

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 2017 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:	☐ 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 <u>CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION 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>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CEI PHYSICIANS, P.S.C., INC.</u> <u>1945 CEI DRIVE</u> <u>CINCINNATI, OH 45242-5664</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1473421</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-569-3743</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1473421</u>	2c Plan Sponsor's telephone number <u>513-569-3743</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>31-1473421</u>					
2c Plan Sponsor's telephone number <u>513-569-3743</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	ROD MCKENZIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 468
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) 468
a(2) Total number of active participants at the end of the plan year	6a(2) 470
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 470
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 470
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 26
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1D

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

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

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

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>12029561</u>	
b Actuarial value	2b	<u>12029561</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>468</u>	<u>11344325</u>	<u>11344325</u>
d Total	<u>468</u>	<u>11344325</u>	<u>11344325</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.67 %</u>	
6 Target normal cost	6	<u>575223</u>	

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

SIGN HERE		
Signature of actuary	<u>09/14/2018</u>	Date
<u>HANS NIENABER</u>	<u>17-05737</u>	Most recent enrollment number
Type or print name of actuary	<u>513-985-6164</u>	Telephone number (including area code)
<u>CUNI, RUST & STRENK, INC.</u>		
Firm name		
<u>4555 LAKE FOREST DRIVE, SUITE 620</u>		
<u>CINCINNATI, OH 45242</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	806031
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	151915
9 Amount remaining (line 7 minus line 8)	0	654116
10 Interest on line 9 using prior year's actual return of <u>5.34</u> %	0	34930
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		783265
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.94</u> %		46526
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		829791
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	689046

Part III Funding Percentages

14 Funding target attainment percentage	14	99.96%
15 Adjusted funding target attainment percentage	15	106.04%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.47%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/19/2017	303600	0			
07/27/2017	258919	0			
11/22/2017	246500	0			
04/30/2018	309000	0			
07/12/2018	935249	0			
09/12/2018	750000	0			
Totals ▶			18(b)	2803268	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2612969

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	575223	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	3810	3810	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	579033	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	128251	128251
36 Additional cash requirement (line 34 minus line 35)	36	450782	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2612969	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2162187	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	128251	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 CEI PHYSICIANS, P.S.C., INC.	D Employer Identification Number (EIN) 31-1473421	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FOSTER & MOTLEY, INC.

31-1482336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	70064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CEI PHYSICIANS, P.S.C., INC.</u>	D Employer Identification Number (EIN) <u>31-1473421</u>	

Part I 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)	767000	1994249
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	38455	46739
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	330161	297560
(2) U.S. Government securities.....	1c(2)	2780844	3433424
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2310196	2449863
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1975866	2257547
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2805871	3148582
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	1024677	1117401

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12033070	14745365

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12033070	14745365
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2803268	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2803268
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	869	
(B) U.S. Government securities	2b(1)(B)	50907	
(C) Corporate debt instruments	2b(1)(C)	156107	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		207883
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	228156	
(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)		228156
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1523974	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1570598	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-46624
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	534001	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		534001

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3726684

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	944325	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		944325
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)	70064	
(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)		70064
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1014389

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2712295
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 4082040. (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.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CINCINNATI EYE INSTITUTE DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 CEI PHYSICIANS, P.S.C., INC.		D Employer Identification Number (EIN) 31-1473421
Part I	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): 94-1737782		
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 1
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): _____

Independent Auditor's Report

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

We have audited the accompanying financial statements of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2017 and 2016 and the changes in net assets for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2017 and reportable transactions for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Cincinnati, Ohio
October 9, 2018

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Cincinnati Eye Institute Defined Benefit Pension Plan

B Three-digit
plan number (PN) ▶

006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

CEI Physicians, P.S.C., Inc.

D Employer Identification Number (EIN)

31-1473421

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2017**2** Assets:

	2a	
a Market value	12,029,561	
b Actuarial value	12,029,561	

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	468	11,344,325	11,344,325
d Total	468	11,344,325	11,344,325

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** 5.67 %**6** Target normal cost **6** 575,223**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Hans Nienaber

Type or print name of actuary

Cuni, Rust & Strenk, Inc.

Firm name

4555 Lake Forest Drive, Suite 620

US Cincinnati

OH 45242

Address of the firm

09/14/2018

Date

17-05737

Most recent enrollment number

(513) 985-6164

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2017
v. 170203

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	806,031
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	151,915
9 Amount remaining (line 7 minus line 8)	0	654,116
10 Interest on line 9 using prior year's actual return of <u>5.34</u> %	0	34,930
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		783,265
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.94</u> %		46,526
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		829,791
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	689,046

Part III Funding Percentages

14 Funding target attainment percentage	14	99.96 %
15 Adjusted funding target attainment percentage	15	106.04 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.47 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/19/2017	303,600				
07/27/2017	258,919				
11/22/2017	246,500				
04/30/2018	309,000				
07/12/2018	935,249				
09/12/2018	750,000				
Totals ▶ 18(b)				2,803,268	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	2,612,969

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	575,223
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:			
a Net shortfall amortization installment		Outstanding Balance 3,810	Installment 3,810
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	579,033
		Carryover balance	Prefunding Balance
35 Balances elected for use to offset funding requirement		0	128,251
36 Additional cash requirement (line 34 minus line 35)		36	450,782
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	2,612,969
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,162,187
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	128,251
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

2017 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

1. Interest Rates:

a. Minimum Funding

Segment 1	4.16%
Segment 2	5.72%
Segment 3	6.48%
Post-retirement Lump Sum Rate	5.00%

2. Mortality Rates:

Preretirement: None.

Postretirement: Funding: IRS 2017 Combined Static Mortality Table.

