

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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. 403B PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OSU PHYSICIANS, INC.</u> <u>700 ACKERMAN ROAD SUITE 600</u> <u>COLUMBUS, OH 43202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1447726</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-947-3700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621498</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1447726</u>	2c Sponsor's telephone number <u>614-947-3700</u>	2d Business code (see instructions) <u>621498</u>	
2b Employer Identification Number (EIN) <u>31-1447726</u>					
2c Sponsor's telephone number <u>614-947-3700</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.	07/28/2014	RICHARD SOBIERAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1195
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants	6a 853
b Retired or separated participants receiving benefits	6b 5
c Other retired or separated participants entitled to future benefits.....	6c 363
d Subtotal. Add lines 6a , 6b , and 6c	6d 1221
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 1221
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 776
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>OSU PHYSICIANS, INC. 403B 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>OSU PHYSICIANS, INC.</u>	D Employer Identification Number (EIN) <u>31-1447726</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	143593	Yes ☒ No ☐	Yes ☐ No ☒	283902	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY

201 PLAZA TWO
JERSEY CITY, NJ 07311

(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 ☒	146093	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 ADMINISTRATI	77012	Yes ☒ No ☐	Yes ☐ No ☒	53879	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)

MORGAN STANLEY

2000 WESTCHESTER AVENUE
PURCHASE, NY 10577

(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 ADV	0	Yes ☒ No ☐	Yes ☐ No ☒	14145	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
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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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>OSU PHYSICIANS, INC. 403B 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>OSU PHYSICIANS, INC.</u>		D Employer Identification Number (EIN) <u>31-1447726</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)	44529	60694
(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)		
(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)	18302932	21826637
(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	18347461	21887331

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	18347461	21887331
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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)		
(B) Participants	2a(1)(B)	1186147	
(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)		1186147
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		3278944
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4465091

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	925221	
(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)		925221
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		925221

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3539870
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 & CO, 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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>OSU PHYSICIANS, INC. 403B 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>OSU PHYSICIANS, INC.</u>	D Employer Identification Number (EIN) <u>31-1447726</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN**

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2013 AND 2012

CPAs / ADVISORS



**OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN**

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REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Ohio State University Physicians, Inc.
403(b) Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ohio State University Physicians, Inc. 403(b) Tax Deferred Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 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.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 4, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian 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.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of Assets Held at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules 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 schedules, other than that derived from the information certified by the custodian, 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.

Bene W., LLC

Columbus, Ohio
July 15, 2014

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Investments at fair value		
Mutual funds	\$ 21,826,637	\$ 18,302,932
Receivables		
Employee contributions receivable	<u>60,694</u>	<u>44,529</u>
Net assets available for benefits	<u><u>\$ 21,887,331</u></u>	<u><u>\$ 18,347,461</u></u>

See accompanying notes to the financial statements.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

	<u>2013</u>
Additions	
Net appreciation in fair value of investments	\$ 3,278,944
Employee contributions	<u>1,186,147</u>
Total additions	4,465,091
Deductions	
Benefits payments	<u>925,221</u>
Total deductions	<u>925,221</u>
 Net change	 3,539,870
 Net assets available for benefits at beginning of year	 <u>18,347,461</u>
Net assets available for benefits at end of year	<u><u>\$ 21,887,331</u></u>

See accompanying notes to the financial statements.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

1. DESCRIPTION OF THE PLAN

The following brief description of the Ohio State University Physicians, Inc. 403(b) Tax Deferred Annuity Plan (the Plan) is provided for general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was adopted by Ohio State University Physicians, Inc. (the Company) on October 1, 2003, and is a defined contribution pension plan. The Plan covers all employees upon date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Certain plan administrative expenses are paid by the Company.

Contributions

Participants may elect to defer and contribute any amount up to the maximum allowed by current law. No employer contributions are made to this plan.

Participants Accounts

Participants direct the investment of their account among the investment funds offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their account.

Participant Loans

Participants may borrow from their fund accounts. No loan may be made to the extent such loan, when added to the outstanding balance of all other loans, would exceed the lesser of (a) \$50,000 reduced by the excess of the highest outstanding balance of loans during the one year period ending on the day before the loan is made or (b) one-half the present value of the vested account balance. The loans are secured by the balance in the participant's account.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Payment of Benefits

On termination, a participant may receive a lump sum amount or installment payments, equal to the value of the participant's vested interest in his or her account.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

Valuation of Assets

The Plan's 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. See Note 3 for discussion of fair value measurements.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Operating Expenses

All significant expenses of maintaining the Plan are paid by the Company.

