

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☐ a single-employer plan</div><div>☐ a DFE (specify) _____</div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan OSU PHYSICIANS, INC. 403B PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2003
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OSU PHYSICIANS, INC. 700 ACKERMAN ROAD SUITE 6000 COLUMBUS, OH 43202
2b	Employer Identification Number (EIN) 31-1447726
2c	Plan Sponsor's telephone number 614-685-1542
2d	Business code (see instructions) 621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	DEBORAH CHUDZIK
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2336
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 1680 6a(2) 1904 6b 336 6c 508 6d 2748 6e 6f 2748 6g(1) 1766 6g(2) 1767 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 2T 3H

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan OSU PHYSICIANS, INC. 403B PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.	D Employer Identification Number (EIN) 31-1447726

Part I

Service Provider Information (see instructions)

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	389989	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

APS- PENTEGRA

5350 SEVENTY SEVEN CENTER DR. SUITE
CHARLOTTE, NC 28217

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	TPA	161428	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28 33 52	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	92783	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 28 33 52	92783
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OSU PHYSICIANS, INC. 403B PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.		
D Employer Identification Number (EIN) 31-1447726		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2898	4498
(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)	40251430	49896784
(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	40254328	49901282
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	40254328	49901282

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)	5343058	
(C) Others (including rollovers)	2a(1)(C)	9570	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5352628
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)	298	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		298
(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)		
(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)		

		(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)		7229410
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12582336

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2935382	
(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)		2935382
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2935382

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9646954
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
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.	☒		

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OSU PHYSICIANS, INC. 403B PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OSU PHYSICIANS, INC.		D Employer Identification Number (EIN) 31-1447726
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2023</div> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OSU PHYSICIANS, INC. 403B PLAN	B Three-digit Plan number (PN) ►	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF OSU PHYSICIANS, INC.	D Administrator's EIN 31-1447726	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer OHIO STATE UNIVERSITY PHYSICIANS, INC.	2b EIN 31-1447726	2c Percentage of Total Contributions for the Plan Year 98.10	2d Aggregate Account Balances Attributable to Participating Employer 100
2a Name of Participating Employer COMMUNITY HEALTH PARTNERS, LLC	2b EIN 87-4354126	2c Percentage of Total Contributions for the Plan Year 1.90	2d Aggregate Account Balances Attributable to Participating Employer 0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☐ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

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

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

AND

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2023



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

TABLE OF CONTENTS
DECEMBER 31, 2023 AND 2022

	Page
Report of Independent Auditors	1
 Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits (Year Ended December 31, 2023).....	6
Notes to Financial Statements	7
 Supplemental Schedule (December 31, 2023)	
Schedule H, line 4i – Schedule of Assets (Held at End of Year).....	12



REPORT OF INDEPENDENT AUDITORS

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Ohio State University Physicians, Inc. 403(b) Tax Deferred Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

REPORT OF INDEPENDENT AUDITORS (Continued)

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

REPORT OF INDEPENDENT AUDITORS (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

REPORT OF INDEPENDENT AUDITORS (Continued)

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

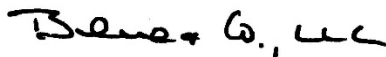
Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Westerville, Ohio
October 11, 2024

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	2023	2022
Assets		
Investments at fair value	\$ 49,896,784	\$ 40,251,430
Receivables		
Notes receivable from participants	4,498	2,898
Net assets available for benefits	<u>\$ 49,901,282</u>	<u>\$ 40,254,328</u>

See accompanying notes to financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023

	2023
Additions to net assets attributed to:	
Net change in fair value of investments	\$ 7,229,410
Interest income on notes receivables from participants	298
Contributions:	
Employee contributions	5,343,058
Rollovers	9,570
Total contributions	<u>5,352,628</u>
Total additions	<u>12,582,336</u>
Deductions to net assets attributed to:	
Benefits paid	<u>2,935,382</u>
Total deductions	<u>2,935,382</u>
Net change	9,646,954
Net assets available for benefits	
Beginning of year	40,254,328
End of year	<u><u>\$ 49,901,282</u></u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

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 agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted by Ohio State University Physicians, Inc. (OSUP) 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 OSUP.

Contributions

Each year, participants may elect pre-tax or Roth contributions up to a maximum percent of annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. No employer contributions are made to this plan.

Participants Accounts

Each participant's account is credited with the participant's contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The plan administrator approves an interest rate, which is based on the applicable prime rate. Principal and interest are paid ratably through payroll deductions.

