

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1997</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OSU PHYSICIANS, INC.</u> <u>700 ACKERMAN ROAD SUITE 6007</u> <u>COLUMBUS, OH 43202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1447726</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-685-1542</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621498</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1447726</u>	2c Plan Sponsor's telephone number <u>614-685-1542</u>	2d Business code (see instructions) <u>621498</u>	
2b Employer Identification Number (EIN) <u>31-1447726</u>					
2c Plan Sponsor's telephone number <u>614-685-1542</u>					
2d Business code (see instructions) <u>621498</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	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

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v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2042
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) 999
a(2) Total number of active participants at the end of the plan year	6a(2) 1087
b Retired or separated participants receiving benefits	6b 108
c Other retired or separated participants entitled to future benefits	6c 958
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2153
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2150
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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	INVESTMENT COMPANY	221589	Yes ☒ No ☐	Yes ☒ No ☐	136	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY, 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	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	153180	Yes ☐ No ☒

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

APS-PENTEGRA

6830 COMMERCE COURT DRIVE
BLACKLICK, OH 43004-9297

(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	61830	Yes ☒ No ☐	Yes ☐ No ☒	62216	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 28 33 52	153180
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
APS - PENTEGRA	15 37 38 64	62216
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SERVICES FEE	
(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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
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 31-4156830-009		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102562002		
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)		

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Schedule D (Form 5500) 2017 v.170203

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
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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OSU PHYSICIANS, INC.</u>	D Employer Identification Number (EIN) <u>31-1447726</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(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)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1654473	1672045
(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)	97529816	109908900
(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	99184289 111580945
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	99184289 111580945

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4874620
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	465353
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5339973
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)	73537
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	73537
(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)		14581014
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19994524

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7406809	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	191059	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7597868
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		7597868

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12396656
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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c 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.)

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u> <u>39-0509570</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2017
v. 170203

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): _____

**OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN**

**MODIFIED CASH BASIS
FINANCIAL STATEMENTS**

DECEMBER 31, 2017 AND 2016

CPAs / ADVISORS



**OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN**

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DECEMBER 31, 2017 AND 2016

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* 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.



Blue & Co., LLC / 9200 Worthington Road Suite 200 / Westerville, OH 43082
main 614.885.2583 website 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, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 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 determining that the modified cash basis of accounting is an acceptable basis for presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 and for the years ended December 31, 2017 and 2016, 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 and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive 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

Westerville, Ohio
October 2, 2018

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2017 AND 2016

	2017	2016
Assets		
Investments at fair value	\$ 109,908,900	\$ 97,529,816
Receivables		
Notes receivable from participants	1,672,045	1,654,473
Net assets available for benefits	<u>\$ 111,580,945</u>	<u>\$ 99,184,289</u>

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, 2017

	2017
Additions	
Employer contributions	\$ 4,874,620
Net appreciation in fair value of investments	14,581,014
Rollovers	465,353
Loan interest	73,537
Total additions	<u>19,994,524</u>
Deductions	
Benefits paid	7,406,809
Loans deemed distributed	191,059
Total deductions	<u>7,597,868</u>
 Net change	 12,396,656
Net assets available for benefits	
Beginning of year	99,184,289
End of year	<u><u>\$ 111,580,945</u></u>

See accompanying notes to the financial statements.

OHIO STATE UNIVERSITY PHYSICIANS, INC. INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

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 OSUP. At December 31, 2017, 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.

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

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 62. Provisions exist for early, deferred, and disability retirements.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements and supplemental schedules were prepared on the modified cash basis of accounting. The modified cash basis of accounting records investments at fair value and loans to participants as notes receivable from participants, income and related assets when received rather than when earned and the expenses when the obligation is paid rather than when the obligations were incurred. Although the modified cash basis of accounting represents a departure from accounting principles generally accepted in the United States of America, it is an allowable method of accounting for employee benefit plans under the reporting requirements of ERISA.

