

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>11/30/2018</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☒ the final return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>01/01/2015</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>NORTHERN OHIO MEDICAL SPECIALISTS, LLC</u> <u>3004 HAYES AVENUE</u> <u>SANDUSKY, OH 44870</u>
2b	Employer Identification Number (EIN) <u>34-1933718</u>
2c	Plan Sponsor's telephone number <u>419-609-1112</u>
2d	Business code (see instructions) <u>541110</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.	09/13/2019	LARRY BUTCHER
	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 (2018)
v. 171027

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	5 299
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 231 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 1I 3B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 11/30/2018		
A Name of plan NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN OHIO MEDICAL SPECIALISTS, LLC	D Employer Identification Number (EIN) 34-1933718	

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)

UBS FINANCIAL SERVICES

13-2638166

(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	9478	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 11/30/2018		
A Name of plan NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN OHIO MEDICAL SPECIALISTS, LLC	D Employer Identification Number (EIN) 34-1933718	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	38841	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1603405	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1642246	0

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1642246	0
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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)	92897	
(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)		92897
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3865	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3865
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22322	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		22322
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-10587
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		108497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1740966	
(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)		1740966
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	9477	
(4) Other	2i(4)	300	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		9777
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1750743

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1642246
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: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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	
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 0.

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 11/30/2018

A Name of plan <u>NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHERN OHIO MEDICAL SPECIALISTS, LLC</u>	D Employer Identification Number (EIN) <u>34-1933718</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>58-1428634</u> <u>33-6134835</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>301</u>

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

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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

November 30, 2018

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Northern Ohio Medical Specialists, LLC Cash Balance Plan
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Northern Ohio Medical Specialists, LLC Cash Balance Plan, which comprise the statement of net assets available for benefits as of November 30, 2018 and December 31, 2017, and the related statement of changes in net assets available for benefits for the period ended November 30, 2018 and year ended December 31, 2017, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of November 30, 2018 and December 31, 2017, and for the period ended November 30, 2018 and year ended December 31, 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Meaden & Moore, Ltd.

(A Meaden & Moore Affiliate Company)

1375 East Ninth Street, Suite 1800 | Cleveland, OH 44114-1790 | P (216) 241-3272 | F (216) 771-4511 |
meadenmoore.com

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Disclaimer of Opinion on the Financial Statements

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

Other Matter

The supplemental Schedule of Reportable Transactions for the period ended November 30, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the Financial Statements paragraph, we do not express an opinion on this supplemental schedule.

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

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

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

September 5, 2019

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

	November 30 2018	December 31 2017
ASSETS		
Investments at Fair Value:		
Liquid Assets Money Market Fund	\$ -	\$ 38,841
IShares U.S. Credit Bond ETF	-	245,906
IShares U.S. Treasury Bond	-	202,421
Vanguard Value ETF	-	176,491
IShares MSCI AEFE	-	151,307
Vanguard Growth ETF	-	139,947
IShares Core MSCI EAFE ETF	-	132,775
IShares Core MSCI Emerging Market	-	111,410
Vanguard Mid Cap EFT	-	84,201
IShares IBOXX Dollar Invt Grade Corp Bond ETF	-	82,539
SPDR Bloomberg Barclays High Yield Bond ETF	-	79,022
Vaneck Vectors ETF TR JP Morgan Mkts	-	57,813
IShares Core S&P Small Cap	-	50,157
IShares JP Morgan USD Emerg Market Bond	-	38,661
Vanguard Total World Stock ETF	-	33,490
PIMCO Enhanced Short Maturity ETF	-	17,265
Total Investments at Fair Value	-	1,642,246
LIABILITIES	-	-
Net Assets Available for Benefits	\$ -	\$ 1,642,246

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

Period Ended November 30, 2018 and Year Ended December 31, 2017

	<u>2018</u>	<u>2017</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 95,594	\$ -
Investment Income:		
Interest and dividend income	26,187	33,151
Net unrealized/realized appreciation (depreciation)	<u>(10,587)</u>	<u>128,944</u>
Total Investment Income	15,600	162,095
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,740,966	28,151
Administrative expenses	<u>12,474</u>	<u>37,241</u>
Total Deductions	<u>1,753,440</u>	<u>65,392</u>
Net Increase (Decrease)	(1,642,246)	96,703
Net Assets Available for Benefits:		
Beginning of Year	<u>1,642,246</u>	<u>1,545,543</u>
End of Year	<u>\$ -</u>	<u>\$ 1,642,246</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

1 Description of Plan

The following description of the Northern Ohio Medical Specialists, LLC Cash Balance Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began January 1, 2015 is a cash balance plan covering all employees of Northern Ohio Medical Specialists, LLC (the “Company”) who meet the service hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees earn a “theoretical” cash balance based on a % of their annual compensation each year they are eligible for the Plan.

As of December 31, 2016, the Plan administrator amended the plan to terminate operations as of December 31, 2016. On April 5, 2018, the Company has received a favorable determination letter from the IRS acknowledging the plan termination on December 31, 2016. The net assets of the Plan were distributed to vested participants based upon an actuarial calculation as of November 30, 2018.