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

Payment of Benefits

On termination of service due to death, disability, or retirement, 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. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP 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.

Investment Valuation and Income Recognition

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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan agreement.

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). 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, 2023 AND 2022

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2023 and 2022:

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 49,896,784	\$ -	\$ -	\$ 49,896,784
Total investments at fair value	\$ 49,896,784	\$ -	\$ -	\$ 49,896,784

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 40,251,430	\$ -	\$ -	\$ 40,251,430
Total investments at fair value	\$ 40,251,430	\$ -	\$ -	\$ 40,251,430

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the custodian of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants information reflected on the accompanying statement of net assets available for benefits as of December 31, 2023 and 2022, the schedule of assets at December 31, 2023, and the related investment activity and interest income on notes receivable from participants reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2023.

5. TAX STATUS

As of December 31, 2023, the Internal Revenue Service (IRS) was not currently accepting applications for individual 403(b) plan determination letters. The Plan Sponsor believes the Plan is designed and currently operating in compliance with applicable requirements of the Internal Revenue Code Section 403(b).

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

GAAP requires 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, 2023 and 2022, 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, as of the date the financial statements were available to be used, there were no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2021.

6. PLAN TERMINATION

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

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. RELATED-PARTY TRANSACTIONS AND PARTY-IN INTEREST TRANSCATIONS

Certain plan investments are shares of mutual funds managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB, is the custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred are paid directly by the Plan for the investment management services.

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

Supplemental Schedule

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

SCHEDULE H, LINE 4i --- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

Name of Plan Sponsor: Ohio State University Physicians, Inc.
Federal Employer Identification Number: 31-1447726
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value	
Alliance Bernstein	AB Global Bond Fund	**	\$	2,300
Allspring	Precious Metals Inst	**		22
American Century	American Century Core Plus Fund	**		6,522
American Funds	American Fund Euro Pacific Growth R6	**		242,489
American Funds	American Funds 2050 Target Date Retirement R6	**		28,852
American Funds	American Funds Balanced Fund R6	**		1,510,617
American Funds	American Funds Capital World Growth Income R6	**		1,013,006
American Funds	American Funds New Perspective Fund R6	**		493
American Funds	American Funds Growth Fund Am R6	**		2,479,294
American Funds	American Funds Bond Fund of Amer R6	**		6,520
Avantis Investors	Avantis US Small Cap Value Fund	**		3,487
Avantis Investors	Avantis U.S. Large Cap Value Fund	**		10,906
Baron Capital Group	Baron Emerging Markets Fund Institutional	**		208,247
Black Rock Funds	Black Rock 80/20 Target Allocation Instl	**		2,811,046
Black Rock Funds	Black Rock Health Scnc Opp Inv A	**		9,823
Black Rock Funds	Black Rock ishares MSCI EAFE Index Fund	**		347,771
Black Rock Funds	BlackRock GNMA Portfolio Class K	**		6,839
Black Rock Funds	BlackRock S&P 500 Index Institutional	**		62,296
Black Rock Funds	BlackRock Mid-Cap Growth Equity Instl	**		166
Black Rock Funds	BlackRock High Yield Bond K	**		3,945
Black Rock Funds	BlackRock Total Return K	**		3,084
Black Rock Funds	BlackRock Technology Opportunities Instl	**		59,053
Columbia	Columbia Select Large Cap Growth Fund Institutional 2	**		166
Delaware Investments	DE Extended Duration Bond A	**		28,075
Delaware Investments	DE Ivy Asset Strat R6	**		28,061
Diamond Hill	Diamond Hill Mid Cap I	**		6,037
Dimensional Fund Advisors	DFA Global Real Estate Securities	**		339,732
Dimensional Fund Advisors	DFA Real Estate Sec	**		29,607
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I	**		9,338
Dodge & Cox	Dodge & Cox International Stock I	**		12,628
Eaton Vance	Eaton Vance Government Opportunities Fund A	**		6,642
Federal Investors	Government Obligations Fund	**		913,758
Fidelity Investments	Fidelity Advisors China Region Fund Inst	**		2,802
Fidelity Investments	Fidelity NASDAQ Composite Index Fund	**		6,478
Fidelity Investments	Fidelity 500 Index	**		31,870
Fidelity Investments	Fidelity International Index	**		11,725
Fidelity Investments	Fidelity US Bond Index	**		9,259
Fidelity Investments	Fidelity Advisor Energy Fund	**		6,379
Fidelity Investments	Fidelity Emerging Market Index	**		1,943
Fidelity Investments	Fidelity Large Cap Growth Index	**		52,934
Franklin Templeton Investment Funds	Franklin Templeton Foreign Adv	**		5,296
Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**		73,522
Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**		7

See report of independent auditors.