Payment of Benefits

Benefits are recorded when paid.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements are issued which is July 15, 2014.

3. 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). 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.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2013 and 2012:

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1).

Assets measured at fair value on a recurring basis as of December 31, 2013 are as follows:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market fund	\$ 1,044,886	\$ -	\$ -	\$ 1,044,886
Large-cap mutual fund	6,034,621	-	-	6,034,621
Mid-cap mutual fund	1,941,320	-	-	1,941,320
Small-cap mutual fund	1,444,257	-	-	1,444,257
International mutual fund	2,910,189	-	-	2,910,189
Balanced mutual fund	5,389,283	-	-	5,389,283
Fixed income fund	3,062,081	-	-	3,062,081
Total assets at fair value	\$ 21,826,637	\$ -	\$ -	\$ 21,826,637

Assets measured at fair value on a recurring basis as of December 31, 2012 are as follows:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market fund	\$ 805,248	\$ -	\$ -	\$ 805,248
Large-cap mutual fund	4,655,846	-	-	4,655,846
Mid-cap mutual fund	1,469,690	-	-	1,469,690
Small-cap mutual fund	970,455	-	-	970,455
International mutual fund	2,565,413	-	-	2,565,413
Balanced mutual fund	4,619,171	-	-	4,619,171
Fixed income fund	3,217,109	-	-	3,217,109
Total assets at fair value	\$ 18,302,932	\$ -	\$ -	\$ 18,302,932

4. INVESTMENTS

The Plan has investments held by Nationwide Life Insurance Company ("custodian"). 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, as permitted under such election, the plan administrator has obtained certifications from the custodian of the Plan that all the information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments, net appreciation/depreciation in investments, and information provided in the supplemental schedule relative to these assets is presented in reliance solely upon these certifications.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

Investments that represent more than 5 percent of the Plan's net assets available for benefits are separately identified and presented in the following table as of December 31, 2013 and 2012:

	2013	2012
Manning & Napier Pro-Blend Moderate Term S	\$ 3,000,889	\$ 2,527,014
Thornburg International Value I	1,417,175	1,258,013
PIMCO Total Return Fund A	1,185,915	1,152,519
American Funds Growth Fund of America R6	1,176,423	1,006,388
Manning & Napier Pro-Blend Extended Term S	1,118,088	966,667

5. TAX STATUS

The Internal Revenue Service (IRS) intends to establish its determination letter program for 403(b) plans. As the program has not yet been established, the Plan has not submitted its plan document to the IRS to obtain a determination letter. However, the plan administrator believes that the plan document currently satisfies the "good faith document requirement" and will submit its plan document when the program is developed by the IRS. Furthermore, the plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(b) TAX DEFERRED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

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.

8. TRANSACTIONS WITH PARTIES-IN-INTEREST

All Plan investments are held by Nationwide Life Insurance Company. Certain administrative expenses, including costs to prepare the annual IRS Form 5500 and the audit of the financial statements, are paid by the Company. Pentegra Retirement Services is the Plan administrator. Blue & Co., LLC is the Plan auditor.

Supplemental Schedule

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(B) TAX DEFERRED ANNUITY PLAN