Eligibility:

All eligible employees of the Company age 18 and older, excluding employees of affiliated employers, leased and union employees, non-resident aliens, and directors, who are employed for one year were eligible to participate in the Plan.

Funding Policy:

The Plan is funded by employer contributions from the Company based on the actuary's beginning of the year calculations to meet certain ERISA minimum funding requirements. The Plan does not provide for employee contributions.

Payment of Benefits:

A participant may receive benefits in the form of a joint and 50%, 75%, or 100% survivor annuity, if married, or a life annuity if not married, a lump sum payment, or an alternative form of payment as outlined in the Plan document. Benefits are recorded when paid.

Vesting:

Vesting in the participant's account balance is based on years of service. A participant is 100% vested after 3 years. Since the Plan was terminated, all participants are 100% vested.

2 Summary of Significant Accounting Policies

Basis of Accounting:

As a result of the company's decision to terminate the plan, the Plan changed its basis of accounting from accrual basis to the liquidation basis of accounting for the years ended November 30, 2018 and December 31, 2017. The liquidation basis of accounting is required when liquidation is deemed imminent. Under the liquidation basis of accounting, assets are measured and presented at their net realizable values.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

2 Summary of Significant Accounting Policies, Continued

Basis of Accounting, Continued:

Liabilities are stated at their estimated settlement amounts. The conversion from the accrual basis to the liquidation basis of accounting had no effect on the Net Assets Available for Benefits or Change in Net Assets Available for Benefits for period ended November 30, 2018 and year December 31, 2017.

Valuation of Investments:

Investments held in mutual funds are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments for services employees have rendered. Accumulated Plan benefits 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

Administrative Fees:

Substantially all administrative fees are paid by the Company.

Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As described in Note 1, the Plan was amended as of December 31, 2016 to terminate the plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investment include investments in mutual funds with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Payment of Benefits:

Benefit payments are recorded when distributed.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through September 5, 2019, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

3 Fair Value Measurements, Continued

- * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

Mutual Funds and Money Market Fund:

The fair value of the mutual funds and money market fund is based on quoted market prices. These are classified in the Level 1 category of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017. There were no investments as of November 30, 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Money Market	\$ 38,841	\$ -	\$ -	\$ 38,841
Mutual Funds	1,603,405	-	-	1,603,405
Investments at Fair Value	<u>\$ 1,642,246</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,642,246</u>

4 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated April 5, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan Administration believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities.

The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of November 30, 2018, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2018</u>	<u>2017</u>
Investments, at Fair Value	\$ -	\$ 1,642,246
Interest and Dividends	\$ 26,187	\$ 33,151
Net Appreciation (Depreciation)	\$ (10,587)	\$ 130,314

6 Accumulated Plan Benefits

The Plan's actuary, Newport, estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

	<u>January 1,</u> <u>2018</u>	<u>2017</u>
Actuarial Present Value of:		
Vested benefits	\$ 1,695,123	\$ 1,656,841
Non-vested benefits	<u>-</u>	<u>-</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 1,695,123</u>	<u>\$ 1,656,841</u>

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

6 Accumulated Plan Benefits, Continued

	January 1,	
	<u>2018</u>	<u>2017</u>
Actuarial Present Value of Accrued Benefits at Beginning of Fiscal Year January 1	\$ 1,656,841	\$ 853,231
Changes During the Plan Year Attributable to:		
Net benefits accumulated (including actuarial gains and losses)	-	772,116
Increase for interest due to the decrease in the discount period	65,916	34,028
Decrease due to change in actuarial assumptions	-	(2,534)
Benefits paid (including lump sum amounts)	<u>(27,634)</u>	<u>-</u>
Net increase	<u>38,282</u>	<u>803,610</u>
Actuarial Present Value of Accrued Benefits at Ending of Fiscal Year January 1	<u>\$ 1,695,123</u>	<u>\$ 1,656,841</u>

The foregoing actuarial present value of accumulated Plan benefits are based on the fact that the plan was terminated as of December 31, 2016 and all the assets of the plan were paid out by November 30, 2018.

7 Party-in-Interest Transactions

Certain Plan investments are managed by Reliance Trust Company, the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the investments for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party in interest transactions.

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Northern Ohio Medical Specialists, LLC Cash Balance Plan