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, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

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. 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, 2017 and 2016. 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 October 2, 2018, 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, 2017 and 2016, and investment related activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 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, 2017 and 2016.

- 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).

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

- 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, 2017:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	\$ 6,981,206	\$ 1,117,754	\$ -	\$ 8,098,960
Mutual funds	101,303,530	-	-	101,303,530
Total	<u>\$ 108,284,736</u>	<u>\$ 1,117,754</u>	<u>\$ -</u>	<u>\$ 109,402,490</u>
Cash				506,410
Total investments at fair value				<u>\$ 109,908,900</u>

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	<u>\$ 89,979,452</u>	<u>\$ 863,374</u>	<u>\$ -</u>	<u>\$ 96,943,127</u>
Cash				586,689
Total investments at fair value				<u>\$ 97,529,816</u>

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 2017 and 2016.

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.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

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 (HELD AT END OF YEAR) DECEMBER 31, 2017

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	**	\$ 6,523	
Alliance Bernstein	AB Large Cap Growth Fund I	**	13,819	
American Century	American Century Ginnie Mae Adv Cls	**	5,544	
American Century	American Century Value Fund	**	11,670	
American Century	American Century Ultra I	**	987	
American Funds	American Funds US Government Securities	**	5,491	
American Funds	American Fund Euro Pacific Growth R6	**	1,037,353	
American Funds	American Funds Balanced Fund R6	**	4,415,581	
American Funds	American Funds Capital World Growth Income R6	**	2,175,336	
American Funds	American Funds Growth Fund Am R6	**	5,453,516	
American Funds	American Funds New World R6	**	5,354	
AQR Capital Management	AQR International Equity Fund I	**	1,165	
Baron Capital Group	Baron Emerging Markets Fund Institutional	**	7,140	
Berdeen Funds	Abdrn Intl Eq A	**	3,329	
Black Rock Funds	Black Rock GNMA Port Inv A	**	9,358	
Black Rock Funds	Black Rock Health Scnc Opp Inv A	**	23,494	
Black Rock Funds	BlackRock S&P 500 Index Institutional	**	24,544	
Black Rock Funds	Black Rock GI Alloc A	**	19,635	
Black Rock Funds	Black Rock Natural Resources Trust A	**	7,388	
Davis Funds	Davis NY Venture Fund Class A	**	69,741	
Delaware Investments	DE Emerging Markets A	**	18,725	
Delaware Investments	DE Extended Duration Bond A	**	94,042	
Dimensional Fund Advisors	DFA Global Real Estate Sec	**	2,359,194	
Dimensional Fund Advisors	DFA Intermediate Govt Fixed Income Inst	**	3,845	
Dimensional Fund Advisors	DFA US Long Co	**	81,628	
Dodge & Cox Funds	Dodge & Cox Income	**	16,492	
DoubleLine	DoubleLine Core Fixed Income I	**	5,364	
DWS Investments	DWS Inst Equity 500 Index	**	5,266,154	
Eaton Vance	Eaton Vance Government Obligations A	**	8,617	
Federated Equity Funds	Fed Kaufman Fund	**	28,318	
Federated Equity Funds	Fed Intl Lenders A	**	4,189	
Fidelity Investments	Fidelity NASDAQ Composite Index Fund	**	18,311	
Fidelity Investments	Fidelity Advisors Stock Select Mid Cap Fund A	**	25,784	
Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**	23,875	
Franklin Templeton Investment Funds	Franklin Mutual Global Discover Fund	**	32,761	
Franklin Templeton Investment Funds	Franklin Templeton Foreign A	**	52,113	
Franklin Templeton Investment Funds	Franklin Templeton Growth A	**	102,083	
Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**	18,699	
Goldman Sachs	Goldman Sachs Short Duration Government Fund A	**	8,029	
Goldman Sachs	Goldman Sachs Short Duration Government Fund Instituti	**	38,294	
Harbor Funds	Harbor International Inv	**	44,465	
Heartland Funds	Heartland Select Value Fund	**	51,209	
Heartland Funds	Heartland Value Pls Inv	**	3,906	
Invesco	Invesco Ltd Mat Treasury	**	5,150	
Invesco	Invesco Real Estate Fund	**	103,237	
Invesco	Invesco Balance Risk Allocation A	**	33,534	