Lump sums: 1994 GAR Table (50% male/50% female)

3. Salary Scale: 3.00% per year.

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

2017 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

- | | |
|---|---|
| 5. <u>Termination Rates:</u> | None. |
| | |
| 6. <u>Disability Rates:</u> | None. |
| | |
| 7. <u>Plan Expenses:</u> | None. |
| | |
| 8. <u>Actuarial Cost Method:</u> | Unit Credit under PPA Rules. |
| | |
| 9. <u>Asset Valuation Method:</u> | Market Value. |
| | |
| 10. <u>Assumed Form of Benefit Payment:</u> | Lump sum distribution. |
| | |
| 11. <u>Rationale for Assumptions:</u> | The IRS segment rates and mortality tables used to determine minimum funding and maximum deductible amounts are pursuant to IRS regulations. The discount rate for accounting liabilities was selected by the plan sponsor. The selection of other actuarial assumptions is based on the actuary's best estimate of future expectations based on an examination of historical results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes. |
| | |
| 12. <u>Changes Since Last Year:</u> | Interest rates changed as mandated by PPA. |

2017 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

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

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

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

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

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

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

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

2017 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

8. Benefit Service:

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

9. Normal Retirement:

a. Eligibility

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

b. Monthly Benefit

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

10. Early Retirement:

a. Eligibility

No Early Retirement benefit offered.

b. Monthly Benefit

N/A

2017 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

11. Late Retirement:

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

12. Vested Retirement:

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

13. Disability Retirement:

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

14. Pre-Retirement Death:

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

2017 Schedule SB, Part V – Plan Provisions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

15. Payment Forms:

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

16. Actuarial Equivalency:

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

17. Maximum Annual Benefit:

\$215,000 per year for participants retiring at age 62 or later during the 2017 Plan Year.

18. Changes Since Last Year:

None.

2017 Schedule SB, Line 32 --Schedule of Amortization Bases**Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan****EIN: 31-1473421****PN: 006**

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ 27,218	01/01/2011	1	\$ 27,218
Shortfall	\$ (118,462)	01/01/2012	2	\$ (60,438)
Shortfall	\$ 108,623	01/01/2013	3	\$ 37,693
Shortfall	\$ 219,639	01/01/2014	4	\$ 58,311
Shortfall	\$ 141,086	01/01/2015	5	\$ 30,563
Shortfall	\$ 603,584	01/01/2016	6	\$ 112,327
Shortfall	\$ (977,878)	01/01/2017	7	\$ (160,579)
	\$ 3,810			\$ 45,095
	Adjusted Funding Shortfall			\$ 3,810
	Net Shortfall Installment			\$ 3,810

Active Participants as of January 1, 2017

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

Total Years of Service

Age Group	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	<u>Total</u>
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	10	0	0	0	0	0	0	0	10
25-29	0	47	7	0	0	0	0	0	0	54
30-34	0	42	13	3	0	0	0	0	0	58
35-39	0	27	22	9	3	1	0	0	0	62
40-44	0	15	16	14	8	4	0	0	0	57
45-49	0	18	10	10	7	1	2	1	0	49
50-54	0	18	9	10	9	5	7	2	0	60
55-59	0	18	12	8	8	2	2	1	1	52
60-64	0	3	6	8	7	3	4	6	1	38
65-69	0	4	2	2	2	4	3	1	4	22
70 +	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>6</u>
Total	0	203	97	65	46	21	18	11	7	468

Average Age: 44.7 Years (Last Year: 44.5)
Average Service: 9.2 Years (Last Year: 9.2)

2017 Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan

EIN: 31-1473421

PN: 006

Effective Interest Rate: 5.67% 0.946342387

				For Plan Year Ending <u>In</u>	Effective Interest <u>Rate</u>
<u>Date</u>	Contribution <u>Amount</u>	# Days to <u>1/1/2017</u>	Discounted Contributions @ <u>5.67%</u>		
5/19/2017	\$303,600	138	\$297,335	2017	
7/27/2017	258,919	207	250,946	2017	
11/22/2017	246,500	325	234,688	2017	
4/30/2018	309,000	484	287,209	2017	
7/12/2018	935,249	557	859,758	2017	
9/12/2018	<u>750,000</u>	619	<u>683,033</u>	2017	
Total	\$2,803,268		\$2,612,969		

2017 Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: Cincinnati Eye Institute Defined Benefit Pension Plan
EIN: 31-1473421
PN: 006

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

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

Cincinnati Eye Institute Defined Benefit Pension Plan

**Financial Report
December 31, 2017**

Cincinnati Eye Institute Defined Benefit Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

We have audited the accompanying financial statements of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2017 and 2016 and the changes in net assets for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

To the Plan Administrator
Cincinnati Eye Institute Defined Benefit Pension Plan

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2017 and reportable transactions for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Cincinnati, Ohio
October 9, 2018

Cincinnati Eye Institute Defined Benefit Pension Plan

Statement of Net Assets Available for Benefits

December 31, 2017 and 2016			
		2017	2016
Assets			
Investments:			
Money market fund	\$	295,545	\$ 325,702
Interest-bearing cash		2,015	4,460
U.S. government securities - Direct and guaranteed		3,433,424	2,780,843
Common and preferred stocks		2,257,547	1,975,866
Corporate debt instruments		146,888	160,228
Mutual funds		3,148,582	2,805,871
State and municipal securities		2,302,975	2,149,968
Other		1,117,401	1,024,677
Total investments		12,704,377	11,227,615
Contributions receivable		1,994,249	767,000
Accrued interest and dividends		46,739	38,455
Net Assets Available for Benefits	\$	14,745,365	\$ 12,033,070

Cincinnati Eye Institute Defined Benefit Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets		
Contributions	\$ 2,803,268	\$ 1,576,843
Investment income:		
Interest and dividends	443,252	389,518
Net realized and unrealized gains on investments	480,164	212,070
Total investment income	923,416	601,588
Total additions to net assets	3,726,684	2,178,431
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	944,325	-
Administrative expenses	70,064	63,265
Total deductions from net assets	1,014,389	63,265
Net Increase	2,712,295	2,115,166
Net Assets Available for Benefits		
Beginning of year	12,033,070	9,917,904
End of year	<u><u>\$ 14,745,365</u></u>	<u><u>\$ 12,033,070</u></u>

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 1 - Plan Description

The following description of Cincinnati Eye Institute Defined Benefit Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. The Plan met the minimum funding requirements of ERISA for the 2017 and 2016 plan years.