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

SCHEDULE H, LINE 4i --- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value
	Goldman Sachs	Goldman Sachs Short Duration Government Fund Instl	**	12,212
	Goldman Sachs	Goldman Sachs GQG Ptnrs Intl Opps R6	**	12,838
	Harbor Funds	Harbor International Inv	**	77,281
	Heartland Funds	Heartland MidCap Value Institutional	**	12,610
	Invesco	Invesco Balanced-Risk Allc Y	**	23,771
	Invesco	Invesco Gold and Special Mineral Fund	**	2,431
	Invesco	Invesco International Bond Fund Y	**	3,870
	Invesco	Invesco Main St Mid Cap Fund Y	**	635,455
	Invesco	Invesco Quality Inc Y	**	9,592
	Invesco	Invesco Short Term Bond Fund	**	6,517
	Janus Henderson	Janus Henderson Global Technology Fund N	**	71,968
	JP Morgan	JPMorgan Large Cap Growth Fund	**	10,359
	JP Morgan	JPMorgan Equity Income R5	**	10,308
	Metropolitan West Funds	Metropolitan West Total Return Bond I	**	1,582,029
	Metropolitan West Funds	MetWest Ultra Short Bond Fund Institutional	**	9,809
	Metropolitan West Funds	MetWest High Yield Bond Fund Institutional	**	10,077
	MFS International	MFS International Value Fund Class R4	**	1,564,299
	MFS International	MFS Mid Cap Growth Fund	**	5,844
*	Nationwide	Nationwide Loomis All Cap Gr R6	**	10,928
*	Nationwide Mutual Funds	Nationwide S&P 500 Index R6	**	265,269
	Nuveen	Nuveen Large Cap Growth Index	**	6,491
	Parnassus	Parnassus Endeavor Fund Institutional	**	24,647
	PGIM Investments	PGIM Total Return Bond R6	**	6,541
	PGIM Investments	PGIM Jennison Growth Fund	**	6,498
	PIMCO Funds	PIMCO Real Return Inst	**	5,236
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund	**	5,296
	Pioneer Investments	Pioneer High Yield Fund Class Y	**	9,360
	PRIMECAP	PRIMECAP Odyssey Growth	**	56,546
	Principal Funds	Principal Equity Income I Inst	**	1,309,510
	Principal Funds	Principal High Yield Inst	**	749,402
	Principal Funds	Principal Global Real Estate Securities Fund	**	6,909
	Prudential	PGIM Jennison Focs Gr Z	**	6,630
	Prudential	PGIM Jennison Natural Resource Z	**	8,500
	Prudential	PGIM Jennison Utility Fund Class Z	**	15,088
	T. Rowe Price	T. Rowe Price Blue Chip Growth	**	39,402
	T. Rowe Price	T. Rowe Price Communications & Technology Fund	**	6,497
	T. Rowe Price	T. Rowe Price Latin America	**	6,475
	T. Rowe Price	T. Rowe Price Growth Stock Fund	**	6,495
	Touchstone Investments	Touchstone Active Bond Fund Y	**	6,863
	Touchstone Investments	Touchstone Small Company Fund Class Y	**	917,616
	Vanguard	Vanguard 500 Index Fd AS	**	4,093,564
	Vanguard	Vanguard Balanced Index Adml	**	8,027,754
	Vanguard	Vanguard Devl Mkt Indx Adml	**	2,495
	Vanguard	Vanguard Divd Gr Inv	**	2,152,498
	Vanguard	Vanguard Emrg Mkt Stk Indx Adml	**	35,673
	Vanguard	Vanguard Energy Adml	**	6,461
	Vanguard	Vanguard Energy Index Adml	**	57,741
	Vanguard	Vanguard GMNA Adml	**	52,127

See report of independent auditors.