EIN 34-1933718

Plan No. 002

November 30, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Series of Transactions more than 5%</i>								
Reliance Trust	IShares MSCI EAFE	\$ -	\$ 148,491	\$ -	\$ -	\$ 133,833	\$ 148,491	\$ 14,658
Reliance Trust	IShares Core MSCI EAFE	\$ -	\$ 130,789	\$ -	\$ -	\$ 118,090	\$ 130,789	\$ 12,699
Reliance Trust	IShares Core MSCI Emerging Market	\$ -	\$ 105,989	\$ -	\$ -	\$ 94,538	\$ 105,989	\$ 11,451
Reliance Trust	Vanguard Mid-Cap EFT	\$ -	\$ 88,024	\$ -	\$ -	\$ 73,575	\$ 88,024	\$ 14,449
Reliance Trust	Vanguard Growth EFT	\$ -	\$ 152,140	\$ -	\$ -	\$ 119,577	\$ 152,140	\$ 32,563
Reliance Trust	Vanguard Value EFT	\$ -	\$ 180,260	\$ -	\$ -	\$ 153,121	\$ 180,260	\$ 27,139
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Reliance Trust	IShares IBOXX Investment Grade Bond	\$ 24,064	\$ -	\$ -	\$ -	\$ 24,064	\$ -	\$ -
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Reliance Trust	IShares JP Morgan Emerging Bond	\$ 44,859	\$ -	\$ -	\$ -	\$ 44,859	\$ -	\$ -
Reliance Trust	IShares Broad USD Corp Bond	\$ -	\$ 236,196	\$ -	\$ -	\$ 245,006	\$ 236,196	\$ (8,810)
Reliance Trust	IShares US Treasury Bond	\$ -	\$ 235,406	\$ -	\$ -	\$ 243,230	\$ 235,406	\$ (7,824)
Reliance Trust	IShares US Treasury Bond	\$ 37,832	\$ -	\$ -	\$ -	\$ 37,832	\$ -	\$ -
<i>Single Transactions more than 5%</i>								
Reliance Trust	IShares US Treasury Bond	\$ -	\$ 201,153	\$ -	\$ -	\$ 207,780	\$ 201,153	\$ (6,627)
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Reliance Trust	Vanguard Value EFT	\$ -	\$ 165,055	\$ -	\$ -	\$ 140,115	\$ 165,055	\$ 24,940

NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

November 30, 2018

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Northern Ohio Medical Specialists, LLC Cash Balance Plan
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Northern Ohio Medical Specialists, LLC Cash Balance Plan, which comprise the statement of net assets available for benefits as of November 30, 2018 and December 31, 2017, and the related statement of changes in net assets available for benefits for the period ended November 30, 2018 and year ended December 31, 2017, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of November 30, 2018 and December 31, 2017, and for the period ended November 30, 2018 and year ended December 31, 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Meaden & Moore, Ltd.

(A Meaden & Moore Affiliate Company)

1375 East Ninth Street, Suite 1800 | Cleveland, OH 44114-1790 | P (216) 241-3272 | F (216) 771-4511 |
meadenmoore.com

THE MEADEN & MOORE COMPANIES

AKRON | BEACHWOOD | BOSTON | CHARLOTTE | CHICAGO | CLEVELAND | COLUMBUS
LONDON/UK | LOS ANGELES | MIAMI | NEW YORK | ORLANDO | PITTSBURGH | WOOSTER

Disclaimer of Opinion on the Financial Statements

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

Other Matter

The supplemental Schedule of Reportable Transactions for the period ended November 30, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the Financial Statements paragraph, we do not express an opinion on this supplemental schedule.

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

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

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

September 5, 2019

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

	November 30 2018	December 31 2017
ASSETS		
Investments at Fair Value:		
Liquid Assets Money Market Fund	\$ -	\$ 38,841
IShares U.S. Credit Bond ETF	-	245,906
IShares U.S. Treasury Bond	-	202,421
Vanguard Value ETF	-	176,491
IShares MSCI AEFE	-	151,307
Vanguard Growth ETF	-	139,947
IShares Core MSCI EAFE ETF	-	132,775
IShares Core MSCI Emerging Market	-	111,410
Vanguard Mid Cap EFT	-	84,201
IShares IBOXX Dollar Invt Grade Corp Bond ETF	-	82,539
SPDR Bloomberg Barclays High Yield Bond ETF	-	79,022
Vaneck Vectors ETF TR JP Morgan Mkts	-	57,813
IShares Core S&P Small Cap	-	50,157
IShares JP Morgan USD Emerg Market Bond	-	38,661
Vanguard Total World Stock ETF	-	33,490
PIMCO Enhanced Short Maturity ETF	-	17,265
Total Investments at Fair Value	-	1,642,246
LIABILITIES	-	-
Net Assets Available for Benefits	\$ -	\$ 1,642,246

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

Period Ended November 30, 2018 and Year Ended December 31, 2017

	<u>2018</u>	<u>2017</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 95,594	\$ -
Investment Income:		
Interest and dividend income	26,187	33,151
Net unrealized/realized appreciation (depreciation)	<u>(10,587)</u>	<u>128,944</u>
Total Investment Income	15,600	162,095
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,740,966	28,151
Administrative expenses	<u>12,474</u>	<u>37,241</u>
Total Deductions	<u>1,753,440</u>	<u>65,392</u>
Net Increase (Decrease)	(1,642,246)	96,703
Net Assets Available for Benefits:		
Beginning of Year	<u>1,642,246</u>	<u>1,545,543</u>
End of Year	<u>\$ -</u>	<u>\$ 1,642,246</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

1 Description of Plan

The following description of the Northern Ohio Medical Specialists, LLC Cash Balance Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began January 1, 2015 is a cash balance plan covering all employees of Northern Ohio Medical Specialists, LLC (the “Company”) who meet the service hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees earn a “theoretical” cash balance based on a % of their annual compensation each year they are eligible for the Plan.