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Ivy Funds		Ivy Asset Strategy Fd CI Y	**	44,449
Janus Henderson		Janus Henderson Global Life Sciences I	**	18,401
Janus Henderson		Janus Henderson Forty Fund N	**	9,030
Janus Henderson		Janus Henderson Global Technology Fund N	**	8,949
John Hancock		John Hancock Grtr China Opp A	**	30,479
JPMorgan		JPM Large Cap Value Fund R5	**	11,488
JPMorgan		JPM Mid Cap Value Fund A	**	100,178
JPMorgan		JPM Small Cap Equity A	**	15,083
JPMorgan		JPMorgan High Yield A	**	1,324
Lazard Funds		Lazard Emrg Mkts Port OS	**	14,171
Legg Mason		Legg Mason Wstr AS Cor Plus Bond I	**	2,271
Loomis Sayles Funds		Loomis Sayles Bond Admin Fund	**	12,078
Manning and Napier		Manning and Napier Pro-Blend Conservative Term	**	3,487,009
Manning and Napier		Manning and Napier Pro-Blend Extended Term	**	5,107,074
Manning and Napier		Manning and Napier Pro-Blend Max Term	**	4,293,715
Manning and Napier		Manning and Napier Pro-Blend Moderate Term	**	20,713,648
Manning and Napier		Manning and Napier World Opportunities	**	3,169
Metropolitan West Funds		Metropolitan West Total Return Bond I	**	4,064,298
MFS International		MFS International Val A	**	5,662,566
Morgan Stanley		Morgan Stanley Institutional Grown Portfolio	**	18,253
* Nationwide Mutual Funds		NW Government Money Market Fund R6	**	3,529,075
* Nationwide Mutual Funds		NW Intl Indx A	**	474,513
* Nationwide Mutual Funds		NW MdCap Mkt Indx A	**	577,001
* Nationwide Mutual Funds		NW MdCap Mkt Indx Inst	**	13,725
* Nationwide Mutual Funds		NW Small Cap Index Inst	**	10,378
* Nationwide Mutual Funds		Nationwide S&P 500 Index Instl	**	41,629
* Nationwide Mutual Funds		Nationwide Destination 2030 Fund R6	**	65,360
NeuBer		NeuBer High Income A	**	1,979
Oppenheimer Funds		Oppenheimer Developing Markets Fund A	**	632,828
Oppenheimer Funds		Oppenheimer Equity Income A	**	5,853
Oppenheimer Funds		Oppenheimer Gold and Special Mineral Fund	**	15,819
Oppenheimer Funds		Oppenheimer International Bond Fund A	**	60,161
Oppenheimer Funds		Oppenheimer International Small Co. Fund	**	6,613
Oppenheimer Funds		Oppenheimer Ltd Term Govt Fund A	**	13,024
Oppenheimer Funds		Oppenheimer Main St Small Cap Fd A	**	1,620,163
Parnassus		Parnassus Endeavor Fund Institutional	**	11,063
Parnassus		Parnassus Core Equity	**	28,713
Parnassus		Parnassus Endvr	**	877,639
PIMCO Funds		PIMCO Income Inst	**	5,673
PIMCO Funds		PIMCO Real Return Inst	**	6,013
PIMCO Funds		PIMCO Low Duration Inst	**	30,317
Pioneer Investments		Pioneer High Yield Fund	**	2,933
Principal Funds		Principal Equity Income I Inst	**	3,246,868
Principal Funds		Principal Hi Yd Inst	**	2,352,962
Prudential		Jennison Port. J	**	57,429