Payment of Benefits

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

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

Vesting

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

Years of Service	Vesting Percentage
Less than 2	- %
2	20.00 %
3	40.00 %
4	60.00 %
5	80.00 %
6 or more	100.00 %

Party-in-interest Transactions

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

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value.

The U.S. government securities, corporate debt securities, and state and municipal securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The interest-bearing cash is valued at the outstanding balance, which approximates fair value. All other investments are valued based on quoted market prices reported in active markets. See Note 3 for additional information.

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

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

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

Actuarial Present Value of Accumulated Plan Benefits

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

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

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

Actuarial Assumptions

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

The statements of accumulated plan benefits at December 31, 2016 and changes in accumulated plan benefits for the year then ended were based on actuarial valuation as of January 1, 2017. There were no significant changes or amendments for the one-day difference.

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2016 are summarized as follows:

Actuarial cost method	Projected unit credit
Assumed rate of return	5.0 percent per annum
Mortality basis	1994 Group Annuity Reserve Table, blended 50% male/50% female
Retirement rates	Later of 65 and five years of participation

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

The actuarially computed present value of accumulated plan benefits at December 31, 2016 is as follows:

Vested benefits - Active participants	<u>\$ 11,748,743</u>
---------------------------------------	----------------------

The changes in the actuarially computed present value of accumulated plan benefits for the plan year ended December 31, 2016 are as follows:

Value of accumulated benefits - Beginning of year	\$ 11,146,019
Decrease in discount period	557,301
Plan experience and benefit accrual	<u>45,423</u>
Value of accumulated benefits - End of year	<u>\$ 11,748,743</u>

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 9, 2018, which is the date the financial statements were available to be issued.

December 31, 2017 and 2016

Note 3 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

Level 1

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

Level 2

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

Level 3

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

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

Assets Measured at Fair Value on a Recurring Basis at December 31, 2017				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 2,015	\$ -	\$ 2,015	\$ -
Money market fund	295,545	295,545	-	-
Debt securities (1)	5,883,287	-	5,883,287	-
Common and preferred stocks	2,257,547	2,257,547	-	-
Mutual funds	3,148,582	3,148,582	-	-
Other (2)	1,117,401	1,117,401	-	-
Total	\$ 12,704,377	\$ 6,819,075	\$ 5,885,302	\$ -

Cincinnati Eye Institute Defined Benefit Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 3 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 4,460	\$ -	\$ 4,460	\$ -
Money Market Fund	325,702	325,702	-	-
Debt securities (1)	5,091,039	-	5,091,039	-
Common and preferred stocks	1,975,866	1,975,866	-	-
Mutual funds	2,805,871	2,805,871	-	-
Other (2)	1,024,677	1,024,677	-	-
Total	\$ 11,227,615	\$ 6,132,116	\$ 5,095,499	\$ -

(1) This class represents investments in securities issued by the U.S. government and/or U.S. government agencies, investments in securities issued by state and municipal governments and/or agencies, and investments in debt instruments issued by U.S. and international corporations. Investments are valued at their quoted market prices and/or other market data for the same or comparable instruments and transactions establishing the prices, discounted cash flow models, and other pricing models.

(2) This class represents investments in various equity-based holdings in commodities and/or funds that are indexed based on various commodities, primarily oil and gas. Investments are valued at their quoted market price.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no transfers between levels of the fair value hierarchy during 2017 or 2016.

Note 4 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company in a letter dated June 27, 2012 that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 5 - Plan Termination

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

The Company has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA. As disclosed in Note 6, subsequent to year end, the pension committee executed an agreement to terminate the Plan. The Company will contribute the amount necessary to pay its share of medical benefits incurred to the date of termination.

Note 6 - Subsequent Events

Subsequent to year end, the pension committee, the Plan's sponsor, has agreed to terminate the Plan. The executed agreement was effective June 4, 2018. Liquidation of assets through distributions to participants is expected to occur during 2018 and 2019, with full liquidation expected by December 31, 2019.