As of December 31, 2016, the Plan administrator amended the plan to terminate operations as of December 31, 2016. On April 5, 2018, the Company has received a favorable determination letter from the IRS acknowledging the plan termination on December 31, 2016. The net assets of the Plan were distributed to vested participants based upon an actuarial calculation as of November 30, 2018.

Eligibility:

All eligible employees of the Company age 18 and older, excluding employees of affiliated employers, leased and union employees, non-resident aliens, and directors, who are employed for one year were eligible to participate in the Plan.

Funding Policy:

The Plan is funded by employer contributions from the Company based on the actuary's beginning of the year calculations to meet certain ERISA minimum funding requirements. The Plan does not provide for employee contributions.

Payment of Benefits:

A participant may receive benefits in the form of a joint and 50%, 75%, or 100% survivor annuity, if married, or a life annuity if not married, a lump sum payment, or an alternative form of payment as outlined in the Plan document. Benefits are recorded when paid.

Vesting:

Vesting in the participant's account balance is based on years of service. A participant is 100% vested after 3 years. Since the Plan was terminated, all participants are 100% vested.

2 Summary of Significant Accounting Policies

Basis of Accounting:

As a result of the company's decision to terminate the plan, the Plan changed its basis of accounting from accrual basis to the liquidation basis of accounting for the years ended November 30, 2018 and December 31, 2017. The liquidation basis of accounting is required when liquidation is deemed imminent. Under the liquidation basis of accounting, assets are measured and presented at their net realizable values.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

2 Summary of Significant Accounting Policies, Continued

Basis of Accounting, Continued:

Liabilities are stated at their estimated settlement amounts. The conversion from the accrual basis to the liquidation basis of accounting had no effect on the Net Assets Available for Benefits or Change in Net Assets Available for Benefits for period ended November 30, 2018 and year December 31, 2017.

Valuation of Investments:

Investments held in mutual funds are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments for services employees have rendered. Accumulated Plan benefits 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

Administrative Fees:

Substantially all administrative fees are paid by the Company.

Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As described in Note 1, the Plan was amended as of December 31, 2016 to terminate the plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investment include investments in mutual funds with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Payment of Benefits:

Benefit payments are recorded when distributed.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through September 5, 2019, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

3 Fair Value Measurements, Continued

- * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

Mutual Funds and Money Market Fund:

The fair value of the mutual funds and money market fund is based on quoted market prices. These are classified in the Level 1 category of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017. There were no investments as of November 30, 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Money Market	\$ 38,841	\$ -	\$ -	\$ 38,841
Mutual Funds	1,603,405	-	-	1,603,405
Investments at Fair Value	<u>\$ 1,642,246</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,642,246</u>

4 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated April 5, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan Administration believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities.

The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of November 30, 2018, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2018</u>	<u>2017</u>
Investments, at Fair Value	\$ -	\$ 1,642,246
Interest and Dividends	\$ 26,187	\$ 33,151
Net Appreciation (Depreciation)	\$ (10,587)	\$ 130,314

6 Accumulated Plan Benefits

The Plan's actuary, Newport, estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

	<u>January 1,</u> <u>2018</u>	<u>2017</u>
Actuarial Present Value of:		
Vested benefits	\$ 1,695,123	\$ 1,656,841
Non-vested benefits	<u>-</u>	<u>-</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u>\$ 1,695,123</u>	 <u>\$ 1,656,841</u>

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

6 Accumulated Plan Benefits, Continued

	January 1,	
	2018	2017
Actuarial Present Value of Accrued Benefits at Beginning of Fiscal Year January 1	\$ 1,656,841	\$ 853,231
Changes During the Plan Year Attributable to:		
Net benefits accumulated (including actuarial gains and losses)	-	772,116
Increase for interest due to the decrease in the discount period	65,916	34,028
Decrease due to change in actuarial assumptions	-	(2,534)
Benefits paid (including lump sum amounts)	(27,634)	-
Net increase	38,282	803,610
Actuarial Present Value of Accrued Benefits at Ending of Fiscal Year January 1	\$ 1,695,123	\$ 1,656,841

The foregoing actuarial present value of accumulated Plan benefits are based on the fact that the plan was terminated as of December 31, 2016 and all the assets of the plan were paid out by November 30, 2018.

7 Party-in-Interest Transactions

Certain Plan investments are managed by Reliance Trust Company, the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the investments for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party in interest transactions.