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Prudential		Prudential Juiss Natural Resource A	**	48,758
Prudential		Prudential Juiss Util A	**	61,205
Prudential		Prudential St Cor Bd	**	11,879
Prudential		Prudential Juiss 20 20 Focus A	**	17,147
Rydex Funds		Rydex Government Long Bd 1.2x Strat	**	18,736
Rydex Funds		Rydex S&P Mid Cap 400 Pure Growth H	**	6,097
Sentinel Funds		Sentinel Sm Co A	**	2,283,263
T. Rowe Price		T Rowe Price Health Science	**	40,236
T. Rowe Price		T Rowe Mid Cap Growth R	**	2,993,703
T. Rowe Price		T Rowe Small Cap Value	**	10,696
Thornburg Funds		Thornburg International Value Fund	**	2,400
TIAA-CREF		TIAA-CREF Large Cap Growth Index Fund Institutional	**	11,084
Touchstone Investments		Touchstone Active Bond Fund A	**	14,176
Van Eck Funds		Van Eck Emrg Mkt A	**	6,691
Van Eck Funds		Van Eck Gbl Hard Assets A	**	2,072
Van Eck Funds		Van Eck Intnatl Inv Gold A	**	1,490
Vanguard		Vanguard 500 Index Fd AS	**	623,003
Vanguard		Vanguard Balanced Index Adml	**	2,190,924
Vanguard		Vanguard Developed Markets Idx Admiral	**	15,598
Vanguard		Vanguard Energy Adml	**	2,734
Vanguard		Vanguard Dividend Appreciation Index Fund Admiral	**	5,212
Vanguard		Vanguard Emerging Mkts Stock Idx Adm	**	10,145
Vanguard		Vanguard Mid Cap Index Adm Fund	**	74,271
Vanguard		Vanguard REIT Index Adm	**	9,919
Vanguard		Vanguard Small Cap Index Fund AS	**	27,121
Vanguard		Vanguard ST Bond Index Adml	**	2,164,747
Vanguard		Vanguard total stock market Index Fd AS	**	142,972
Vanguard		Vanguard Total Bond Market Index Adm	**	732
Vanguard		Vanguard Health Care Adm	**	9,348
Vanguard		Vanguard Long-Term Investment Grade Fund Admiral	**	2,530
Vanguard		Vanguard International Growth Fund Admiral	**	10,967
Vanguard		Vanguard Mid-Cap Growth Index Admiral	**	10,056
Vanguard		Vanguard Mid-Cap Value Index Adml	**	3,154
Vanguard		Vanguard Small Cap Value Index Adml	**	33,907
Vanguard		Vanguard Divd Gr Inv	**	4,519,035
Vanguard		Vanguard GMNA Fd	**	36,265
Vanguard		Vanguard High-Yield Corporate Adm	**	2,379
Vanguard		Vanguard Intm-Trm USTrs	**	18,022
Vanguard		Vanguard State Treasury Inv	**	5,100
Vanguard		Vanguard FTSE Soc Index Inv	**	11,121
Vanguard		Vanguard Health Care Inv	**	13,839
Vanguard		Vanguard Infl-Prot Secs	**	489,147
Vanguard		Vanguard Md Cap Gr Idx Inv	**	20,357
Vanguard		Vanguard REIT Index Fd IS	**	38,461
Vanguard		Vanguard Sel Val Inv	**	4,332,848
Vanguard		Vanguard Small Cap Growth Index Fund	**	1,329,539

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	Vanguard	Vanguard Small Cap Value Index Fund	**	52,109
	Vanguard	Vanguard Strategic Eq Inv	**	10,242
	Vanguard	Vanguard US Value Fund	**	30,532
	Vanguard	Vanguard Wellesley Income Fund Admiral	**	187,536
	Vanguard	Vanguard Wellesley Income Fund Investor	**	138,487
	Vanguard	Vanguard Wellington Fd	**	61,753
	Victory	Victory Fund for Income	**	7,654
	Wells Fargo	WFA Emerging Markets Equity A	**	6,971
	Wells Fargo	WFA Precious Metals	**	59,770
	Wells Fargo	Wells Fargo Adj Rt Govt A	**	3,313
	Wells Fargo	Wells Fargo Government Securities A	**	5,617
	Yacktmn	Ycktmn Focs	**	6,110
*	Various	Individual brokerage accounts	**	8,605,370
*	Loans Receivable	Notes Receivable from Participants (with rates of interest 4.25% to 5.50% with various maturities through October 22, 2027)	-0-	1,672,045
		Total investments		\$ 111,580,945