EIN: 31-1447726

Plan Number: 002

Schedule H., Part IV Line 4 I --- Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	AICF Funds	AICF Cambiar SmCap Inv	**	\$ 5,968
	American Century	American Century Income Gr Inst	**	1,891
	American Funds	American Funds American Balanced Fund R6	**	731,509
	American Funds	American Funds Capital World Growth and Income Fund R6	**	802,614
	American Funds	American Funds Europacific Growth Fund R6	**	317,832
	American Funds	American Funds Growth Fund of America R6	**	1,176,423
	American Funds	American Funds New Econ R6	**	2,688
	Black Rock Funds	Black Rock GNMA Inv A	**	6,255
	Black Rock Funds	Black Rock Health Science Opportunities Inv A	**	3,284
	Columbia Funds	Columbia Mid Cap Value Opportunities A	**	960,757
	Delaware Investments	Delaware Extra Duration Bond Fund	**	9,099
	Dimensional Fund Advisors	DFA Intermediate Government Fixed Income	**	6,322
	Dimensional Fund Advisors	DFA Global Real Estate Sec.	**	409,520
	Dodge and Cox Funds	Dodge & Cox Balance Fund	**	13,178
	Dodge and Cox Funds	Dodge & Cox International Stock Fund	**	6,703
	DWS Investments	DWS Inst Eq 500 Index Inst	**	1,062,879
	Eaton Vance	EV Government Obligations A	**	6,006
	Franklin Templeton Investment Funds	Franklin MSF Mutual Shares A	**	6,296
	Franklin Templeton Investment Funds	Franklin MSF Mutual Global Discovery A	**	2,882
	Franklin Templeton Investment Funds	Franklin Templeton Foreign A	**	23,809
	Franklin Templeton Investment Funds	Franklin Templeton Growth A	**	33,681
	Franklin Templeton Investment Funds	Franklin Templeton Global Bd Adv	**	8,728
	Goldman Sachs	Goldman Sachs Growth Opportunities A	**	4
	Goldman Sachs	Goldman Sachs Short Duration Government A	**	5,805
	Goldman Sachs	Goldman Sachs Short Duration Government Inst	**	5,797
	Harbor Funds	Harbor International Inv	**	40,177
	Heartland Funds	Heartland Select Value Fund	**	5,699
	ING Investors	Davis NY Venture A	**	42,165
	Invesco Funds	Invesco Real Estate A	**	5,846
	Invesco Funds	Invesco Common Stock Fund A	**	1,751
	Invesco Funds	Invesco Bal Risk Alloc A	**	23,732
	Ivy Funds	Ivy Asset Strategy Fund Y	**	50,817
	JPMorgan	JPM Small Cap Equity	**	5,619
	JPMorgan	JPMorgan Mid Cap Value Fund	**	19,331
	Lazard Funds	Lazard Emerging Market Equity Open	**	1,595
	Legg Mason	Legg Mason Special Investment Trust	**	5,246
	Legg Mason	Legg Mason Western Asset Core Plus Bond Inst	**	3,380
	Loomis Sayles Funds	Loomis Sayles Bond Inst	**	18,689
	Manning & Napier	Manning & Napier Pro-Blend Maximum Term S	**	1,026,795
	Manning & Napier	Manning & Napier Pro-Blend Moderate Term S	**	3,000,889
	Manning & Napier	Manning & Napier Pro-Blend Conservative Term S	**	674,782
	Manning & Napier	Manning & Napier Pro-Blend Extended Term S	**	1,118,088
	MFS Funds	MFS International Value A	**	4,627
*	Nationwide Mutual Funds	NW International Index A	**	105,981
*	Nationwide Mutual Funds	NW Mid Cap Market Index A	**	101,634
*	Nationwide Mutual Funds	NW Money Market Inst	**	1,044,886
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	**	218,528
	Oppenheimer Funds	Oppenheimer Gold and Special Mineral Fund	**	1,427
	Oppenheimer Funds	Oppenheimer International Bond Fund	**	36,890
	Oppenheimer Funds	Oppenheimer Limited Term Government Fund A	**	9,206

See accompanying report of independent auditors on pages 1 and 2.

OHIO STATE UNIVERSITY PHYSICIANS, INC.
403(B) TAX DEFERRED ANNUITY PLAN

EIN: 31-1447726

Plan Number: 002

Schedule H., Part IV Line 4 I --- Schedule of Assets Held at End of Year
December 31, 2013

