

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> 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>12/31/2018</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 <u>OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1997</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OSU PHYSICIANS, INC.</u> <u>700 ACKERMAN ROAD SUITE 6007</u> <u>COLUMBUS, OH 43202</u>	2b	Employer Identification Number (EIN) <u>31-1447726</u>
		2c	Plan Sponsor's telephone number <u>614-685-1542</u>
		2d	Business code (see instructions) <u>621498</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KYLE SHARP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2155
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) 1087 6a(2) 1176 6b 982 6c 33 6d 2191 6e 0 6f 2191 6g 2185 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2R 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.	D Employer Identification Number (EIN) 31-1447726	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 59 60 63 64	INVESTMENT COMPANY	402142	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY, LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28 33 52	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	132135	Yes ☐ No ☒

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

APS-PENTEGRA

6830 COMMERCE COURT DRIVE
BLACKLICK, OH 43004-9297

13-3892096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 64	THIRD PARTY ADMIN	119886	Yes ☒ No ☐	Yes ☐ No ☒	4270	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 28 33 52	132135
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
APS - PENTEGRA	15 37 38 64	4270
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SERVICES FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 12/31/2018		
A Name of plan OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.	D Employer Identification Number (EIN) 31-1447726	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	1672045	1909904
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	109908900	96605749
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	111580945	98515653

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	111580945	98515653
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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)	5574437	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	567710	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6142147
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	94450	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		94450
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-5536814
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		699783

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13611697	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	153378	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13765075
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13765075

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13065292
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: BLUE & COMPANY, LLC

(2) EIN: 35-1178661

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan OSU PHYSICIANS, INC. INTERIM RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.		D Employer Identification Number (EIN) 31-1447726
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830 39-0509570		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

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

**MODIFIED CASH BASIS
FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

CPAs / ADVISORS



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

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



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REPORT OF INDEPENDENT AUDITORS

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of the Ohio State University Physicians, Inc. Interim Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc. and Huntington National Bank, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

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

Other Matter

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

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

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

Blue! Co., LLC

Westerville, Ohio
October 14, 2019

OHIO STATE UNIVERSITY PHYSICIANS, INC.
INTERIM RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2018 AND 2017

	2018	2017
Assets		
Investments at fair value	\$ 96,605,749	\$ 109,908,900
Receivables		
Notes receivable from participants	1,909,904	1,672,045
Net assets available for benefits	<u>\$ 98,515,653</u>	<u>\$ 111,580,945</u>

See accompanying notes to the financial statements.

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2018

	2018
Additions	
Employer contributions	\$ 5,574,437
Net depreciation in fair value of investments	(5,536,814)
Rollovers	567,710
Loan interest	94,450
Total additions	<u>699,783</u>
Deductions	
Benefits paid	13,611,697
Loans deemed distributed	153,378
Total deductions	<u>13,765,075</u>
Net change	(13,065,292)
Net assets available for benefits	
Beginning of year	111,580,945
End of year	<u><u>\$ 98,515,653</u></u>

See accompanying notes to the financial statements.

OHIO STATE UNIVERSITY PHYSICIANS, INC. INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

1. DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution plan covering employees of OSUP. At December 31, 2018, employees in the corporate office, emergency medicine, family medicine, obstetrics/gynecology, surgery, ophthalmology, psychiatry, oncology, urology, pathology, otolaryngology, physical medicine, internal medicine, neurology, radiology and unassociated physicians groups were eligible to participate. All employees of these groups are immediately eligible to participate in the Plan (including both full-time and part-time employees). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan administrative expenses are paid by OSUP.

Contributions

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

Participants Accounts

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

Vesting

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

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Notes Receivable from Participants

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

Payment of Benefits

On termination of service due to death, disability, or retirement, or other reasons, a participant will receive either an annuity, lump-sum distribution or a direct rollover equal to the value of his account balance. Normal retirement age is defined as when a participant attains age 62. Provisions exist for early, deferred, and disability retirements.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the modified cash basis. Related fees are recorded as administrative expenses and are expensed when they are paid. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc. and Huntington National Bank, the custodians of the Plan, have certified to the completeness and accuracy of substantially all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2018 and 2017, and investment related activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018.