* Party-in-interest

** Cost omitted for participant directed investments

See report of independent auditors

Supplemental Schedule

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

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	**	\$ 6,523	
Alliance Bernstein	AB Large Cap Growth Fund I	**	13,819	
American Century	American Century Ginnie Mae Adv Cls	**	5,544	
American Century	American Century Value Fund	**	11,670	
American Century	American Century Ultra I	**	987	
American Funds	American Funds US Government Securities	**	5,491	
American Funds	American Fund Euro Pacific Growth R6	**	1,037,353	
American Funds	American Funds Balanced Fund R6	**	4,415,581	
American Funds	American Funds Capital World Growth Income R6	**	2,175,336	
American Funds	American Funds Growth Fund Am R6	**	5,453,516	
American Funds	American Funds New World R6	**	5,354	
AQR Capital Management	AQR International Equity Fund I	**	1,165	
Baron Capital Group	Baron Emerging Markets Fund Institutional	**	7,140	
Berdeen Funds	Abdrn Intl Eq A	**	3,329	
Black Rock Funds	Black Rock GNMA Port Inv A	**	9,358	
Black Rock Funds	Black Rock Health Scnc Opp Inv A	**	23,494	
Black Rock Funds	BlackRock S&P 500 Index Institutional	**	24,544	
Black Rock Funds	Black Rock GI Alloc A	**	19,635	
Black Rock Funds	Black Rock Natural Resources Trust A	**	7,388	
Davis Funds	Davis NY Venture Fund Class A	**	69,741	
Delaware Investments	DE Emerging Markets A	**	18,725	
Delaware Investments	DE Extended Duration Bond A	**	94,042	
Dimensional Fund Advisors	DFA Global Real Estate Sec	**	2,359,194	
Dimensional Fund Advisors	DFA Intermediate Govt Fixed Income Inst	**	3,845	
Dimensional Fund Advisors	DFA US Long Co	**	81,628	
Dodge & Cox Funds	Dodge & Cox Income	**	16,492	
DoubleLine	DoubleLine Core Fixed Income I	**	5,364	
DWS Investments	DWS Inst Equity 500 Index	**	5,266,154	
Eaton Vance	Eaton Vance Government Obligations A	**	8,617	
Federated Equity Funds	Fed Kaufman Fund	**	28,318	
Federated Equity Funds	Fed Intl Lenders A	**	4,189	
Fidelity Investments	Fidelity NASDAQ Composite Index Fund	**	18,311	
Fidelity Investments	Fidelity Advisors Stock Select Mid Cap Fund A	**	25,784	
Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**	23,875	
Franklin Templeton Investment Funds	Franklin Mutual Global Discover Fund	**	32,761	
Franklin Templeton Investment Funds	Franklin Templeton Foreign A	**	52,113	
Franklin Templeton Investment Funds	Franklin Templeton Growth A	**	102,083	
Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**	18,699	
Goldman Sachs	Goldman Sachs Short Duration Government Fund A	**	8,029	
Goldman Sachs	Goldman Sachs Short Duration Government Fund Instituti	**	38,294	
Harbor Funds	Harbor International Inv	**	44,465	
Heartland Funds	Heartland Select Value Fund	**	51,209	
Heartland Funds	Heartland Value Pls Inv	**	3,906	
Invesco	Invesco Ltd Mat Treasury	**	5,150	
Invesco	Invesco Real Estate Fund	**	103,237	
Invesco	Invesco Balance Risk Allocation A	**	33,534	