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Oppenheimer Funds		Oppenheimer Main Street Small Cap Fund A	**	457,436
Oppenheimer Funds		Oppenheimer Small Mid Cap Value Fund A	**	4,928
PIMCO Funds		PIMCO Real Return Fund Inst	**	1
PIMCO Funds		PIMCO Total Return Fund A	**	1,185,915
PIMCO Funds		PIMCO Total Return Fund Inst	**	446
Principal Funds		Principal Equity Income I Inst	**	824,959
Principal Funds		Principal High Yield Inst	**	344,158
Prudential Investments		Prudential Jennison 20/20 Focus A	**	2,771
Prudential Investments		Prudential Jennison Natural Resources A	**	47,084
Prudential Investments		Prudential Jennison Utility A	**	5,756
Pioneer		Pioneer High Yield A	**	588
Rydex Funds		Rydex Government Long Bond	**	9,692
Sentinel Funds		Sentinel Government Securities A	**	5,984
Sentinel Funds		Sentinel Small Company A	**	575,773
T. Rowe Price		T Rowe Price Mid Cap Growth R	**	775,807
Thornburg Funds		Thornburg International Value I	**	1,417,175
Van Eck Funds		Van Eck Emerging Markets A	**	1,775
Van Eck Funds		Van Eck Global Hard Assets A	**	928
Van Eck Funds		Van Eck International Inv Gold A	**	415
Vanguard		Vanguard Balanced Index Signal	**	752,892
Vanguard		Vanguard Dividend Appreciation Index Inv	**	128,104
Vanguard		Vanguard Dividend Growth Inv	**	867,631
Vanguard		Vanguard Equity Income Inv	**	1,887
Vanguard		Vanguard GMNA Inv	**	29,434
Vanguard		Vanguard Health Care Inv	**	1,898
Vanguard		Vanguard Inflation Protected Securities	**	204,622
Vanguard		Vanguard Intermediate Term Investment Grade	**	1,821
Vanguard		Vanguard Intermediate Term Treasury Inv	**	12,307
Vanguard		Vanguard International Value Inv	**	10,209
Vanguard		Vanguard Mid Cap Growth Index Inv	**	8,094
Vanguard		Vanguard REIT Index Inv	**	33,614
Vanguard		Vanguard Short Term Bond Index Signal	**	446,689
Vanguard		Vanguard Small Cap Growth Index Inv	**	370,170
Vanguard		Vanguard Small Cap Value Index Fund	**	21,922
Vanguard		Vanguard US Value Fund	**	29,826
Vanguard		Vanguard Wellesley Income Inv	**	38,781
Vanguard		Vanguard Wellington Inv	**	12,701
Vanguard		Vanguard Ttl StkMkt Indx Sgnl	**	1,892
Vanguard		Vanguard Strat Eq Inv	**	1,886
Vanguard		Vanguard Strat SmCap Eq Inv	**	2,700
Vanguard		Vanguard High Yield Corp Inv	**	4,669
Vanguard		Vanguard Wndsr Inv	**	2,711
Wells Fargo		Wells Fargo Advantage Precious Metals A	**	11
Wells Fargo		WFA Emerging Markets Equity A	**	865
Total Investments				<u>\$ 21,826,637</u>

* Indicates parties in interest to the Plan

** Investments are participant-directed investments; historical cost information is not required.

See accompanying report of independent auditors on pages 1 and 2.

Supplemental Schedule

OHIO STATE UNIVERSITY PHYSICIANS, INC. INTERIM RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR DECEMBER 31, 2013

EIN: 31-1447726

PN: 001

Schedule H Part IV Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue,	Borrower, or Similar	Description of Investment	Cost	Current Value
Party				
Aberdeen Funds		Abrden Intl Eq A	**	\$ 3,043
Cambiar Funds		Cambiar Sm Cap Inv	**	9,162
Alliance Bernstein		Alliance Bernstein Discovery Value K	**	4,554
American Century		American Century Ginnie Mae Adv Cls	**	3,741
American Century		American Century Income Growth Inst	**	8,143
American Century		American Century Value Fund	**	8,336
American Funds		American Fund Euro Pacific Growth R6	**	762,835
American Funds		American Funds Balanced Fund R6	**	3,352,348
American Funds		American Funds Capital World Growth Income R6	**	1,899,040
American Funds		American Funds Growth Fund Am R6	**	4,143,061
American Funds		American Funds Income Fund of America	**	61,885
American Funds		American Funds New Econ R6	**	11,576
American Funds		New Perspective Fund Inc.	**	76,818
American Funds		American Funds US Government Securities	**	3,673
American Funds		American Funds Washington Mutual Inv R6	**	12,810
Black Rock Funds		Black Rock GI Alloc A	**	28,797
Black Rock Funds		Black Rock GNMA Port Inv A	**	8,560
Black Rock Funds		Black Rock Health Scnc Opp Inv A	**	13,972
Black Rock Funds		Black Rock Natural Resources Trust A	**	8,296
Columbia		Columbia Mid Cap Value Opportunity	**	4,013,576
Davis Funds		Davis NY Venture Fund Class A	**	44,506
Delaware Investments		DE Emerging Markets A	**	10,777
Delaware Investments		DE Extended Duration Bond A	**	37,267
Dimensional Fund Advisors		DFA Global Real Estate Sec	**	1,846,972
Dimensional Fund Advisors		DFA Intermediate Govt Fixed Income Inst	**	3,518
Dodge & Cox Funds		Dodge & Cox Balance Fd	**	10,880
Dodge & Cox Funds		Dodge & Cox International Stock Fund	**	5,532
DWS Investments		DWS Inst Equity 500 Index	**	3,259,813
Eaton Vance		Eaton Vance Government Obligations A	**	8,207
Federated Equity Funds		Fed Kaufman Fund	**	18,549
Fidelity Investments		Fidelity Advisors Lenders A	**	3,601
Fidelity Investments		Fidelity Advisors Stock Select Mid Cap Fund A	**	15,661
Franklin Templeton Investment Funds		Frank MSF MutShrsFnd Cls A	**	29,840
Franklin Templeton Investment Funds		Franklin Mutual Global Discover Fund	**	35,158
Franklin Templeton Investment Funds		Franklin Templeton Foreign A	**	65,496
Franklin Templeton Investment Funds		Franklin Templeton Global Bond Adv	**	7,716
Franklin Templeton Investment Funds		Franklin Templeton Growth A	**	131,528
Goldman Sachs		Goldman Sachs Growth Opportunity Fund	**	13,955
Goldman Sachs		Goldman Sachs Short Dur Govt A	**	7,917
Goldman Sachs		Goldman Sachs Short Dur Govt Inst	**	37,473
Harbor Funds		Harbor International Inv	**	33,559
Heartland Funds		Heartland Select Value Fund	**	38,414
Heartland Funds		Heartland Value Pls Inv	**	3,484
Invesco		Invesco Balance Risk Allocation A	**	22,154
Invesco		Invesco Energy Inv	**	5,212
Invesco		Invesco Ltd Mat Treasury	**	3,515