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

4. FAIR VALUE MEASUREMENTS

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

- Self-directed brokerage accounts - Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices (level 1). Other accounts include certain corporate bonds and debentures for which quoted market prices are not available are valued based on yields currently available on comparable securities of issuers with similar credit ratings (level 2).

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	\$ 2,575,972		\$ -	\$ 2,575,972
Mutual funds	93,795,219	-	-	93,795,219
Total	<u>\$ 96,371,191</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 96,371,191</u>
Cash				234,558
Total investments at fair value				<u>\$ 96,605,749</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts	\$ 6,981,206	\$ 1,117,754	\$ -	\$ 8,098,960
Mutual funds	101,303,530	-	-	101,303,530
Total	<u>\$ 89,979,452</u>	<u>\$ 863,374</u>	<u>\$ -</u>	<u>\$ 109,402,490</u>
Cash				506,410
Total investments at fair value				<u>\$ 109,908,900</u>

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2018 and 2017.

5. TAX STATUS

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

6. PLAN TERMINATION

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

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

7. RISKS AND UNCERTAINTIES

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

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

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

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

Supplemental Schedule

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2018

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

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value	
Alliance Bernstein	AB Large Cap Growth Fund I	**	\$	15,035
American Century	American Century Ginnie Mae Adv R5	**		5,555
American Century	American Century Value Fund	**		10,568
American Funds	American Funds US Government Securities R6	**		5,519
American Funds	American Fund Euro Pacific Growth R6	**		1,057,287
American Funds	American Funds Balanced Fund R6	**		4,300,879
American Funds	American Funds Capital World Growth Income R6	**		1,830,317
American Funds	American Funds Growth Fund Am R6	**		4,974,588
Baron Capital Group	Baron Emerging Markets Fund Institutional	**		654,176
Black Rock Funds	Black Rock 80/20 Target Allocation Instl	**		4,655,085
Black Rock Funds	BlackRock Global Allocation Inst	**		18,158
Black Rock Funds	BlackRock GNMA Portfolio Class K	**		9,377
Black Rock Funds	Black Rock Health Scnc Opp Inv A	**		44,341
Black Rock Funds	Black Rock iShares MSCI EAFE Index Fund	**		428,672
Black Rock Funds	BlackRock S&P 500 Index Institutional	**		23,625
Black Rock Funds	BlackRock Natural Resources Trust A	**		8,443
Davis Funds	Davis NY Venture Fund Class Y	**		61,782
Delaware Investments	DE Emerging Markets A	**		16,962
Delaware Investments	DE Extended Duration Bond A	**		86,511
Dimensional Fund Advisors	DFA Global Real Estate Securities	**		1,998,618
Dimensional Fund Advisors	DFA Intermediate Govt Fixed Income Inst	**		3,866
Dimensional Fund Advisors	DFA Real Estate Sec	**		95,623
Dimensional Fund Advisors	DFA US Long Co	**		77,125
DoubleLine	DoubleLine Core Fixed Income I	**		5,342
Eaton Vance	Eaton Vance Government Opportunities Fund A	**		8,679
Federal Investors	Government Obligations Fund	**		3,944,831
Fidelity Investments	Fidelity NASDAQ Composite Index Fund	**		18,349
Fidelity Investments	Fidelity Advisors Stock Select Mid Cap Fund A	**		23,553
Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**		23,789
Franklin Templeton Investment Funds	Franklin Mutual Global Discovery Z	**		29,192
Franklin Templeton Investment Funds	Franklin Templeton Foreign Adv	**		52,515
Franklin Templeton Investment Funds	Franklin Templeton Growth Adv	**		87,310
Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**		17,120
Goldman Sachs	Goldman Sachs Short Duration Government Fund Institut	**		46,662
Harbor Funds	Harbor International Inv	**		37,564
Heartland Funds	Heartland Select Value Fund	**		48,052
Invesco	Invesco Short Duration Inflation Protection	**		5,146
Invesco	Invesco Balanced-Risk Allc Y	**		31,128
Ivy Funds	Ivy Asset Strategy Fd CI Y	**		40,198
Janus Henderson	Janus Henderson Global Life Sciences I	**		18,684
Janus Henderson	Janus Henderson Forty Fund N	**		9,495
Janus Henderson	Janus Henderson Global Technology Fund N	**		9,484
John Hancock	John Hancock Greater China Opp A	**		23,523
Legg Mason	Legg Mason Wstr AS Cor Plus Bond I	**		2,232