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Northern Ohio Medical Specialists, LLC Cash Balance Plan

EIN 34-1933718

Plan No. 002

November 30, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Series of Transactions more than 5%</i>								
Reliance Trust	IShares MSCI EAFE	\$ -	\$ 148,491	\$ -	\$ -	\$ 133,833	\$ 148,491	\$ 14,658
Reliance Trust	IShares Core MSCI EAFE	\$ -	\$ 130,789	\$ -	\$ -	\$ 118,090	\$ 130,789	\$ 12,699
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Reliance Trust	Vanguard Value EFT	\$ -	\$ 180,260	\$ -	\$ -	\$ 153,121	\$ 180,260	\$ 27,139
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Reliance Trust	IShares IBOXX Investment Grade Bond	\$ 24,064	\$ -	\$ -	\$ -	\$ 24,064	\$ -	\$ -
Reliance Trust	IShares JP Morgan Emerging Bond	\$ -	\$ 79,470	\$ -	\$ -	\$ 83,654	\$ 79,470	\$ (4,184)
Reliance Trust	IShares JP Morgan Emerging Bond	\$ 44,859	\$ -	\$ -	\$ -	\$ 44,859	\$ -	\$ -
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Reliance Trust	IShares US Treasury Bond	\$ -	\$ 235,406	\$ -	\$ -	\$ 243,230	\$ 235,406	\$ (7,824)
Reliance Trust	IShares US Treasury Bond	\$ 37,832	\$ -	\$ -	\$ -	\$ 37,832	\$ -	\$ -
<i>Single Transactions more than 5%</i>								
Reliance Trust	IShares US Treasury Bond	\$ -	\$ 201,153	\$ -	\$ -	\$ 207,780	\$ 201,153	\$ (6,627)
Reliance Trust	IShares Core MSCI Emerging Market	\$ -	\$ 99,605	\$ -	\$ -	\$ 88,744	\$ 99,605	\$ 10,861
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Reliance Trust	Vanguard Value EFT	\$ -	\$ 165,055	\$ -	\$ -	\$ 140,115	\$ 165,055	\$ 24,940



September 5, 2019

Northern Ohio Medical Specialists, LLC
3004 Hayes Avenue
Sandusky, OH 44870

To the Plan Administrator:

We have conducted a Department of Labor (DOL) limited-scope audit of the financial statements of NOMS Cash Balance Plan (the “Plan”) as of and for the year ended November 30, 2018, and have issued our report thereon dated September 5, 2019. Professional standards require that we advise you of the following information related to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our engagement letter dated June 19, 2019, our responsibility, as described by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) except that, as permitted by 29 CFR 2520.103-8 of the DOL’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and as instructed by Plan management, we did not perform any auditing procedures with respect to information prepared and certified to by Reliance Trust Company, the trustee, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified to by the trustee, were audited by us in accordance with U.S. GAAS, and were subjected to tests of the Plan’s accounting records and other procedures we considered necessary to enable us to express an opinion that they are presented in compliance with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, our firm, and our network firms have complied with all relevant ethical requirements regarding independence.

Qualitative Aspects of the Plan's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Plan is included in Note 2 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during 2018. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The significant accounting estimates affecting the plan are included in Note 6 regarding the calculation of the Accumulated Plan Benefits by the actuary.

Financial Statement Disclosures

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the Plan financial statements relate to:

The disclosure of the investment classifications relating to fair value in Note 3 to the financial statements. The Plan Administrator has determined the fair value measurement of those investments based on the valuation methodologies used to determine fair value.

Significant Difficulties Encountered during the Audit

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. There were no uncorrected misstatements.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. There were no such misstatements.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Plan financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Representations Requested from Management

We have requested certain written representations from management, which are included in the attached letter dated September 5, 2019.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings, or Issues

In the normal course of our professional association with the Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the Plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Plan's auditors.

Other Information in Documents Containing Audited Financial Statements

Pursuant to professional standards, our responsibility as auditors for other information in documents containing the Plan's audited financial statements does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information.

Other Matters

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

This report is intended solely for the information and use of the Plan Administrator, and management of NOMS Cash Balance Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in blue ink that reads "Meaden & Moore Ltd." The script is cursive and fluid, with the company name written in a single line.

Meaden & Moore, Ltd.

The mission of NOMS Healthcare is to provide excellent, personalized, team-based care.

09/05/2019

Meaden & Moore, Ltd.
1375 East Ninth Street
Suite 1800
Cleveland, OH 44114

This representation letter is provided in connection with your audits of the financial statements of NOMS Cash Balance Plan (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2018 and December 31, 2017, and the related statement of changes in net assets available for benefits for the years ended November 30, 2018 and December 31, 2017, respectively, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements present fairly, in all material respects, the net assets available for plan benefits and changes in net assets available for plan benefits of the Plan in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) in all material respects in relation to the financial statements as a whole.

We understand that, at our instruction, you did not perform any audit procedures with respect to information prepared and certified to by Reliance Trust Company, the trustee, in accordance with the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), other than comparing such information with the financial statements. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements as a whole. We understand the form and content of the information included in the financial statements, other than that derived from the information certified or provided by the trustee, was audited by you in accordance with U.S. GAAS, and was subjected to tests of our accounting records and other procedures as you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of 08/30/2018, the following representations made to you during your audit:

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 19, 2019, for the preparation and fair presentation of the financial statements and disclosures in accordance with U.S. GAAP, and the notes include all the disclosures required by laws and regulations in which the Plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- There were no uncorrected misstatements.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
- We have filed the appropriate applications to the IRS and DOL to terminate the plan as of December 31, 2016. The IRS issued the plan a letter dated April 5, 2018 that the plan was terminated as of December 31, 2016. All plan assets have been paid out of the plan as of November 30, 2018.
- Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or another lending institution have been properly recorded or disclosed in the financial statements.
- We have properly reported and disclosed amendments to the plan instrument, if any.
- We agree with the actuarial methods and assumptions used by the actuary for funding purposes and for determining accumulated plan benefits and has no knowledge or belief that such methods or assumptions are inappropriate in the circumstances. We did not give any nor cause any instructions to be given to the Plan's actuary with respect to values or amounts derived, and we are not aware of any matters that have affected the independence or objectivity of the Plan's actuary.
- We acknowledge our responsibility for the presentation of the supplementary information in accordance with the applicable criteria and we believe the supplementary information, including its form and content, is fairly presented in accordance with the applicable criteria. The methods of measurement or presentation have not changed from those used in the prior period.