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing cash	\$ 2,015	\$ 2,015
Charles Schwab	Money market fund - Government Money Market Fund	295,545	295,545
	U.S. government securities, direct and guaranteed:		
United States of America	U.S. Treasury 3.75% notes due 11/15/18	26,075	25,418
United States of America	U.S. Treasury 1.375% due 1/15/20	115,112	117,032
United States of America	U.S. Treasury 2.125% notes due 8/31/20	201,664	200,938
United States of America	U.S. Treasury 2.625% notes due 11/15/20	218,992	203,594
United States of America	U.S. Treasury 2.00% notes due 11/30/20	45,148	45,042
United States of America	U.S. Treasury 2.25% notes due 7/31/21	40,744	40,225
United States of America	U.S. Treasury 2.00% notes due 11/15/21	52,375	49,852
United States of America	U.S. Treasury 1.625% note due 11/15/22	97,913	97,422
United States of America	U.S. Treasury fund due 1/15/23	131,827	137,823
United States of America	U.S. Treasury 1.375% notes due 06/30/23	74,522	73,535
United States of America	U.S. Treasury fund due 7/15/23	51,801	53,364
United States of America	U.S. Treasury fund due 1/15/24	52,826	53,760
United States of America	U.S. Treasury 2.25% notes due 11/15/24	129,855	129,289
United States of America	U.S. Treasury 7.5% notes due 11/15/24	202,559	165,957
United States of America	U.S. Treasury fund due 01/15/25	150,442	149,003
United States of America	U.S. Treasury 2% notes due 2/15/25	194,576	195,469
United States of America	U.S. Treasury 2.125% notes due 05/15/25	59,711	59,072
United States of America	U.S. Treasury fund due 01/15/26	121,392	125,716
United States of America	U.S. Treasury fund due 01/15/27	105,535	107,222
United States of America	U.S. Treasury fund due 04/15/28	193,052	190,031
United States of America	U.S. Treasury fund due 04/15/29	215,239	214,696
United States of America	U.S. Treasury fund due 02/15/41	49,323	51,591
United States of America	U.S. Agency security due 09/30/21	50,020	49,867
GNMA PL 005210M	4.5% notes due 10/20/26	12,296	12,038
GNMA PL 003910M	6% notes due 10/20/36	1,295	1,424
GNMA PL 657159	6.5% notes due 6/15/37	685	698
GNMA PL 003998M	6% notes due 6/20/37	1,119	1,250
GNMA PL 004028M	6% notes due 9/20/37	1,251	1,358
GNMA PL 004145M	6% notes due 5/20/38	1,274	1,402
GNMA PL 004245M	6% notes due 9/25/38	1,449	1,592
GNMA PL 004496M	5% notes due 7/20/39	3,453	3,615
GNMA PL 718748	5% notes due 8/15/39	1,529	1,602
GNMA PL 004511M	4% notes due 8/20/39	2,430	2,496
GNMA PL 004591M	4% notes due 12/20/39	14,766	14,978
GNMA PL 004617M	4.5% notes due 1/20/40	14,467	15,323
GNMA PL 004696M	4.5% notes due 5/20/40	9,632	9,718
GNMA PL 004712M	4% notes due 6/20/40	11,424	11,967
GNMA PL 744275	4% notes due 10/15/40	18,872	18,941
GNMA PL 004882M	4% notes due 12/20/40	13,069	13,565
GNMA PL 740764	3.5% notes due 2/15/41	20,713	20,738
GNMA PL 005114M	4% notes due 7/20/41	6,780	6,915
GNMA PL 005232M	3.5% notes due 11/20/41	19,297	17,339
GNMA PL 005258M	3.5% notes due 12/20/41	26,750	26,751
GNMA PL 767294	3.5% notes due 3/15/42	8,055	7,967
GNMA PL MA0081M	3% notes due 5/20/42	27,686	26,724
GNMA PL MA0088M	3.5% notes due 5/20/42	18,798	18,449
GNMA PL MA0153M	3% notes due 6/20/42	36,282	34,952
GNMA PL MA2222M	3% notes due 9/20/44	76,595	76,795

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
GNMA PL MA2600M	3% notes due 2/20/45	\$ 46,996	\$ 46,195
GNMA PL MA2753M	3% notes due 4/20/45	61,325	59,832
GNMA PL MA3033M	3% notes due 8/20/45	23,085	22,840
GNMA PL MA3662M	3% notes due 5/20/46	63,861	61,744
GNMA PL MA3873M	3% notes due 8/20/46	69,090	66,641
GNMA PL MA4126M	3% notes due 12/20/46	64,707	65,453
GNMA PL MA4261M	3% notes due 2/20/47	70,859	70,674
GNMA PL MA4651M	3% notes due 8/20/47	75,541	74,745
GNMA PL MA4899M	3% notes due 12/20/47	81,170	80,785
Total U.S. government securities, direct and guaranteed		3,487,304	3,433,424
State and municipal securities:			
NW AR SLD WSTMGMT	7.00% notes matured 11/1/17	25,242	22,249
Clearlake California	5.7% notes due 10/1/26	46,252	45,030
PR COMWLTH HWY	5.55% notes due 7/1/18	24,458	21,312
Kentucky Pub AGY	3.25% notes due 8/1/18	50,524	49,680
Pomono California	4.975% notes due 8/1/18	5,330	5,080
Meriden CT HSG	7.25% notes due 11/1/27	74,688	73,074
Newark NJ HSG PE	5.95% notes due 12/1/18	4,639	4,990
Sacramento CA	5.85% notes due 8/1/19	50,647	52,140
Indio CA PFA	7.48% notes due 8/15/19	5,055	5,099
Paris IL USD	2.75% notes due 11/1/19	25,370	24,912
S Gate CA PEN OB	5.42% notes due 6/1/20	75,434	79,326
PR COMWLTH HWY	5.65% notes due 7/1/20	26,709	24,938
River Islands PFA	5% notes due 9/1/20	20,020	20,016
Garza Co TX PUB	6.2% notes due 10/1/20	12,513	7,964
San Bernadino CA	7.703% notes due 2/1/21	26,400	21,442
Paramus NJ	5.2% notes due 3/1/21	20,854	20,649
Selma AL	5.82% notes due 7/1/31	55,435	55,669
Cleveland Cuyahoga	4% notes due 9/1/21	41,569	1
Washington State	5.25% notes due 10/1/21	53,678	51,247
Memphis CTR City	4.73% notes due 11/1/24	55,205	54,108
PA HSG FIN AGY	3.15% notes due 4/1/22	25,316	25,984
Allentown PA	5.62% notes due 5/1/22	55,615	50,618
Lackawanna NY HSG	8.5% notes due 1/1/23	27,398	25,933
Illinois State	4.95% notes due 6/1/23	44,853	46,959
Sacramento CA	6.42% notes due 8/1/23	115,679	114,051
Cook County Illinois	4.95% notes due 12/1/23	27,821	26,254
Hudson County NJ	6.64% notes due 2/1/24	47,662	47,629
Reading PA	3.25% notes due 2/1/24	75,902	76,261
San Bernadino CA	8.153% notes due 2/1/24	74,851	73,909
City of Montebel	4.07% notes due 11/1/24	51,570	50,298
NJ ST HSG & MTG	3.608% notes due 11/1/24	14,097	15,020
Orlando IL Fire	3.75% notes due 12/15/24	52,013	50,941
Belding MI Area S	6.5% notes due 5/1/25	57,052	54,828
NYC NY Tran Auth	2.85% notes due 5/1/25	50,020	49,708
Westchester CN	3.332% notes due 6/1/25	47,470	46,503
UNIV NM COP	8% notes due 6/30/25	35,588	35,757
Garza CO TX PUB	7.2% notes due 10/1/25	41,566	26,439
Philadelphia PA	3.964% notes due 4/15/26	25,681	25,320
NJ Econ Auth MTR	6.31% notes due 7/1/26	55,345	55,209
Avon LK OH CTY SD	5.7% notes due 12/1/26	49,665	47,841