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Loomis Sayles Funds		Loomis Sayles Bond Admin Fund	**	11,701
Metropolitan West Funds		Metropolitan West Total Return Bond I	**	4,056,462
MFS International		MFS International Value Fund Class R4	**	4,618,427
Morgan Stanley		Morgan Stanley Inst Global Opp I	**	15,782
* Nationwide Mutual Funds		Nationwide S&P 500 Index R6	**	41,841
* Nationwide Mutual Funds		Nationwide Destination 2030 Fund R6	**	60,541
Oppenheimer Funds		Oppenheimer Gold and Special Mineral Fund	**	14,551
Oppenheimer Funds		Oppenheimer International Bond Fund Y	**	59,176
Oppenheimer Funds		Oppenheimer Ltd Term Govt Fund A	**	13,216
Oppenheimer Funds		Oppenheimer Main St Mid Cap Fund Y	**	1,240,470
Parnassus		Parnassus Endeavor Fund Institutional	**	23,308
PIMCO Funds		PIMCO Real Return Inst	**	5,707
PIMCO Funds		PIMCO Low Duration Inst	**	30,470
Pioneer Investments		Pioneer High Yield Fund Class Y	**	3,274
Principal Funds		Principal Equity Income I Inst	**	2,697,653
Principal Funds		Principal High Yield Inst	**	2,162,520
Prudential		PGIM Jennison Natural Resource Z	**	35,984
Prudential		PGIM Jennison Utility Fund Class Z	**	60,377
Prudential		PGIM Jennison 20/20 Focus Fund Class Z	**	16,290
T. Rowe Price		T Rowe Small Cap Value	**	6,361
TIAA-CREF		TIAA-CREF Large Cap Growth Index Fund Institutional	**	11,161
Touchstone Investments		Touchstone Active Bond Fund Y	**	13,891
Touchstone Investments		Touchstone Small Company Fund Class Y	**	1,930,128
Van Eck Funds		Van Eck Emerging Markets Inst	**	5,144
Van Eck Funds		Van Eck Global Hard Assets Inst	**	1,465
Van Eck Funds		Van Eck Intnatl Inv Gold A	**	1,252
Vanguard		Vanguard Small Cap Index Fund AS	**	1,212,378
Vanguard		Vanguard Mid Cap Index Fund AS	**	3,170,654
Vanguard		Vanguard 500 Index Fd AS	**	5,938,479
Vanguard		Vanguard Balanced Index Adml	**	21,897,400
Vanguard		Vanguard Divd Gr Inv	**	4,707,458
Vanguard		Vanguard Energy Adml	**	2,257
Vanguard		Vanguard FTSE Soc Index Inv	**	11,200
Vanguard		Vanguard GMNA Adml	**	34,146
Vanguard		Vanguard Growth & Income Adml	**	3,793,278
Vanguard		Vanguard Health Care Adml	**	11,478
Vanguard		Vanguard Infl-Prot Secs	**	471,799
Vanguard		Vanguard International Growth Fund Admiral	**	35,444
Vanguard		Vanguard Intermediate-Term Treasury Fund Admiral	**	18,147
Vanguard		Vanguard Mid-Cap Growth Index Admiral	**	19,137
Vanguard		Vanguard Real Estate Index Fund Admiral	**	35,297
Vanguard		Vanguard Sel Val Inv	**	3,275,370
Vanguard		Vanguard Small Cap Value Index Adml	**	66,808
Vanguard		Vanguard ST Bond Index Adml	**	2,168,378
Vanguard		Vanguard Target Retirement 2015 Inv	**	4,339
Vanguard		Vanguard Target Retirement 2020 Inv	**	235,220

