Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2013** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

COLUMBUS MUSEUM OF ART

VONDA J. OSBORNE

480 EAST BROAD STREET
COLUMBUS, OH 43215-3823

2b Employer Identification Number (EIN) 31-4379447

2c Sponsor's telephone number 614-221-6801

2d Business code (see instructions) 712100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/04/2014	VONDA J. OSBORNE
	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

COLUMBUS MUSEUM OF ART
VONDA J. OSBORNE
480 EAST BROAD STREET
COLUMBUS, OH 43215-3823

3b Administrator's EIN
31-4379447

3c Administrator's telephone number
614-318-2200

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**	230
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**	193
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	86
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	279
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	279
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
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:
2L

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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	**B** Three-digit plan number (PN) ▶
COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
COLUMBUS MUSEUM OF ART	31-4379447

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
31-4156830	66869	GAP-B2-CB4U	193	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
82	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INVEST FINANCIAL CORPORATION
5555 GRANDE MARKET DR.
APPLETON, WI 54913

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
82	0	INVESTMENT	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	57255
c	Additions: (1) Contributions deposited during the year	7c(1)	344	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	2525	
	(4) Transferred from separate account	7c(4)	43952	
	(5) Other (specify below)	7c(5)	2208	
	▶ LOAN REPAYMENT; TRANSFER FROM OUTSIDE NW			
	(6)Total additions		7c(6)	49029
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	106284
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8151	
	(2) Administration charge made by carrier	7e(2)	270	
	(3) Transferred to separate account	7e(3)	5142	
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	13563
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	92721

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((**1**) + (**2**) - (**3**))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (**1**) and (**2**))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2013
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBUS MUSEUM OF ART

D Employer Identification Number (EIN)
31-4379447

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

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

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

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

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

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

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

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

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

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

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

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

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 64	RECORD KEEPER	23251	Yes [X] No [ ]	Yes [ ] No [X]	9406	Yes [ ] No [X]

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

INVEST FINANCIAL CORPORATION

5555 GRANDE MARKET DRIVE
APPLETON, WI 54913

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	INVESTMENT	0	Yes [X] No [ ]	Yes [ ] No [X]	13134	Yes [ ] No [X]

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

EDWARD D.A. SOMMER

300 WEST WILSON BRIDGE ROAD
SUITE 300
WORTHINGTON, OH 43085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	INVESTMENT	1097	Yes [X] No [ ]	Yes [ ] No [X]	1489	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBUS MUSEUM OF ART

D Employer Identification Number (EIN)
31-4379447

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)	4967	6209
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7941	3468
(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)	40347	33893
(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)	2321812	2679376
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	57256	92721
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2432323	2815667
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2432323	2815667

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)	145586	
(C) Others (including rollovers)	2a(1)(C)	3415	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		149001
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-222	
(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)	1541	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1319
(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)		363821
c Other income	2c		56
d Total income. Add all **income** amounts in column (b) and enter total	2d		514197

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129292	
(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)		129292
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1561
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		130853

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		383344
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: JOHN GERLACH AND CO. LLP **(2)** EIN: 31-4419361

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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?
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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBUS MUSEUM OF ART

D Employer Identification Number (EIN)
31-4379447

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): 31-1592130 _____

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 of 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): _____

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: 00% 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):

COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

FINANCIAL STATEMENTS

December 31, 2013 and 2012

COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

Index to Financial Statements and Supplemental Schedules

Page(s)

Independent Auditor's Report 1-2

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits
As of December 31, 2013 and 2012 3

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2013 and 2012 4

Notes to Financial Statements 5-14

SUPPLEMENTAL SCHEDULE:

Assets Held for Investment Purposes,
As of December 31, 2013 and 2012 15-16

To the Trustees of
Columbus Museum of Art Tax Deferred Annuity Plan

Independent Auditor's Report

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Columbus Museum of Art 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 statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012, and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 5, which was certified by Nationwide Financial Services, Inc., as issuer of certain investments and as custodian of certain other investments or which was certified by Teacher's Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), as issuer for certain investments and as agent for JPMorgan Chase Bank, N.A., a custodian of certain other investments, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the issuer or custodian holds the Plan's assets and executes transactions. The plan administrator has obtained certifications from the issuer/custodian and issuer/agent as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the issuer/custodian and issuer/agent is complete and accurate.

In addition, because certain prior year records were not available, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan or to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2013 and 2012, or the propriety of the distributions to participants who terminated and withdrew from the Plan during the years then ended.