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
TX ST Charter School Corp	9% notes due 2/15/27	\$ 58,581	\$ 52,424
New Orleans LA	4.592% notes due 9/1/27	65,270	64,402
City of New York	4.48% notes due 8/1/28	105,618	104,793
NJ Econ DEV AUT	7.425% notes due 2/15/29	38,615	38,770
River City Reg St	8.09% notes due 11/1/29	39,911	38,969
Pompano Beach	4.777% notes due 1/1/30	53,903	51,952
AK ID & EXPT AUT	5.25% notes due 3/1/30	52,174	50,011
TX ST Charter School Corp	7.5% notes due 8/15/30	27,309	25,837
New Hope Cultura	4.25% notes due 7/1/31	52,717	50,983
Bloomfield Twship MI	5.37% notes due 5/1/32	27,769	26,641
Kentucky HSG Corp	4.25% notes due 7/1/33	21,010	20,563
Port Greater Cincinnati	4.75% notes due 12/1/33	52,000	46,917
St Clair IL	5.75% notes due 10/1/35	29,024	27,681
Cincinnati OH	4.6% notes due 11/1/35	26,924	26,605
Eastern Illinois UN	6.35% notes due 4/1/36	52,243	50,676
Decatur GA SCH CO	6.3% notes due 5/1/37	39,605	36,363
San Bernadino CA	7.703% notes due 2/1/18	5,000	5,000
Total state and municipal securities		2,422,859	2,302,975
Corporate debt instruments:			
Triumph Bancorp	Notes due 09/30/26	53,189	52,500
Conagra Brands	6.625% bonds due 8/15/39	57,895	59,592
Capital One Bank	2.4% notes due 4/19/22	35,020	34,796
Total corporate debt instruments		146,104	146,888
Common and preferred stocks:			
Accenture PLC	Common Stock	49,891	63,685
Adient PLC	Common Stock	2,283	3,856
Amgen Inc.	Common Stock	41,003	58,082
Apple Inc.	Common Stock	52,535	84,443
Becton Dickinson & Co	Common Stock	22,397	54,584
Big Lots Inc.	Common Stock	25,868	37,900
BP PLC	Common Stock	35,057	38,877
Bunge Limited	Common Stock	23,024	22,405
Canadian NATL RAILWAY	Common Stock	16,363	19,388
Cinemark Holdings	Common Stock	18,501	16,505
Cisco Systems Inc.	Common Stock	33,359	61,625
CR Bard Incorporate	Common Stock	7,947	13,912
Cummins Inc.	Common Stock	12,805	13,955
CVS Health Corp	Common Stock	30,586	26,898
Deluxe Corp	Common Stock	21,902	24,205
Discover Financial	Common Stock	53,769	64,305
Entergy Corp	Common Stock	50,245	51,276
Everest Re Group LTD	Common Stock	18,392	27,215
Exxon Mobil Corp	Common Stock	38,053	42,991
Flowers Foods Inc	Common Stock	15,459	17,109
General Mills Inc	Common Stock	35,607	37,116
Gilead Sciences Inc	Common Stock	13,724	10,459
Hanover Insurance Group	Common Stock	31,638	47,447
Hasbro Inc	Common Stock	22,781	55,443
Hill Rom Holdings	Common Stock	15,172	17,027

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Honeywell International	Common Stock	\$ 40,679	\$ 56,436
Illinois Tool Works	Common Stock	10,963	14,850
Intel Corporation	Common Stock	57,982	86,088
Johnson & Johnson	Common Stock	12,414	13,972
JPMorgan Chase & Co.	Common Stock	43,700	83,948
J2 Global Inc.	Common Stock	19,137	16,732
Lear Corporation	Common Stock	20,185	22,966
Lowes Companies Inc.	Common Stock	29,556	34,109
Lyondellbasell Inds	Common Stock	37,154	43,245
Mckesson Corp	Common Stock	36,906	56,142
Microsoft Corp	Common Stock	38,527	99,569
Oracle Corp	Common Stock	14,287	23,735
PepsiCo Incorporated	Common Stock	54,732	69,074
Pfizer Incorporated	Common Stock	39,122	53,642
Schweitzer-Mauduit	Common Stock	20,438	21,546
Stanley Black & Decker	Common Stock	17,724	29,356
Target Corp	Common Stock	75,670	64,598
Texas Instruments	Common Stock	22,589	31,228
Toronto Dominion Bank	Common Stock	60,895	97,536
Total SA	Common Stock	77,165	85,518
Toyota Motor Corp	Common Stock	32,970	36,371
Travelers Companies Inc.	Common Stock	35,003	56,969
Tyson Foods Inc.	Common Stock	31,208	36,482
UGI Corporation	Common Stock	26,665	25,541
United Technologies	Common Stock	19,216	36,357
Valero Energy Corp	Common Stock	10,439	14,981
Verizon Communications	Common Stock	51,526	68,280
Wal-mart Stores Inc	Common Stock	10,402	14,813
Wells Fargo Bank	Common Stock	9,775	18,626
3M Company	Common Stock	11,608	34,129
Total common and preferred stocks		1,656,998	2,257,547
Mutual funds:			
Performance Trust Strat	Bond Fund	32,417	32,358
Pioneer	ILS Interval Fund	292,224	272,479
Rivernorth Marketplace	Bond Fund	58,245	56,834
Stone Ride	Alt Lending	515,751	501,423
Stone Ridge	High Yield	405,883	374,652
TCW	Emerging Markets Local	198,503	212,635
AQR	Equity Market Neutral Fund	98,517	99,147
AQR	Long Short Equity Fund	48,517	48,500
AQR Managed Futures	Strategy High Value Fund	175,362	162,799
DFA	Emerging Markets Small Cap I	43,828	52,888
DFA	Emerging Markets Value	137,061	180,734
DFA	International Small Co Port	56,215	71,873
Harbor International	International Fund	96,133	103,833
LJM Preservation	Growth Fund	89,862	86,519
Matthews	Asian Growth & Income Fund	79,639	108,395
Oakmark	Foreign Large Blend	96,599	120,791
PIMCO	All asset All Authority Inst	106,000	95,300
PIMCO	StocksPlus Short Inst	96,232	88,097
Stone Ridge	All Asset	141,574	139,884