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts, as applicable, and amendments to such documents entered into during the year;
 - Additional information that you have requested from us for the purpose of the audit;
 - Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;

- All minutes of the meetings or summaries of actions of recent meetings for which minutes have not yet been prepared; and
 - Actuarial valuation reports and other reports prepared by the actuary for the Plan and the Plan sponsor.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- Financial instruments with off-balance-sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- The Plan or trust has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the plan and involves:
 - Management;
 - Employees who have significant roles in internal control; or
 - Others when the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
- We are not aware of any pending or threatened litigation, claims, and assessments whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims, or assessments.
- There are no other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the tax status) that legal counsel has advised us must be disclosed.
- We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related party and party in interest relationships and transactions of which we are aware.
- There were no omissions from the participants' data provided to the Plan's actuary for the purpose of determining the actuarial present value of accumulated plan benefits and other actuarially determined amounts in the financial statements.
- There have been no changes in:
 - The actuarial methods or assumptions used in calculating amounts recorded or disclosed in the financial statements.
 - Plan provisions between the actuarial valuation date and date of this letter.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.
- The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- All required filings with the appropriate agencies have been made.
- The Plan and the trust established under the Plan is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified plan and trust. The Plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.
- The Plan has complied with the fidelity bonding requirements of ERISA.
- There are no:
 - Nonexempt party in interest transactions (as defined in ERISA Section 3[1] and regulations under that section) that were not disclosed in the financial statements.

- Investments in default or considered to be uncollectible that were not disclosed.
- Reportable transactions (as defined in ERISA Section 103[b][3][H] and regulations under that section) that were not disclosed.



Giovanni Spadaro, CEO

NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

November 30, 2018

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Northern Ohio Medical Specialists, LLC Cash Balance Plan
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Northern Ohio Medical Specialists, LLC Cash Balance Plan, which comprise the statement of net assets available for benefits as of November 30, 2018 and December 31, 2017, and the related statement of changes in net assets available for benefits for the period ended November 30, 2018 and year ended December 31, 2017, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of November 30, 2018 and December 31, 2017, and for the period ended November 30, 2018 and year ended December 31, 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Meaden & Moore, Ltd.

(A Meaden & Moore Affiliate Company)

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LONDON/UK | LOS ANGELES | MIAMI | NEW YORK | ORLANDO | PITTSBURGH | WOOSTER

Disclaimer of Opinion on the Financial Statements

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

Other Matter

The supplemental Schedule of Reportable Transactions for the period ended November 30, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the Financial Statements paragraph, we do not express an opinion on this supplemental schedule.

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

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

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive, flowing script.

Meaden & Moore, Ltd.
Cleveland, Ohio

September 5, 2019

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

	November 30 2018	December 31 2017
ASSETS		
Investments at Fair Value:		
Liquid Assets Money Market Fund	\$ -	\$ 38,841
IShares U.S. Credit Bond ETF	-	245,906
IShares U.S. Treasury Bond	-	202,421
Vanguard Value ETF	-	176,491
IShares MSCI AEFE	-	151,307
Vanguard Growth ETF	-	139,947
IShares Core MSCI EAFE ETF	-	132,775
IShares Core MSCI Emerging Market	-	111,410
Vanguard Mid Cap EFT	-	84,201
IShares IBOXX Dollar Invt Grade Corp Bond ETF	-	82,539
SPDR Bloomberg Barclays High Yield Bond ETF	-	79,022
Vaneck Vectors ETF TR JP Morgan Mkts	-	57,813
IShares Core S&P Small Cap	-	50,157
IShares JP Morgan USD Emerg Market Bond	-	38,661
Vanguard Total World Stock ETF	-	33,490
PIMCO Enhanced Short Maturity ETF	-	17,265
Total Investments at Fair Value	-	1,642,246
LIABILITIES	-	-
Net Assets Available for Benefits	\$ -	\$ 1,642,246

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

Period Ended November 30, 2018 and Year Ended December 31, 2017

	<u>2018</u>	<u>2017</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 95,594	\$ -
Investment Income:		
Interest and dividend income	26,187	33,151
Net unrealized/realized appreciation (depreciation)	<u>(10,587)</u>	<u>128,944</u>
Total Investment Income	15,600	162,095
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,740,966	28,151
Administrative expenses	<u>12,474</u>	<u>37,241</u>
Total Deductions	<u>1,753,440</u>	<u>65,392</u>
Net Increase (Decrease)	(1,642,246)	96,703
Net Assets Available for Benefits:		
Beginning of Year	<u>1,642,246</u>	<u>1,545,543</u>
End of Year	<u>\$ -</u>	<u>\$ 1,642,246</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

1 Description of Plan

The following description of the Northern Ohio Medical Specialists, LLC Cash Balance Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began January 1, 2015 is a cash balance plan covering all employees of Northern Ohio Medical Specialists, LLC (the “Company”) who meet the service hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees earn a “theoretical” cash balance based on a % of their annual compensation each year they are eligible for the Plan.