37 W Broad St 5th Floor • Columbus OH 43215 • p: 614-224-2164 • f: 614-224-1391 • JohnGerlach.com

Disclaimer of Opinion
Because of the significance of the matters 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 – Supplemental Schedules
The supplemental schedules of assets held for investment purposes as of December 31, 2013 and 2012, are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs we do not express an opinion on the supplemental schedules.

John Gerlach & Company LLP

Columbus, Ohio
August 19, 2014

COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments	$ 2,775,565	$ 2,387,009
Receivables:		
Employees' deferrals	6,209	4,967
Notes receivable from participants	33,893	40,347
Total Receivables	40,102	45,314
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,815,667	$ 2,432,323

See Notes to Financial Statements

COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2013 and 2012

	2013	2012
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF PERIOD	$ 2,432,323	$ 2,306,632
INCREASED BY:		
Investment Income:		
Interest and dividends	4,746	4,225
Net appreciation in fair value of investments	358,853	225,876
Total Investment Income	363,599	230,101
Contributions:		
Employees	145,587	148,335
Rollovers	458	453
Total Contributions	146,045	148,788
Interest on notes receivable from participants	1,542	1,600
Other	-	7,429
Total Increases	511,186	387,918
DECREASED BY:		
Benefits paid to participants	127,842	262,227
Total Decreases	127,842	262,227
Net Increase (Decrease)	383,344	125,691
NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	$ 2,815,667	$ 2,432,323

See Notes to Financial Statements

Note 1 - DESCRIPTION OF PLAN:

The following description of the Columbus Museum of Art Tax Deferred Annuity Plan (the Plan) is provided for general information purposes only. 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 all eligible employees of the Columbus Museum of Art (the Museum). Participants are eligible to participate on their date of employment with the Museum. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to contribute up to 100% of their total compensation, subject to certain limits as detailed in the plan agreement, to the Plan on a pre-tax basis through payroll deduction. The Museum may, in its sole discretion, make a matching contribution on the participant's behalf in an amount determined by the Museum. Additionally, the Museum may, in its sole discretion, make an annual contribution equal to 2% of participant's annual compensation.

Participants who are at least age 50 or who will reach age 50 during any calendar year will have the option to make additional pre-tax contributions. Such participants are permitted to make additional pre-tax contributions of up to $5,500 in 2013.

Participants who have completed 15 or more years of service will have the option to make additional pre-tax contributions. Such participants are permitted to make additional pre-tax contributions of up to $3,000 in 2013 with a lifetime cap of $15,000.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Museum's contribution and an allocation of plan earnings (net of administrative expenses). The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

All amounts credited to a participant's accumulation account shall be fully vested and nonforfeitable at all times.

Forfeitures

Because participants are immediately vested in their accounts, the Plan has no forfeitures.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment. Additionally employees of the Museum may take an in-service distribution after attainment of age 59.5. A participant may receive the value of his or her account in a lump sum payment.

Plan Termination

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

Note 1 - DESCRIPTION OF PLAN (continued):

Risk 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 participants' account balances and the amounts reported in the statement of net assets available for benefits. Plan investments are not insured by FDIC or similar coverage.

Notes Receivable from Participants

Participants may borrow from their fund accounts held at Nationwide Financial Services, Inc. (Nationwide). The minimum loan is $1,000 and may be up to the lesser of $50,000 or 50 percent of their account balance. The loans currently bear interest at a rate of 4.25%, which is commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions.

Participants may borrow from Teacher's Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF) using a portion of their TIAA-CREF account as security for the loan. The minimum loan is $1,000 and may be up to the lesser of $50,000 or 45 percent of their account balance. The loans bear interest at rates which are commensurate with local prevailing rates as determined periodically by TIAA-CREF. Principal and interest is paid ratably through monthly or quarterly ACH transfers by the participant to TIAA-CREF. The Plan Administrator has concluded that these loans with TIAA-CREF are not plan assets and that such arrangements are exempt transactions. Participant loan balances totaled $8,135 and $7,810 as of December 31, 2013 and 2012, respectively. Under the borrowing terms $8,135 and $7,810 of plan assets serve as collateral to these loans as of December 31, 2013 and 2012, respectively. Interest paid by participants on such loans during the year ended December 31, 2013, was $-0-. In the event of default, such loans are reportable to plan participants as taxable income but remain outstanding and continue to accrue interest until repaid by the participant or the participant becomes eligible to receive a distribution under the terms of the Plan. During the years ended December 31, 2013 and 2012, $-0- of loans went into default. As of December 31, 2013 and 2012, loans in default amounted to $8,135 and $7,810, respectively. Such amount includes the principal and accumulated interest.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Investment Valuation and Income Recognition

The Plan's mutual fund and variable annuity investments are valued at fair value using quoted market prices. The Plan's fixed annuity contract investments are valued at contract value, which approximates fair value.