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Stone Ridge	Reinsurance	\$ 213,068	\$ 193,447
Tortoise MLP & Pipeline	Energy Fund	135,888	145,994
	Total mutual funds	3,117,518	3,148,582
	Other:		
Charles Schwab US Reit	Exchange Traded Fund	54,728	54,314
iShares Edge MSCI	EFAV	90,176	104,142
iShares Gold	Gold Trust	171,448	188,513
iShares MBS	Bond Fund	74,845	73,547
iShares Tips	Bond Fund	150,520	144,882
JAN Velocity Tail Risk	Bond Fund	53,427	58,480
PowerShares	Fixed Income Emerging Markets	215,922	223,500
PowerShares	Emerging Markets Exchange Traded Fund	8,800	14,291
Schwab	Equity Emerging Markets	75,938	91,235
Schwab	Exchange Traded Fund	62,443	62,320
Vanguard Intermediate	Term Government Fund	10,966	10,806
Vanguard Small Cap Value	Exchange Traded Fund	39,189	47,270
Blackstone MTG TR	Exchange Traded Fund	10,041	12,003
Gladstone Land Corp	Exchange Traded Fund	30,524	32,098
	Total other	1,048,967	1,117,401
	Total investments	<u>\$ 12,177,310</u>	<u>\$ 12,704,377</u>

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 31-1473421, Plan No. 006
 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Charles Schwab Charles Schwab	Government Money Market Fund	\$ 767,161	\$ -	\$ 767,161	\$ 767,161	\$ -
	Government Money Market Fund	-	925,831	925,831	925,831	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Charles Schwab	Government Money Market Fund:	3,212,603	-	3,212,603	3,212,603	-
	Purchases - 134	-	-	3,242,760	3,242,760	-
	Sales - 33	-	3,242,760	3,242,760	3,242,760	-

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

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 31-1473421, Plan No. 006
 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Charles Schwab Charles Schwab	Government Money Market Fund	\$ 767,161	\$ -	\$ 767,161	\$ 767,161	\$ -
	Government Money Market Fund	-	925,831	925,831	925,831	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Charles Schwab	Government Money Market Fund:	3,212,603	-	3,212,603	3,212,603	-
	Purchases - 134	-	-	3,242,760	3,242,760	-
	Sales - 33	-	3,242,760	3,242,760	3,242,760	-

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

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing cash	\$ 2,015	\$ 2,015
Charles Schwab	Money market fund - Government Money Market Fund	295,545	295,545
	U.S. government securities, direct and guaranteed:		
United States of America	U.S. Treasury 3.75% notes due 11/15/18	26,075	25,418
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United States of America	U.S. Treasury 1.375% notes due 06/30/23	74,522	73,535
United States of America	U.S. Treasury fund due 7/15/23	51,801	53,364
United States of America	U.S. Treasury fund due 1/15/24	52,826	53,760
United States of America	U.S. Treasury 2.25% notes due 11/15/24	129,855	129,289
United States of America	U.S. Treasury 7.5% notes due 11/15/24	202,559	165,957
United States of America	U.S. Treasury fund due 01/15/25	150,442	149,003
United States of America	U.S. Treasury 2% notes due 2/15/25	194,576	195,469
United States of America	U.S. Treasury 2.125% notes due 05/15/25	59,711	59,072
United States of America	U.S. Treasury fund due 01/15/26	121,392	125,716
United States of America	U.S. Treasury fund due 01/15/27	105,535	107,222
United States of America	U.S. Treasury fund due 04/15/28	193,052	190,031
United States of America	U.S. Treasury fund due 04/15/29	215,239	214,696
United States of America	U.S. Treasury fund due 02/15/41	49,323	51,591
United States of America	U.S. Agency security due 09/30/21	50,020	49,867
GNMA PL 005210M	4.5% notes due 10/20/26	12,296	12,038
GNMA PL 003910M	6% notes due 10/20/36	1,295	1,424
GNMA PL 657159	6.5% notes due 6/15/37	685	698
GNMA PL 003998M	6% notes due 6/20/37	1,119	1,250
GNMA PL 004028M	6% notes due 9/20/37	1,251	1,358
GNMA PL 004145M	6% notes due 5/20/38	1,274	1,402
GNMA PL 004245M	6% notes due 9/25/38	1,449	1,592
GNMA PL 004496M	5% notes due 7/20/39	3,453	3,615
GNMA PL 718748	5% notes due 8/15/39	1,529	1,602
GNMA PL 004511M	4% notes due 8/20/39	2,430	2,496
GNMA PL 004591M	4% notes due 12/20/39	14,766	14,978
GNMA PL 004617M	4.5% notes due 1/20/40	14,467	15,323
GNMA PL 004696M	4.5% notes due 5/20/40	9,632	9,718
GNMA PL 004712M	4% notes due 6/20/40	11,424	11,967
GNMA PL 744275	4% notes due 10/15/40	18,872	18,941
GNMA PL 004882M	4% notes due 12/20/40	13,069	13,565
GNMA PL 740764	3.5% notes due 2/15/41	20,713	20,738
GNMA PL 005114M	4% notes due 7/20/41	6,780	6,915
GNMA PL 005232M	3.5% notes due 11/20/41	19,297	17,339
GNMA PL 005258M	3.5% notes due 12/20/41	26,750	26,751
GNMA PL 767294	3.5% notes due 3/15/42	8,055	7,967
GNMA PL MA0081M	3% notes due 5/20/42	27,686	26,724
GNMA PL MA0088M	3.5% notes due 5/20/42	18,798	18,449
GNMA PL MA0153M	3% notes due 6/20/42	36,282	34,952
GNMA PL MA2222M	3% notes due 9/20/44	76,595	76,795