As of December 31, 2016, the Plan administrator amended the plan to terminate operations as of December 31, 2016. On April 5, 2018, the Company has received a favorable determination letter from the IRS acknowledging the plan termination on December 31, 2016. The net assets of the Plan were distributed to vested participants based upon an actuarial calculation as of November 30, 2018.

Eligibility:

All eligible employees of the Company age 18 and older, excluding employees of affiliated employers, leased and union employees, non-resident aliens, and directors, who are employed for one year were eligible to participate in the Plan.

Funding Policy:

The Plan is funded by employer contributions from the Company based on the actuary's beginning of the year calculations to meet certain ERISA minimum funding requirements. The Plan does not provide for employee contributions.

Payment of Benefits:

A participant may receive benefits in the form of a joint and 50%, 75%, or 100% survivor annuity, if married, or a life annuity if not married, a lump sum payment, or an alternative form of payment as outlined in the Plan document. Benefits are recorded when paid.

Vesting:

Vesting in the participant's account balance is based on years of service. A participant is 100% vested after 3 years. Since the Plan was terminated, all participants are 100% vested.

2 Summary of Significant Accounting Policies

Basis of Accounting:

As a result of the company's decision to terminate the plan, the Plan changed its basis of accounting from accrual basis to the liquidation basis of accounting for the years ended November 30, 2018 and December 31, 2017. The liquidation basis of accounting is required when liquidation is deemed imminent. Under the liquidation basis of accounting, assets are measured and presented at their net realizable values.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

2 Summary of Significant Accounting Policies, Continued

Basis of Accounting, Continued:

Liabilities are stated at their estimated settlement amounts. The conversion from the accrual basis to the liquidation basis of accounting had no effect on the Net Assets Available for Benefits or Change in Net Assets Available for Benefits for period ended November 30, 2018 and year December 31, 2017.

Valuation of Investments:

Investments held in mutual funds are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments for services employees have rendered. Accumulated Plan benefits 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

Administrative Fees:

Substantially all administrative fees are paid by the Company.

Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As described in Note 1, the Plan was amended as of December 31, 2016 to terminate the plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

The Plan's investment include investments in mutual funds with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Payment of Benefits:

Benefit payments are recorded when distributed.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through September 5, 2019, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

3 Fair Value Measurements, Continued

- * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

Mutual Funds and Money Market Fund:

The fair value of the mutual funds and money market fund is based on quoted market prices. These are classified in the Level 1 category of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017. There were no investments as of November 30, 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Money Market	\$ 38,841	\$ -	\$ -	\$ 38,841
Mutual Funds	1,603,405	-	-	1,603,405
Investments at Fair Value	<u>\$ 1,642,246</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,642,246</u>

4 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated April 5, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan Administration believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities.

The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of November 30, 2018, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2018</u>	<u>2017</u>
Investments, at Fair Value	\$ -	\$ 1,642,246
Interest and Dividends	\$ 26,187	\$ 33,151
Net Appreciation (Depreciation)	\$ (10,587)	\$ 130,314

6 Accumulated Plan Benefits

The Plan's actuary, Newport, estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

	<u>January 1,</u> <u>2018</u>	<u>2017</u>
Actuarial Present Value of:		
Vested benefits	\$ 1,695,123	\$ 1,656,841
Non-vested benefits	<u>-</u>	<u>-</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 1,695,123</u>	<u>\$ 1,656,841</u>

NOTES TO FINANCIAL STATEMENTS

Northern Ohio Medical Specialists, LLC Cash Balance Plan

6 Accumulated Plan Benefits, Continued

	January 1,	
	2018	2017
Actuarial Present Value of Accrued Benefits at Beginning of Fiscal Year January 1	\$ 1,656,841	\$ 853,231
Changes During the Plan Year Attributable to:		
Net benefits accumulated (including actuarial gains and losses)	-	772,116
Increase for interest due to the decrease in the discount period	65,916	34,028
Decrease due to change in actuarial assumptions	-	(2,534)
Benefits paid (including lump sum amounts)	(27,634)	-
Net increase	38,282	803,610
Actuarial Present Value of Accrued Benefits at Ending of Fiscal Year January 1	\$ 1,695,123	<u>\$ 1,656,841</u>

The foregoing actuarial present value of accumulated Plan benefits are based on the fact that the plan was terminated as of December 31, 2016 and all the assets of the plan were paid out by November 30, 2018.

7 Party-in-Interest Transactions

Certain Plan investments are managed by Reliance Trust Company, the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the investments for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party in interest transactions.