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the plan document.

Note 3 - FEDERAL INCOME TAX STATUS:

The Internal Revenue Service (IRS) has provided 403(b) plans relief from obtaining a determination letter until the revenue procedures are finalized and the IRS announces the date that it will start accepting applications. A written 403(b) plan adopted prior to December 31, 2009, that is intended to satisfy the requirements of Section 403(b) and the regulations, will have a remedial amendment period in which to amend the Plan to correct any form defects retroactive to January 1, 2010.

The Museum is not aware of any events that have occurred that might adversely affect the Plan from obtaining a qualified status. The Plan is required to operate in conformity with Section 403(b) of the Internal Revenue Code to obtain its qualification.

Note 4 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by U.S. federal or state and local tax authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 5 - INVESTMENTS CERTIFIED:

Nationwide Financial Services, Inc.

The following is a summary of the investment information as of December 31, 2013 and 2012, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by Nationwide as issuer for certain investments and as custodian for certain other investments and furnished to the Plan Administrator. The Plan Administrator has obtained certification from the custodian that information provided to the Plan Administrator by the custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the investments below.

	2013	2012
Fixed Annuity	$ 92,721	$ 57,256
Mutual Funds	1,547,833	1,272,329
Total Investments	$ 1,640,554	$ 1,329,585
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 218,659	$ 132,426
Total Investment Income	$ 218,659	$ 132,426

Teacher's Insurance and Annuity Association - College Retirement Equities Fund

The following is a summary of the investment information as of December 31, 2013 and 2012, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by TIAA-CREF as issuer for certain investments and as agent for JPMorgan Chase Bank, N.A., a custodian of certain other investments, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the issuer/agent that information provided to the Plan Administrator by the issuer/agent related to the following investments is complete and accurate. Accordingly, as permitted by 29CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the investments below.

Note 5 - INVESTMENTS CERTIFIED (continued):

	2013	2012
Fixed Annuity	$ 502,107	$ 522,704
Variable Annuities	632,904	534,720
Total Investments	$ 1,135,011	$ 1,057,424
Investment Income:		
Interest and Dividends	$ 4,746	$ 4,225
Net Appreciation in Fair Value of Investments	140,194	93,450
Total Investment Income	$ 144,940	$ 97,675

Note 6 - INVESTMENTS:

Investments that represent 5% or more of the Plan's net assets are valued at $140,783 and $121,616 or more at December 31, 2013 and 2012, respectively.

Below is a list of all investments which exceed these amounts:

	2013	2012
TIAA Traditional	$ 493,972	$ 514,894
CREF Stock	331,352	263,180
NW Dest 2020	253,773	222,574
NW Dest 2030	307,042	257,449

During the fiscal years ended December 31, 2013, the Plan's investments appreciated (depreciated) in value as follows:

	2013	2012
Fixed Annuity	$ 18,618	$ 19,027
Variable Annuities	123,721	76,187
Mutual Funds	216,514	130,662
Net Appreciation (Depreciation) in Fair Value of Investments	$ 358,853	$ 225,876

Note 7 - PLAN EXPENSES:

Certain expenses of the Plan are paid for by the plan sponsor, Columbus Museum of Art.

Note 8 - RELATED-PARTY TRANSACTIONS:

Certain plan investments are fixed annuity contracts and shares of mutual funds issued by Nationwide. Nationwide is the issuer of certain investments and custodian of certain other investments as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Certain plan investments are fixed and variable annuity contracts issued by TIAA-CREF or held by JPMorgan Chase Bank, N.A. TIAA-CREF is the issuer of certain investments and agent for JPMorgan Chase Bank, N.A., a custodian for certain other investments as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and other administration amounted to $7,336 and $6,680 for the years ended December 31, 2013 and 2012. These fees are netted against investment income.

Note 9 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION:

In accordance with the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), all financial instruments that are being measured and reported on a fair value basis must be classified and disclosed in one of the following three categories:

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, and 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.