See accompanying report of independent auditors on pages 1 and 2.

OHIO STATE UNIVERSITY PHYSICIANS, INC. INTERIM RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR DECEMBER 31, 2013

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value	
Invesco	Invesco Real Estate Fund	**	21,067	
Ivy Funds	Ivy Asset Strategy Fd CI Y	**	193,726	
Janus Funds	Janus Balance I	**	15,333	
Prudential	Jennison Port. J	**	36,588	
John Hancock	John Hancock Grtr China Opp A	**	12,930	
JPMorgan	JPM Mid Cap Value Fund A	**	77,303	
JPMorgan	JPM Small Cap Equity A	**	33,808	
Lazard Funds	Lazard Emrg Mkts Port OS	**	17,509	
Legg Mason	Legg Mason Capital Management Special Investment	**	21,772	
Legg Mason	Legg Mason Wstr AS Cor Plus Bond I	**	1,881	
Loomis Sayles Funds	Loomis Sayles Bond Admin Fund	**	10,790	
Loomis Sayles Funds	Loomis Sayles Bond Fund Inst.	**	422	
Manning and Napier	Manning and Napier Pro-Blend Conservative Term	**	3,692,842	
Manning and Napier	Manning and Napier Pro-Blend Extended Term	**	4,123,824	
Manning and Napier	Manning and Napier Pro-Blend Max Term	**	3,754,521	
Manning and Napier	Manning and Napier Pro-Blend Moderate Term	**	18,140,892	
Manning and Napier	Manning and Napier World Opportunities	**	2,954	
MFS International	MFS International Val A	**	2,575	
* Nationwide Mutual Funds	NW Intl Indx A	**	293,594	
* Nationwide Mutual Funds	NW MdCap Mkt Indx A	**	319,718	
* Nationwide Mutual Funds	NW MdCap Mkt Indx Inst	**	9,315	
* Nationwide Mutual Funds	NW Money Market Inst	**	1,786,927	
* Nationwide Mutual Funds	NW Small Cap Index Inst	**	7,549	
Oakmark Funds	Oakmark International II	**	10,630	
Oakmark Funds	Oakmark Sel II	**	11,267	
Oppenheimer Funds	Oppenheimer Developing Markets Fund A	**	510,252	
Oppenheimer Funds	Oppenheimer Equity Income A	**	4,558	
Oppenheimer Funds	Oppenheimer Gold and Special Mineral Fund	**	11,872	
Oppenheimer Funds	Oppenheimer International Bond Fund A	**	113,507	
Oppenheimer Funds	Oppenheimer International Small Co. Fund	**	4,180	
Oppenheimer Funds	Oppenheimer Ltd Term Govt Fund A	**	12,608	
Oppenheimer Funds	Oppenheimer Main St Small Cap Fd A	**	1,365,394	
Oppenheimer Funds	Oppenheimer SmMd Cap Value Fund A	**	20,762	
PIMCO Funds	PIMCO Low Duration	**	4,949	
PIMCO Funds	PIMCO Low Duration Inst	**	29,538	
PIMCO Funds	PIMCO Real Return Inst	**	4,215	
PIMCO Funds	PIMCO Total Return Fund A	**	4,044,836	
PIMCO Funds	PIMCO Total Return Fund Inst	**	1,403	
Pioneer Investments	Pioneer High Yield Fund	**	1,241	
Principal Funds	Principal Equity Income I Inst	**	2,500,958	
Principal Funds	Principal Hi Yd Inst	**	1,963,034	
Prudential	Prudentl Jennison 20 20 Focus A	**	11,792	
Prudential	Prudentl Jennison Natural Resource A	**	98,984	
Prudential	Prudentl Jennison Util A	**	37,597	
Rydex Funds	Rydex Consumer Products Adv	**	5,408	
Rydex Funds	Rydex Government Long Bond 1.2x Strategy Adv	**	13,180	
Rydex Funds	Rydex S&P Mid Cap 400 Pure Growth H	**	4,967	
Sentinel Funds	Sntnl Govt Sec A	**	11,829	
Sentinel Funds	Sntnl Sm Co A	**	1,964,687	
T. Rowe Price	T Rowe Mid Cap Growth R	**	2,111,610	
T. Rowe Price	T Rowe Small Cap Value	**	3,741	