See report of independent auditors

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	Vanguard	Vanguard Target Retirement 2025 Inv	**	65,072
	Vanguard	Vanguard Target Retirement 2030 Inv	**	91,041
	Vanguard	Vanguard Target Retirement 2035 Inv	**	178,598
	Vanguard	Vanguard Target Retirement 2040 Inv	**	125,611
	Vanguard	Vanguard Target Retirement 2045 Inv	**	113,539
	Vanguard	Vanguard Target Retirement 2050 Inv	**	318,371
	Vanguard	Vanguard Target Retirement 2055 Inv	**	105,321
	Vanguard	Vanguard Target Retirement 2060 Inv	**	67,268
	Vanguard	Vanguard Target Retirement 2065 Inv	**	3,656
	Vanguard	Vanguard State Treasury Inv	**	5,152
	Vanguard	Vanguard Total Stock Market Index Fund AS	**	135,036
	Vanguard	Vanguard US Value Fund	**	27,810
	Vanguard	Vanguard Wellesley Income Fund Admiral	**	3,377,526
	Victory	Victory INCORE Fund for Income I	**	7,727
	Wells Fargo	Wells Fargo Government Securities A	**	5,640
	Wells Fargo	WFA Precious Metals	**	57,072
*	Various	Individual brokerage accounts	**	2,810,530
*	Loans Receivable	Notes Receivable from Participants (with rates of interest 4.25% to 6.50% with various maturities through August 11, 2028)	-0-	1,909,904
		Total investments		<u>\$ 98,515,653</u>

* Party-in-interest

** Cost omitted for participant directed investments

OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2018

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

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value	
Alliance Bernstein	AB Large Cap Growth Fund I	**	\$	15,035
American Century	American Century Ginnie Mae Adv R5	**		5,555
American Century	American Century Value Fund	**		10,568
American Funds	American Funds US Government Securities R6	**		5,519
American Funds	American Fund Euro Pacific Growth R6	**		1,057,287
American Funds	American Funds Balanced Fund R6	**		4,300,879
American Funds	American Funds Capital World Growth Income R6	**		1,830,317
American Funds	American Funds Growth Fund Am R6	**		4,974,588
Baron Capital Group	Baron Emerging Markets Fund Institutional	**		654,176
Black Rock Funds	Black Rock 80/20 Target Allocation Instl	**		4,655,085
Black Rock Funds	BlackRock Global Allocation Inst	**		18,158
Black Rock Funds	BlackRock GNMA Portfolio Class K	**		9,377
Black Rock Funds	Black Rock Health Scnc Opp Inv A	**		44,341
Black Rock Funds	Black Rock iShares MSCI EAFE Index Fund	**		428,672
Black Rock Funds	BlackRock S&P 500 Index Institutional	**		23,625
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Fidelity Investments	Fidelity Advisors Stock Select Mid Cap Fund A	**		23,553
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Franklin Templeton Investment Funds	Franklin Mutual Global Discovery Z	**		29,192
Franklin Templeton Investment Funds	Franklin Templeton Foreign Adv	**		52,515
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OHIO STATE UNIVERSITY PHYSICIANS, INC.

INTERIM RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2018

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Vanguard		Vanguard Real Estate Index Fund Admiral	**	35,297
Vanguard		Vanguard Sel Val Inv	**	3,275,370
Vanguard		Vanguard Small Cap Value Index Adml	**	66,808
Vanguard		Vanguard ST Bond Index Adml	**	2,168,378
Vanguard		Vanguard Target Retirement 2015 Inv	**	4,339
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	Vanguard	Vanguard State Treasury Inv	**	5,152
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	Vanguard	Vanguard US Value Fund	**	27,810
	Vanguard	Vanguard Wellesley Income Fund Admiral	**	3,377,526
	Victory	Victory INCORE Fund for Income I	**	7,727
	Wells Fargo	Wells Fargo Government Securities A	**	5,640
	Wells Fargo	WFA Precious Metals	**	57,072
*	Various	Individual brokerage accounts	**	2,810,530
*	Loans Receivable	Notes Receivable from Participants (with rates of interest 4.25% to 6.50% with various maturities through August 11, 2028)	-0-	1,909,904
		Total investments		<u>\$ 98,515,653</u>

* Party-in-interest

** Cost omitted for participant directed investments