Following is a description of the valuation methodologies used for assets measured at fair value:

Fixed Annuity:

Best of America Fixed Annuity - The Best of America Fixed Annuity is a fixed rate annuity contract that is fully and unconditionally guaranteed by Nationwide. Participants receive a guaranteed interest rate for a specific time period. After the guaranteed rate period expires, participants receive an annual renewal interest rate which is guaranteed not to be less than a certain percentage.

The Best of America Fixed Annuity is reported at contract value which approximates fair value (see Note 10). The contract value of the Best of America Fixed Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

Note 9 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (continued):

Fixed Annuity (continued):

TIAA Traditional Annuity - The TIAA Traditional Annuity is a fixed rate annuity contract that is fully and unconditionally guaranteed by Teachers Insurance and Annuity Association of America (TIAA), a New York domiciled non-profit legal reserve life insurance company. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest (generally 3%, but in some recent contracts between 1% and 3%), and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year" which begins each March 1. Additional interest is not guaranteed in future years. When the accumulation in TIAA Traditional is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation.

The TIAA Traditional Annuity is reported at contract value which approximates fair value (see Note 10). The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

Variable Annuities:

TIAA Real Estate Account (REA) – The TIAA Real Estate Account is an insurance company separate account of TIAA investing mainly in real estate and real estate-related investments. This is a variable annuity. Audited financial statements are available. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources.

CREF Accounts – College Retirement Equities Fund (CREF) is registered with the Securities and Exchange Commission under the Investment Company Act of 1940 as an open-end management investment company. It consists of eight investment portfolios: the Stock, Global Equities, Growth, Equity Index, Bond Market, Inflation-Linked Bond, Social Choice and Money Market Accounts (individually referred to as the "Account" or collectively referred to as the "Accounts"). These are variable annuities. Audited financial statements are available. The Accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing. CREF Money Market Account holdings are generally at amortized cost. Each Account determines its unit value each day.

Mutual Funds:

The Plan holds various mutual funds. Fund holdings are generally valued using market quotations or prices obtained from independent pricing services. Each fund determines its share price or net asset value (NAV) each day calculated generally as of 4 p.m. (ET).

Note 9 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (continued):

Assets measured at fair value on a recurring basis were as follows:

	December 31, 2013			
Description	Total	Level 1	Level 2	Level 3
Fixed Annuity	$ 594,828	$ -	$ -	$ 594,828
Variable Annuities:				
Real Estate	22,787	-	22,787	-
Money Market	19,908	19,908	-	-
Domestic equity annuities	69,330	69,330	-	-
Domestic/International equity annuities	331,352	331,352	-	-
International equity annuities	89,814	89,814	-	-
Fixed-income annuities	25,942	25,942	-	-
Balanced annuities	73,770	73,770	-	-
Mutual funds:				
Mid cap equity funds	29,949	29,949	-	-
Small cap equity funds	105,308	105,308	-	-
Real estate funds	61,786	61,786	-	-
Money market funds	3,468	3,468	-	-
Domestic equity funds	364,710	364,710	-	-
International equity funds	85,961	85,961	-	-
Target date funds	863,862	863,862	-	-
Fixed-income funds	32,790	32,790	-	-
Total Assets	$ 2,775,565	$ 2,157,950	$ 22,787	$ 594,828

Note 9 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (continued):

	December 31, 2012			
Description	Total	Level 1	Level 2	Level 3
Fixed Annuity	$ 579,960	$ -	$ -	$ 579,960
Variable Annuities:				
Real Estate	20,769	-	20,769	-
Money Market	23,197	23,197	-	-
Domestic equity annuities	58,864	58,864	-	-
Domestic/International equity annuities	263,179	263,179	-	-
International equity annuities	73,447	73,447	-	-
Fixed-income annuities	31,661	31,661	-	-
Balanced annuities	63,603	63,603	-	-
Mutual funds:				
Mid cap equity funds	17,848	17,848	-	-
Small cap equity funds	62,029	62,029	-	-
Real estate funds	51,246	51,246	-	-
Money market funds	7,941	7,941	-	-
Domestic equity funds	265,284	265,284	-	-
International equity funds	65,878	65,878	-	-
Target date funds	728,510	728,510	-	-
Fixed-income funds	73,593	73,593	-	-
Total Assets	$ 2,387,009	$ 1,786,280	$ 20,769	$ 579,960

Summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2013 were as follows:

Balance, beginning of year	$ 579,960
Net realized and unrealized gain on investments	18,618
Purchases	183,865
Sales	(187,615)
Balance, end of year	$ 594,828

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Note 10 - INVESTMENT CONTRACTS:

The Plan has investment contracts. Under these contracts are sub-contracts. Issuers of the contracts maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Each premium allocated to the investment contract buys a guaranteed minimum amount of lifetime income based on the rate schedule in effect at the time the premium is credited.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on an annual basis for resetting.

