Legg Mason	Legg Mason Wstr AS Cor Plus Bond I	**	2,131
	Loomis Sayles Funds	Loomis Sayles Bond Admin Fund	**	11,296
	Manning and Napier	Manning and Napier Pro-Blend Conservative Term	**	3,290,854
	Manning and Napier	Manning and Napier Pro-Blend Extended Term	**	4,329,097
	Manning and Napier	Manning and Napier Pro-Blend Max Term	**	3,424,752
	Manning and Napier	Manning and Napier Pro-Blend Moderate Term	**	18,312,481
	Manning and Napier	Manning and Napier World Opportunities	**	2,570
	Metropolitan West Funds	Metropolitan West Total Return Bond I	**	4,078,405
	MFS International	MFS International Val A	**	4,667,893
*	Nationwide Mutual Funds	NW Money Market Inst	**	3,512,694
*	Nationwide Mutual Funds	NW Intl Indx A	**	366,082
*	Nationwide Mutual Funds	NW MdCap Mkt Indx A	**	522,924
*	Nationwide Mutual Funds	NW MdCap Mkt Indx Inst	**	11,892
*	Nationwide Mutual Funds	NW Small Cap Index Inst	**	9,094
*	Nationwide Mutual Funds	Nationwide S&P 500 Index Instl	**	32,208
	NeuBer	NeuBer High Income A	**	4,147
	Oppenheimer Funds	Oppenheimer Developing Markets Fund A	**	501,770
	Oppenheimer Funds	Oppenheimer Equity Income A	**	5,199
	Oppenheimer Funds	Oppenheimer Gold and Special Mineral Fund	**	12,368
	Oppenheimer Funds	Oppenheimer International Bond Fund A	**	52,771
	Oppenheimer Funds	Oppenheimer International Small Co. Fund	**	4,795
	Oppenheimer Funds	Oppenheimer Ltd Term Govt Fund A	**	12,929
	Oppenheimer Funds	Oppenheimer Main St Small Cap Fd A	**	1,510,324
	Oppenheimer Funds	Oppenheimer SmMd Cap Value Fund A	**	3,803
	Parnassus	Parnassus Core Equity	**	23,872
	Parnassus	Parnassus Fd	**	7,507
	Parnassus	Parnassus Endvr	**	727,893
	PIMCO Funds	PIMCO Income Inst	**	5,242
	PIMCO Funds	PIMCO Real Return Inst	**	5,420
	PIMCO Funds	PIMCO Low Duration Inst	**	30,111
	Pioneer Investments	Pioneer High Yield Fund	**	17,409
	Principal Funds	Principal Equity Income I Inst	**	2,697,379
	Principal Funds	Principal Hi Yd Inst	**	2,049,722
	Principal Funds	Principal Real Estate Securities A	**	39,729
	Prudential	Jennison Port. J	**	46,609
	Prudential	Prudentl Juisn Natural Resource A	**	42,060
	Prudential	Prudentl Juisn Util A	**	51,794

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Prudential	Prudential St Cor Bd	**	10,864
	Prudential	Prudentl Juisn 20 20 Focus A	**	13,546
	Russell	Russell US Small Cap Eq	**	7,458
	Rydex Funds	Rydex Government Long Bd 1.2x Strat	**	17,096
	Rydex Funds	Rydex S&P Mid Cap 400 Pure Growth H	**	5,127
	Sentinel Funds	Sntnl Sm Co A	**	2,148,905
	Sentinel Funds	Sntnl Govt Sec A	**	13,944
	T. Rowe Price	T Rowe Price Health Science	**	22,984
	T. Rowe Price	T Rowe Mid Cap Growth R	**	2,630,873
	T. Rowe Price	T Rowe Small Cap Value	**	4,563
	Thornburg Funds	Thornburg International Value Fund	**	1,913
	Van Eck Funds	Van Eck Emrg Mkt A	**	4,476
	Van Eck Funds	Van Eck Glbl Hard Assets A	**	2,106
	Van Eck Funds	Van Eck Intnatl Inv Gold A	**	1,320
	Vanguard	Vanguard 500 Index Fd AS	**	297,335
	Vanguard	Vanguard Balanced Index Adml	**	1,818,204
	Vanguard	Vanguard Developed Markets Idx Admiral	**	12,774
	Vanguard	Vanguard Energy Adml	**	11,659
	Vanguard	Vanguard Emerging Mkts Stock Idx Adm	**	9,008
	Vanguard	Vanguard Mid Cap Index Adm Fund	**	56,050
	Vanguard	Vanguard REIT Index Adm	**	9,374
	Vanguard	Vaguard Small Cap Index Fund AS	**	16,826
	Vanguard	Vanguard ST Bond Index Adml	**	2,174,407
	Vanguard	Vanguard total stock market Index Fd AS	**	125,890
	Vanguard	Vaguard Total Bond Market Index Adm	**	613
	Vanguard	Vanguard Explorer Adm	**	9,005
	Vanguard	Vanguard Health Care Adm	**	14,556
	Vanguard	Vanguard Mid-Cap Growth Index Admiral	**	14,427
	Vanguard	Vanguard Mid-Cap Value Index Adml	**	2,830
	Vanguard	Vanguard Small Cap Value Index Adml	**	9,342
	Vanguard	Vanguard Divd Gr Inv	**	3,912,282
	Vanguard	Vanguard GMNA Fd	**	32,719
	Vanguard	Vanguard High-Yield Corporate Adm	**	10,918
	Vanguard	Vanguard Intm-Trm USTrs	**	17,813
	Vanguard	Vanguard State Treasury Inv	**	5,103
	Vanguard	Vanguard Infl-Prot Secs	**	421,937
	Vanguard	Vanguard Md Cap Gr Indx Inv	**	16,787
	Vanguard	Vanguard REIT Index Fd IS	**	35,139
	Vanguard	Vanguard Sel Val Inv	**	4,061,669
	Vanguard	Vanguard Small Cap Growth Index Fund	**	1,275,998
	Vanguard	Vanguard Small Cap Value Index Fund	**	61,195
	Vanguard	Vanguard Strategic Eq Inv	**	9,105
	Vanguard	Vanguard Strategic Small Cap Eq Inv	**	14,851
	Vanguard	Vanguard US Value Fund	**	41,558
	Vanguard	Vanguard Wellesley Income	**	67,762
	Vanguard	Vanguard Wellington Fd	**	62,699

See report of independent auditors