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 31-1473421, Plan No. 006
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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
GNMA PL MA2600M	3% notes due 2/20/45	\$ 46,996	\$ 46,195
GNMA PL MA2753M	3% notes due 4/20/45	61,325	59,832
GNMA PL MA3033M	3% notes due 8/20/45	23,085	22,840
GNMA PL MA3662M	3% notes due 5/20/46	63,861	61,744
GNMA PL MA3873M	3% notes due 8/20/46	69,090	66,641
GNMA PL MA4126M	3% notes due 12/20/46	64,707	65,453
GNMA PL MA4261M	3% notes due 2/20/47	70,859	70,674
GNMA PL MA4651M	3% notes due 8/20/47	75,541	74,745
GNMA PL MA4899M	3% notes due 12/20/47	81,170	80,785
Total U.S. government securities, direct and guaranteed		3,487,304	3,433,424
State and municipal securities:			
NW AR SLD WSTMGMT	7.00% notes matured 11/1/17	25,242	22,249
Clearlake California	5.7% notes due 10/1/26	46,252	45,030
PR COMWLTH HWY	5.55% notes due 7/1/18	24,458	21,312
Kentucky Pub AGY	3.25% notes due 8/1/18	50,524	49,680
Pomono California	4.975% notes due 8/1/18	5,330	5,080
Meriden CT HSG	7.25% notes due 11/1/27	74,688	73,074
Newark NJ HSG PE	5.95% notes due 12/1/18	4,639	4,990
Sacramento CA	5.85% notes due 8/1/19	50,647	52,140
Indio CA PFA	7.48% notes due 8/15/19	5,055	5,099
Paris IL USD	2.75% notes due 11/1/19	25,370	24,912
S Gate CA PEN OB	5.42% notes due 6/1/20	75,434	79,326
PR COMWLTH HWY	5.65% notes due 7/1/20	26,709	24,938
River Islands PFA	5% notes due 9/1/20	20,020	20,016
Garza Co TX PUB	6.2% notes due 10/1/20	12,513	7,964
San Bernadino CA	7.703% notes due 2/1/21	26,400	21,442
Paramus NJ	5.2% notes due 3/1/21	20,854	20,649
Selma AL	5.82% notes due 7/1/31	55,435	55,669
Cleveland Cuyahoga	4% notes due 9/1/21	41,569	1
Washington State	5.25% notes due 10/1/21	53,678	51,247
Memphis CTR City	4.73% notes due 11/1/24	55,205	54,108
PA HSG FIN AGY	3.15% notes due 4/1/22	25,316	25,984
Allentown PA	5.62% notes due 5/1/22	55,615	50,618
Lackawanna NY HSG	8.5% notes due 1/1/23	27,398	25,933
Illinois State	4.95% notes due 6/1/23	44,853	46,959
Sacramento CA	6.42% notes due 8/1/23	115,679	114,051
Cook County Illinois	4.95% notes due 12/1/23	27,821	26,254
Hudson County NJ	6.64% notes due 2/1/24	47,662	47,629
Reading PA	3.25% notes due 2/1/24	75,902	76,261
San Bernadino CA	8.153% notes due 2/1/24	74,851	73,909
City of Montebel	4.07% notes due 11/1/24	51,570	50,298
NJ ST HSG & MTG	3.608% notes due 11/1/24	14,097	15,020
Orlando IL Fire	3.75% notes due 12/15/24	52,013	50,941
Belding MI Area S	6.5% notes due 5/1/25	57,052	54,828
NYC NY Tran Auth	2.85% notes due 5/1/25	50,020	49,708
Westchester CN	3.332% notes due 6/1/25	47,470	46,503
UNIV NM COP	8% notes due 6/30/25	35,588	35,757
Garza CO TX PUB	7.2% notes due 10/1/25	41,566	26,439
Philadelphia PA	3.964% notes due 4/15/26	25,681	25,320
NJ Econ Auth MTR	6.31% notes due 7/1/26	55,345	55,209
Avon LK OH CTY SD	5.7% notes due 12/1/26	49,665	47,841

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

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 EIN 31-1473421, Plan No. 006
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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
TX ST Charter School Corp	9% notes due 2/15/27	\$ 58,581	\$ 52,424
New Orleans LA	4.592% notes due 9/1/27	65,270	64,402
City of New York	4.48% notes due 8/1/28	105,618	104,793
NJ Econ DEV AUT	7.425% notes due 2/15/29	38,615	38,770
River City Reg St	8.09% notes due 11/1/29	39,911	38,969
Pompano Beach	4.777% notes due 1/1/30	53,903	51,952
AK ID & EXPT AUT	5.25% notes due 3/1/30	52,174	50,011
TX ST Charter School Corp	7.5% notes due 8/15/30	27,309	25,837
New Hope Cultura	4.25% notes due 7/1/31	52,717	50,983
Bloomfield Twship MI	5.37% notes due 5/1/32	27,769	26,641
Kentucky HSG Corp	4.25% notes due 7/1/33	21,010	20,563
Port Greater Cincinnati	4.75% notes due 12/1/33	52,000	46,917
St Clair IL	5.75% notes due 10/1/35	29,024	27,681
Cincinnati OH	4.6% notes due 11/1/35	26,924	26,605
Eastern Illinois UN	6.35% notes due 4/1/36	52,243	50,676
Decatur GA SCH CO	6.3% notes due 5/1/37	39,605	36,363
San Bernadino CA	7.703% notes due 2/1/18	5,000	5,000
Total state and municipal securities		2,422,859	2,302,975
Corporate debt instruments:			
Triumph Bancorp	Notes due 09/30/26	53,189	52,500
Conagra Brands	6.625% bonds due 8/15/39	57,895	59,592
Capital One Bank	2.4% notes due 4/19/22	35,020	34,796
Total corporate debt instruments		146,104	146,888
Common and preferred stocks:			
Accenture PLC	Common Stock	49,891	63,685
Adient PLC	Common Stock	2,283	3,856
Amgen Inc.	Common Stock	41,003	58,082
Apple Inc.	Common Stock	52,535	84,443
Becton Dickinson & Co	Common Stock	22,397	54,584
Big Lots Inc.	Common Stock	25,868	37,900
BP PLC	Common Stock	35,057	38,877
Bunge Limited	Common Stock	23,024	22,405
Canadian NATL RAILWAY	Common Stock	16,363	19,388
Cinemark Holdings	Common Stock	18,501	16,505
Cisco Systems Inc.	Common Stock	33,359	61,625
CR Bard Incorporate	Common Stock	7,947	13,912
Cummins Inc.	Common Stock	12,805	13,955
CVS Health Corp	Common Stock	30,586	26,898
Deluxe Corp	Common Stock	21,902	24,205
Discover Financial	Common Stock	53,769	64,305
Entergy Corp	Common Stock	50,245	51,276
Everest Re Group LTD	Common Stock	18,392	27,215
Exxon Mobil Corp	Common Stock	38,053	42,991
Flowers Foods Inc	Common Stock	15,459	17,109
General Mills Inc	Common Stock	35,607	37,116
Gilead Sciences Inc	Common Stock	13,724	10,459
Hanover Insurance Group	Common Stock	31,638	47,447
Hasbro Inc	Common Stock	22,781	55,443
Hill Rom Holdings	Common Stock	15,172	17,027