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Ivy Funds		Ivy Asset Strategy Fd CI Y	**	44,449
Janus Henderson		Janus Henderson Global Life Sciences I	**	18,401
Janus Henderson		Janus Henderson Forty Fund N	**	9,030
Janus Henderson		Janus Henderson Global Technology Fund N	**	8,949
John Hancock		John Hancock Grtr China Opp A	**	30,479
JPMorgan		JPM Large Cap Value Fund R5	**	11,488
JPMorgan		JPM Mid Cap Value Fund A	**	100,178
JPMorgan		JPM Small Cap Equity A	**	15,083
JPMorgan		JPMorgan High Yield A	**	1,324
Lazard Funds		Lazard Emrg Mkts Port OS	**	14,171
Legg Mason		Legg Mason Wstr AS Cor Plus Bond I	**	2,271
Loomis Sayles Funds		Loomis Sayles Bond Admin Fund	**	12,078
Manning and Napier		Manning and Napier Pro-Blend Conservative Term	**	3,487,009
Manning and Napier		Manning and Napier Pro-Blend Extended Term	**	5,107,074
Manning and Napier		Manning and Napier Pro-Blend Max Term	**	4,293,715
Manning and Napier		Manning and Napier Pro-Blend Moderate Term	**	20,713,648
Manning and Napier		Manning and Napier World Opportunities	**	3,169
Metropolitan West Funds		Metropolitan West Total Return Bond I	**	4,064,298
MFS International		MFS International Val A	**	5,662,566
Morgan Stanley		Morgan Stanley Institutional Grown Portfolio	**	18,253
* Nationwide Mutual Funds		NW Government Money Market Fund R6	**	3,529,075
* Nationwide Mutual Funds		NW Intl Indx A	**	474,513
* Nationwide Mutual Funds		NW MdCap Mkt Indx A	**	577,001
* Nationwide Mutual Funds		NW MdCap Mkt Indx Inst	**	13,725
* Nationwide Mutual Funds		NW Small Cap Index Inst	**	10,378
* Nationwide Mutual Funds		Nationwide S&P 500 Index Instl	**	41,629
* Nationwide Mutual Funds		Nationwide Destination 2030 Fund R6	**	65,360
NeuBer		NeuBer High Income A	**	1,979
Oppenheimer Funds		Oppenheimer Developing Markets Fund A	**	632,828
Oppenheimer Funds		Oppenheimer Equity Income A	**	5,853
Oppenheimer Funds		Oppenheimer Gold and Special Mineral Fund	**	15,819
Oppenheimer Funds		Oppenheimer International Bond Fund A	**	60,161
Oppenheimer Funds		Oppenheimer International Small Co. Fund	**	6,613
Oppenheimer Funds		Oppenheimer Ltd Term Govt Fund A	**	13,024
Oppenheimer Funds		Oppenheimer Main St Small Cap Fd A	**	1,620,163
Parnassus		Parnassus Endeavor Fund Institutional	**	11,063
Parnassus		Parnassus Core Equity	**	28,713
Parnassus		Parnassus Endvr	**	877,639
PIMCO Funds		PIMCO Income Inst	**	5,673
PIMCO Funds		PIMCO Real Return Inst	**	6,013
PIMCO Funds		PIMCO Low Duration Inst	**	30,317
Pioneer Investments		Pioneer High Yield Fund	**	2,933
Principal Funds		Principal Equity Income I Inst	**	3,246,868
Principal Funds		Principal Hi Yd Inst	**	2,352,962
Prudential		Jennison Port. J	**	57,429