Investment contracts that are not fully benefit responsive are included in the financial statements at contract value as reported by contract issuers. The contract issuers have reported to the Plan that contract value approximates fair value for these investments at December 31, 2013 and 2012.

Note 11 - SUBSEQUENT EVENTS:

Subsequent events have been evaluated through August 19, 2014, which is the date the financial statements were available to be issued.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▸ Complete all entries in accordance with the instructions to the Form 5500.	2013 This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN

1b Three-digit plan number (PN) ▸ 002

1c Effective date of plan 10/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
COLUMBUS MUSEUM OF ART

VONDA J. OSBORNE
480 EAST BROAD STREET

COLUMBUS OH 43215-3823

2b Employer Identification Number (EIN) 31-4379447

2c Sponsor's telephone number 614-221-6801

2d Business code (see instructions) 712100

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	Vonda J Osborne Signature of plan administrator	9/3/2014 Date	VONDA J. OSBORNE Enter name of individual signing as plan administrator
SIGN HERE	Vonda J Osborne Signature of employer/plan sponsor	9/3/2014 Date	VONDA J. OSBORNE 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 COLUMBUS MUSEUM OF ART VONDA J. OSBORNE 480 EAST BROAD STREET COLUMBUS OH 43215-3823	**3b** Administrator's EIN 31-4379447 **3c** Administrator's telephone number 614-318-2200	
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**	230
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**	193
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	86
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	279
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
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:
2L

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)	**9b** Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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	**b General Schedules**
(1) ☒ **R** (Retirement Plan Information)	(1) ☒ **H** (Financial Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ **I** (Financial Information – Small Plan) (3) ☒ 1 **A** (Insurance Information) (4) ☒ **C** (Service Provider Information)
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) ☐ **D** (DFE/Participating Plan Information) (6) ☐ **G** (Financial Transaction Schedules)

COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
As of December 31, 2013

Plan #: 003
Plan EIN: 31-4379447
Schedule H, Line 4i:

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments:					
	Fixed Annuity:					
*	Best of America Fixed	N/A	Demand	-	$ **	$ 92,721
*	TIAA Traditional	N/A	Demand	-	**	493,972
*	TIAA Plan Loan Default Fund	N/A	Demand	-	**	8,135
						594,828
	Variable Annuities:					
*	TIAA Real Estate	N/A	Demand	-	**	22,787
*	CREF Stock	N/A	Demand	-	**	331,352
*	CREF Money Market	N/A	Demand	-	**	19,908
*	CREF Social Choice	N/A	Demand	-	**	73,770
*	CREF Bond Market	N/A	Demand	-	**	19,228
*	CREF Global Equities	N/A	Demand	-	**	89,814
*	CREF Growth	N/A	Demand	-	**	34,964
*	CREF Equity Index	N/A	Demand	-	**	34,367
*	CREF Inflation-Linked Bond	N/A	Demand	-	**	6,714
						632,904
	Mutual Funds:					
	Allnz NFJ SmCp Val	N/A	Demand	-	**	7,070
	Allnz NFJ Divd Val	N/A	Demand	-	**	41,946
	AmFds Fdmntl Inv	N/A	Demand	-	**	27,009
	BlkRk Intl	N/A	Demand	-	**	18,468
	Col MdCap Val	N/A	Demand	-	**	5,894
	FidAdv Levr Co Stk	N/A	Demand	-	**	13,622
	FidAdv New Insights	N/A	Demand	-	**	99,972
	Harbor MdCap Gr Inv	N/A	Demand	-	**	19,289
	Invsco RealEst	N/A	Demand	-	**	49,651
	Lazard Emrg Mkt Eq Open	N/A	Demand	-	**	34,088
	Natixis Loomis InvmtGrBd	N/A	Demand	-	**	30,489
*	NW Bd Indx	N/A	Demand	-	**	2,301
*	NW Midcap Mkt Indx	N/A	Demand	-	**	4,765
*	NW Mny Mkt Inst	N/A	Demand	-	**	3,467
*	NW Dest 2010	N/A	Demand	-	**	8,304
*	NW Dest 2015	N/A	Demand	-	**	56,165
*	NW Dest 2020	N/A	Demand	-	**	253,773
*	NW Dest 2025	N/A	Demand	-	**	105,466
*	NW Dest 2030	N/A	Demand	-	**	307,042
*	NW Dest 2040	N/A	Demand	-	**	133,112
	Opp Intl Bd	N/A	Demand	-	**	12,564
	PIMCO Real Rtn	N/A	Demand	-	**	21,421
	Thrnbrg Intl Val	N/A	Demand	-	**	20,842
	Vngrd REIT Indx Inv	N/A	Demand	-	**	12,135
	Vngrd Val Indx Inv	N/A	Demand	-	**	31,907
	Vngrd Gr Indx Inv	N/A	Demand	-	**	128,833
	Vngrd SmCap Gr Indx Inv	N/A	Demand	-	**	76,761
	Vngrd SmCap Val Indx Inv	N/A	Demand	-	**	21,477
						1,547,833
	Total Investments Held				$ **	$ 2,775,565
	Participant Loans	4.25%	Various	-	$ **	$ 33,893