Cincinnati Eye Institute Defined Benefit Pension Plan

Schedule of Assets Held at End of Year (Continued)

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Honeywell International	Common Stock	\$ 40,679	\$ 56,436
Illinois Tool Works	Common Stock	10,963	14,850
Intel Corporation	Common Stock	57,982	86,088
Johnson & Johnson	Common Stock	12,414	13,972
JPMorgan Chase & Co.	Common Stock	43,700	83,948
J2 Global Inc.	Common Stock	19,137	16,732
Lear Corporation	Common Stock	20,185	22,966
Lowes Companies Inc.	Common Stock	29,556	34,109
Lyondellbasell Inds	Common Stock	37,154	43,245
Mckesson Corp	Common Stock	36,906	56,142
Microsoft Corp	Common Stock	38,527	99,569
Oracle Corp	Common Stock	14,287	23,735
PepsiCo Incorporated	Common Stock	54,732	69,074
Pfizer Incorporated	Common Stock	39,122	53,642
Schweitzer-Mauduit	Common Stock	20,438	21,546
Stanley Black & Decker	Common Stock	17,724	29,356
Target Corp	Common Stock	75,670	64,598
Texas Instruments	Common Stock	22,589	31,228
Toronto Dominion Bank	Common Stock	60,895	97,536
Total SA	Common Stock	77,165	85,518
Toyota Motor Corp	Common Stock	32,970	36,371
Travelers Companies Inc.	Common Stock	35,003	56,969
Tyson Foods Inc.	Common Stock	31,208	36,482
UGI Corporation	Common Stock	26,665	25,541
United Technologies	Common Stock	19,216	36,357
Valero Energy Corp	Common Stock	10,439	14,981
Verizon Communications	Common Stock	51,526	68,280
Wal-mart Stores Inc	Common Stock	10,402	14,813
Wells Fargo Bank	Common Stock	9,775	18,626
3M Company	Common Stock	11,608	34,129
Total common and preferred stocks		1,656,998	2,257,547
Mutual funds:			
Performance Trust Strat	Bond Fund	32,417	32,358
Pioneer	ILS Interval Fund	292,224	272,479
Rivernorth Marketplace	Bond Fund	58,245	56,834
Stone Ride	Alt Lending	515,751	501,423
Stone Ridge	High Yield	405,883	374,652
TCW	Emerging Markets Local	198,503	212,635
AQR	Equity Market Neutral Fund	98,517	99,147
AQR	Long Short Equity Fund	48,517	48,500
AQR Managed Futures	Strategy High Value Fund	175,362	162,799
DFA	Emerging Markets Small Cap I	43,828	52,888
DFA	Emerging Markets Value	137,061	180,734
DFA	International Small Co Port	56,215	71,873
Harbor International	International Fund	96,133	103,833
LJM Preservation	Growth Fund	89,862	86,519
Matthews	Asian Growth & Income Fund	79,639	108,395
Oakmark	Foreign Large Blend	96,599	120,791
PIMCO	All asset All Authority Inst	106,000	95,300
PIMCO	StocksPlus Short Inst	96,232	88,097
Stone Ridge	All Asset	141,574	139,884

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Stone Ridge	Reinsurance	\$ 213,068	\$ 193,447
Tortoise MLP & Pipeline	Energy Fund	135,888	145,994
	Total mutual funds	3,117,518	3,148,582
	Other:		
Charles Schwab US Reit	Exchange Traded Fund	54,728	54,314
iShares Edge MSCI	EFAV	90,176	104,142
iShares Gold	Gold Trust	171,448	188,513
iShares MBS	Bond Fund	74,845	73,547
iShares Tips	Bond Fund	150,520	144,882
JAN Velocity Tail Risk	Bond Fund	53,427	58,480
PowerShares	Fixed Income Emerging Markets	215,922	223,500
PowerShares	Emerging Markets Exchange Traded Fund	8,800	14,291
Schwab	Equity Emerging Markets	75,938	91,235
Schwab	Exchange Traded Fund	62,443	62,320
Vanguard Intermediate	Term Government Fund	10,966	10,806
Vanguard Small Cap Value	Exchange Traded Fund	39,189	47,270
Blackstone MTG TR	Exchange Traded Fund	10,041	12,003
Gladstone Land Corp	Exchange Traded Fund	30,524	32,098
	Total other	1,048,967	1,117,401
	Total investments	<u>\$ 12,177,310</u>	<u>\$ 12,704,377</u>