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OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Prudential		Prudential Juiss Natural Resource A	**	48,758
Prudential		Prudential Juiss Util A	**	61,205
Prudential		Prudential St Cor Bd	**	11,879
Prudential		Prudential Juiss 20 20 Focus A	**	17,147
Rydex Funds		Rydex Government Long Bd 1.2x Strat	**	18,736
Rydex Funds		Rydex S&P Mid Cap 400 Pure Growth H	**	6,097
Sentinel Funds		Sentinel Sm Co A	**	2,283,263
T. Rowe Price		T Rowe Price Health Science	**	40,236
T. Rowe Price		T Rowe Mid Cap Growth R	**	2,993,703
T. Rowe Price		T Rowe Small Cap Value	**	10,696
Thornburg Funds		Thornburg International Value Fund	**	2,400
TIAA-CREF		TIAA-CREF Large Cap Growth Index Fund Institutional	**	11,084
Touchstone Investments		Touchstone Active Bond Fund A	**	14,176
Van Eck Funds		Van Eck Emrg Mkt A	**	6,691
Van Eck Funds		Van Eck Gbl Hard Assets A	**	2,072
Van Eck Funds		Van Eck Intnatl Inv Gold A	**	1,490
Vanguard		Vanguard 500 Index Fd AS	**	623,003
Vanguard		Vanguard Balanced Index Adml	**	2,190,924
Vanguard		Vanguard Developed Markets Idx Admiral	**	15,598
Vanguard		Vanguard Energy Adml	**	2,734
Vanguard		Vanguard Dividend Appreciation Index Fund Admiral	**	5,212
Vanguard		Vanguard Emerging Mkts Stock Idx Adm	**	10,145
Vanguard		Vanguard Mid Cap Index Adm Fund	**	74,271
Vanguard		Vanguard REIT Index Adm	**	9,919
Vanguard		Vanguard Small Cap Index Fund AS	**	27,121
Vanguard		Vanguard ST Bond Index Adml	**	2,164,747
Vanguard		Vanguard total stock market Index Fd AS	**	142,972
Vanguard		Vanguard Total Bond Market Index Adm	**	732
Vanguard		Vanguard Health Care Adm	**	9,348
Vanguard		Vanguard Long-Term Investment Grade Fund Admiral	**	2,530
Vanguard		Vanguard International Growth Fund Admiral	**	10,967
Vanguard		Vanguard Mid-Cap Growth Index Admiral	**	10,056
Vanguard		Vanguard Mid-Cap Value Index Adml	**	3,154
Vanguard		Vanguard Small Cap Value Index Adml	**	33,907
Vanguard		Vanguard Divd Gr Inv	**	4,519,035
Vanguard		Vanguard GMNA Fd	**	36,265
Vanguard		Vanguard High-Yield Corporate Adm	**	2,379
Vanguard		Vanguard Intm-Trm USTrs	**	18,022
Vanguard		Vanguard State Treasury Inv	**	5,100
Vanguard		Vanguard FTSE Soc Index Inv	**	11,121
Vanguard		Vanguard Health Care Inv	**	13,839
Vanguard		Vanguard Infl-Prot Secs	**	489,147
Vanguard		Vanguard Md Cap Gr Idx Inv	**	20,357
Vanguard		Vanguard REIT Index Fd IS	**	38,461
Vanguard		Vanguard Sel Val Inv	**	4,332,848
Vanguard		Vanguard Small Cap Growth Index Fund	**	1,329,539

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OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	Vanguard	Vanguard Small Cap Value Index Fund	**	52,109
	Vanguard	Vanguard Strategic Eq Inv	**	10,242
	Vanguard	Vanguard US Value Fund	**	30,532
	Vanguard	Vanguard Wellesley Income Fund Admiral	**	187,536
	Vanguard	Vanguard Wellesley Income Fund Investor	**	138,487
	Vanguard	Vanguard Wellington Fd	**	61,753
	Victory	Victory Fund for Income	**	7,654
	Wells Fargo	WFA Emerging Markets Equity A	**	6,971
	Wells Fargo	WFA Precious Metals	**	59,770
	Wells Fargo	Wells Fargo Adj Rt Govt A	**	3,313
	Wells Fargo	Wells Fargo Government Securities A	**	5,617
	Yacktmn	Ycktmn Focs	**	6,110
*	Various	Individual brokerage accounts	**	8,605,370
*	Loans Receivable	Notes Receivable from Participants (with rates of interest 4.25% to 5.50% with various maturities through October 22, 2027)	-0-	1,672,045
		Total investments		\$ 111,580,945

* Party-in-interest

** Cost omitted for participant directed investments

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