* Denotes party-in-interest
** Cost not required for participant directed investments

COLUMBUS MUSEUM OF ART TAX DEFERRED ANNUITY PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
As of December 31, 2012

Plan #: 003
Plan EIN: 31-4379447
Schedule H, Line 4i:

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments:					
	Fixed Annuity:					
*	Best of America Fixed	N/A	Demand	-	$ **	$ 57,256
*	TIAA Traditional	N/A	Demand	-	**	514,894
*	TIAA Plan Loan Default Fund	N/A	Demand	-	**	7,810
						579,960
	Variable Annuities:					
*	TIAA Real Estate	N/A	Demand	-	**	20,769
*	CREF Stock	N/A	Demand	-	**	263,180
*	CREF Money Market	N/A	Demand	-	**	23,197
*	CREF Social Choice	N/A	Demand	-	**	63,603
*	CREF Bond Market	N/A	Demand	-	**	24,886
*	CREF Global Equities	N/A	Demand	-	**	73,447
*	CREF Growth	N/A	Demand	-	**	32,255
*	CREF Equity Index	N/A	Demand	-	**	26,608
*	CREF Inflation-Linked Bond	N/A	Demand	-	**	6,775
						534,720
	Mutual Funds:					
	Allnz NFJ SmCp Val	N/A	Demand	-	**	4,748
	Allnz NFJ Divd Val	N/A	Demand	-	**	28,691
	AmFds Fdmntl Inv	N/A	Demand	-	**	16,202
	BlkRk Intl	N/A	Demand	-	**	9,552
	Col MdCap Val	N/A	Demand	-	**	3,036
	FidAdv Levr Co Stk	N/A	Demand	-	**	6,366
	FidAdv New Insights	N/A	Demand	-	**	92,676
	Harbor MdCap Gr Inv	N/A	Demand	-	**	13,346
	Invsco RealEst	N/A	Demand	-	**	43,835
	Lazard Emrg Mkt Eq Open	N/A	Demand	-	**	25,373
	Natixis Loomis InvmtGrBd	N/A	Demand	-	**	31,499
*	NW Bd Indx	N/A	Demand	-	**	42,093
*	NW Midcap Mkt Indx	N/A	Demand	-	**	1,467
*	NW Mny Mkt Inst	N/A	Demand	-	**	7,941
*	NW Dest 2010	N/A	Demand	-	**	6,639
*	NW Dest 2015	N/A	Demand	-	**	43,206
*	NW Dest 2020	N/A	Demand	-	**	222,574
*	NW Dest 2025	N/A	Demand	-	**	83,083
*	NW Dest 2030	N/A	Demand	-	**	257,449
*	NW Dest 2040	N/A	Demand	-	**	115,559
	Opp Intl Bd	N/A	Demand	-	**	15,275
	PIMCO Real Rtn	N/A	Demand	-	**	24,255
	Thrnbrg Intl Val	N/A	Demand	-	**	15,678
	Vngrd REIT Indx Inv	N/A	Demand	-	**	7,411
	Vngrd Val Indx Inv	N/A	Demand	-	**	20,392
	Vngrd Gr Indx Inv	N/A	Demand	-	**	76,701
	Vngrd SmCap Gr Indx Inv	N/A	Demand	-	**	47,204
	Vngrd SmCap Val Indx Inv	N/A	Demand	-	**	10,078
						1,272,329
	Total Investments Held				$ **	$ 2,387,009
	Participant Loans	4.25%	Various	-	$ **	$ 40,347

* Denotes party-in-interest
** Cost not required for participant directed investments