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Northern Ohio Medical Specialists, LLC Cash Balance Plan

EIN 34-1933718

Plan No. 002

November 30, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Series of Transactions more than 5%</i>								
Reliance Trust	IShares MSCI EAFE	\$ -	\$ 148,491	\$ -	\$ -	\$ 133,833	\$ 148,491	\$ 14,658
Reliance Trust	IShares Core MSCI EAFE	\$ -	\$ 130,789	\$ -	\$ -	\$ 118,090	\$ 130,789	\$ 12,699
Reliance Trust	IShares Core MSCI Emerging Market	\$ -	\$ 105,989	\$ -	\$ -	\$ 94,538	\$ 105,989	\$ 11,451
Reliance Trust	Vanguard Mid-Cap EFT	\$ -	\$ 88,024	\$ -	\$ -	\$ 73,575	\$ 88,024	\$ 14,449
Reliance Trust	Vanguard Growth EFT	\$ -	\$ 152,140	\$ -	\$ -	\$ 119,577	\$ 152,140	\$ 32,563
Reliance Trust	Vanguard Value EFT	\$ -	\$ 180,260	\$ -	\$ -	\$ 153,121	\$ 180,260	\$ 27,139
Reliance Trust	IShares IBOXX Investment Grade Bond	\$ -	\$ 102,108	\$ -	\$ -	\$ 105,081	\$ 102,108	\$ (2,973)
Reliance Trust	IShares IBOXX Investment Grade Bond	\$ 24,064	\$ -	\$ -	\$ -	\$ 24,064	\$ -	\$ -
Reliance Trust	IShares JP Morgan Emerging Bond	\$ -	\$ 79,470	\$ -	\$ -	\$ 83,654	\$ 79,470	\$ (4,184)
Reliance Trust	IShares JP Morgan Emerging Bond	\$ 44,859	\$ -	\$ -	\$ -	\$ 44,859	\$ -	\$ -
Reliance Trust	IShares Broad USD Corp Bond	\$ -	\$ 236,196	\$ -	\$ -	\$ 245,006	\$ 236,196	\$ (8,810)
Reliance Trust	IShares US Treasury Bond	\$ -	\$ 235,406	\$ -	\$ -	\$ 243,230	\$ 235,406	\$ (7,824)
Reliance Trust	IShares US Treasury Bond	\$ 37,832	\$ -	\$ -	\$ -	\$ 37,832	\$ -	\$ -
<i>Single Transactions more than 5%</i>								
Reliance Trust	IShares US Treasury Bond	\$ -	\$ 201,153	\$ -	\$ -	\$ 207,780	\$ 201,153	\$ (6,627)
Reliance Trust	IShares Core MSCI Emerging Market	\$ -	\$ 99,605	\$ -	\$ -	\$ 88,744	\$ 99,605	\$ 10,861
Reliance Trust	Vanguard Growth EFT	\$ -	\$ 130,078	\$ -	\$ -	\$ 101,551	\$ 130,078	\$ 28,527
Reliance Trust	Vanguard Value EFT	\$ -	\$ 165,055	\$ -	\$ -	\$ 140,115	\$ 165,055	\$ 24,940



Filing Authorization
For the 2018 Form 5500 / Form 5500-SF

Name of Plan: Northern Ohio Medical Specialists, LLC Cash Balance Plan
EIN / PN: 34-1933718 / 002
Plan Year Ending: December 31, 2018

PART I Authorization of Newport Group, Inc. to Electronically Sign and File

I hereby authorize Newport Group, Inc. to electronically sign and file Form 5500/5500-SF through EFAST2.

I understand that in granting this authority:

1. I/we must manually sign and date page 1 of the Form 5500 and/or page 1 of Form 5500-SF and provide a scanned copy of that signature page to Newport Group, Inc. before the electronic filing can be initiated.
2. Newport Group, Inc. will retain a copy of this written authorization in its records.
3. Newport Group, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report.
4. A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 1 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
5. Newport Group, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: 

Date: 9/12/2019

Employer/Plan Sponsor

(if not the Plan Administrator): _____

Date: _____

PART II Acknowledgement of Receipt of Authorization

On behalf of Newport Group, Inc., I hereby certify that the firm will use the authority granted only for the express purpose described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Newport Group, Inc.: 

Date: September 12, 2019

The designated service provider must retain this authorization.
Do not submit this form to the DOL, unless requested to do so.

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 2018 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>11/30/2018</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 NORTHERN OHIO MEDICAL SPECIALISTS, LLC CASH BALANCE PLAN	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2015</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2015	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/2015					
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) Northern Ohio Medical Specialists, LLC 3004 Hayes Avenue Sandusky OH 44870	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-1933718</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 419-609-1112</td> </tr> <tr> <td>2d Business code (see instructions) 541110</td> </tr> </table>	2b Employer Identification Number (EIN) 34-1933718	2c Plan Sponsor's telephone number 419-609-1112	2d Business code (see instructions) 541110	
2b Employer Identification Number (EIN) 34-1933718					
2c Plan Sponsor's telephone number 419-609-1112					
2d Business code (see instructions) 541110					

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		9/12/2019	Giovanni Spadaro
	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