See accompanying report of independent auditors on pages 1 and 2.

OHIO STATE UNIVERSITY PHYSICIANS, INC. INTERIM RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR DECEMBER 31, 2013

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar	Party	Description of Investment	Cost	Current Value
Thornburg Funds		Thornburg International Value Fund	**	5,109,786
Van Eck Funds		Van Eck Emrg Mkt A	**	5,205
Van Eck Funds		Van Eck Gbl Hard Assets A	**	2,739
Van Eck Funds		Van Eck Intrntl Inv Gold A	**	1,219
Vanguard		Vanguard Balanced Index Sgnl	**	1,306,234
Vanguard		Vanguard Div App Indx Inv	**	86,174
Vanguard		Vanguard Divd Gr Inv	**	3,340,223
Vanguard		Vanguard Equity Income Inv	**	8,126
Vanguard		Vanguard Extend Market Index Sgnl	**	10,282
Vanguard		Vanguard GMNA Fd	**	40,579
Vanguard		Vanguard Hlthcr Inv	**	8,173
Vanguard		Vanguard Infl-Prot Secs	**	423,247
Vanguard		Vanguard Intermediate Term Inv Grd	**	7,842
Vanguard		Vanguard Intl Val	**	12,068
Vanguard		Vanguard Intm-Trm USTrs	**	16,788
Vanguard		Vanguard High Yield Corp Inv	**	5,519
Vanguard		Vanguard Md Cap Gr Indx Inv	**	11,114
Vanguard		Vanguard REIT Index Fd IS	**	27,941
Vanguard		Vanguard Small Cap Growth Index Fund	**	996,476
Vanguard		Vanguard Small Cap Value Index Fund	**	17,448
Vanguard		Vanguard ST Bond Index Sgnl	**	2,397,702
Vanguard		Vanguard State Treasury Inv	**	3,562
Vanguard		Vanguard Strategic Eq Inv	**	8,120
Vanguard		Vanguard Strategic Small Cap Equity Inv	**	11,628
Vanguard		Vanguard total stock market Index Single	**	102,029
Vanguard		Vanguard US Value Fund	**	22,546
Vanguard		Vanguard Wellesley Income	**	45,007
Vanguard		Vanguard Wellington Fd	**	56,404
Vanguard		Vanguard Windsor Inv	**	11,672
Victory		Victory Fund for Income	**	7,261
Wells Fargo		WFA Emerging Markets Equity A	**	5,652
Wells Fargo		WFA Govt Sec A	**	3,731
Wells Fargo		WFA Precious Metals	**	46,690
Yacktman		Ycktmn Focs	**	4,351
* Various		Individual brokerage accounts	**	15,447,470
* Loans Receivable		Participant loans receivable, 4.25% - 9.25% maturity dates through December 22, 2023	**	1,519,163
		Total investments	\$	<u>98,721,940</u>

* Indicates parties in interest to the Plan

** Investments are participant-directed investments; historical cost information is not required.

See accompanying report of independent auditors on pages 1 and 2.