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

SCHEDULE H, LINE 4i --- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party		Description of Investment	Cost	Current Value
Vanguard		Vanguard Growth & Income Adml	**	2,012,038
Vanguard		Vanguard Growth Index Adml	**	12,566
Vanguard		Vanguard Infl-Prot Secs	**	231,334
Vanguard		Vanguard Info Tech Inx Adml	**	77,809
Vanguard		Vanguard Intermediate-Term Treasury Fund Admiral	**	13,796
Vanguard		Vanguard International Growth Fund Admiral	**	142,661
Vanguard		Vanguard Mid Cap Index Fund AS	**	2,011,282
Vanguard		Vanguard Mid-Cap Growth Index Admiral	**	26,072
Vanguard		Vanguard Real Estate Index Fund Admiral	**	67,051
Vanguard		Vanguard Sel Val Inv	**	1,670,922
Vanguard		Vanguard Small Cap Index Fund AS	**	856,867
Vanguard		Vanguard Small Cap Value Index Adml	**	62,601
Vanguard		Vanguard ST Bond Index Adml	**	507,785
Vanguard		Vanguard Short Term Infl-Prot Securities Index Adml	**	2,700
Vanguard		Vanguard Target Retirement 2020 Inv	**	322,199
Vanguard		Vanguard Target Retirement 2025 Inv	**	897,666
Vanguard		Vanguard Target Retirement 2030 Inv	**	818,519
Vanguard		Vanguard Target Retirement 2035 Inv	**	1,095,832
Vanguard		Vanguard Target Retirement 2040 Inv	**	1,064,333
Vanguard		Vanguard Target Retirement 2045 Inv	**	1,092,816
Vanguard		Vanguard Target Retirement 2050 Inv	**	1,213,760
Vanguard		Vanguard Target Retirement 2055 Inv	**	1,258,660
Vanguard		Vanguard Target Retirement 2060 Inv	**	732,947
Vanguard		Vanguard Target Retirement 2065 Inv	**	150,389
Vanguard		Vanguard Target Retirement 2070 Fund	**	12,451
Vanguard		Vanguard Target Retirement Income Fund	**	83,498
Vanguard		Vanguard Total Stock Market Index Fund AS	**	222,333
Vanguard		Vanguard IntmdTermInvntGrd	**	4,209
Vanguard		Vanguard Ttl Bnd Mkt Idx Adm	**	23,143
Vanguard		Vanguard Ttl IntlStkIndx Adml	**	2,604
Vanguard		Vanguard US Growth Adml	**	39,014
Vanguard		Vanguard Val Index Adml	**	121,812
Vanguard		Vanguard Wellesley Income Fund Admiral	**	676,153
Vanguard		Vanguard Explorer Adm	**	3,659
Victory		Victory Nasdaq 100 Index Fund	**	6,484
* Notes Receivable from Participants		Notes receivable from participants (with rates of interest ranging from 5.00% - 9.50% and various maturities through September 8, 2028)	-0-	4,498
Total Investments				<u>\$ 49,901,282</u>

* Indicates parties in interest to the Plan

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

See report of independent auditors.

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

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

AND

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2023



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

TABLE OF CONTENTS
DECEMBER 31, 2023 AND 2022

	Page
Report of Independent Auditors	1
 Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits (Year Ended December 31, 2023).....	6
Notes to Financial Statements	7
 Supplemental Schedule (December 31, 2023)	
Schedule H, line 4i – Schedule of Assets (Held at End of Year).....	12



REPORT OF INDEPENDENT AUDITORS

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Ohio State University Physicians, Inc. 403(b) Tax Deferred Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

REPORT OF INDEPENDENT AUDITORS (Continued)

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

REPORT OF INDEPENDENT AUDITORS (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

REPORT OF INDEPENDENT AUDITORS (Continued)

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

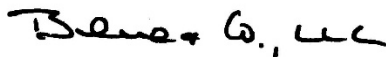
Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Westerville, Ohio
October 11, 2024

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	2023	2022
Assets		
Investments at fair value	\$ 49,896,784	\$ 40,251,430
Receivables		
Notes receivable from participants	4,498	2,898
Net assets available for benefits	<u>\$ 49,901,282</u>	<u>\$ 40,254,328</u>

See accompanying notes to financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023

	2023
Additions to net assets attributed to:	
Net change in fair value of investments	\$ 7,229,410
Interest income on notes receivables from participants	298
Contributions:	
Employee contributions	5,343,058
Rollovers	9,570
Total contributions	<u>5,352,628</u>
Total additions	<u>12,582,336</u>
Deductions to net assets attributed to:	
Benefits paid	<u>2,935,382</u>
Total deductions	<u>2,935,382</u>
Net change	9,646,954
Net assets available for benefits	
Beginning of year	<u>40,254,328</u>
End of year	<u><u>\$ 49,901,282</u></u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

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 agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted by Ohio State University Physicians, Inc. (OSUP) 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 OSUP.

Contributions

Each year, participants may elect pre-tax or Roth contributions up to a maximum percent of annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. No employer contributions are made to this plan.

Participants Accounts

Each participant's account is credited with the participant's contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The plan administrator approves an interest rate, which is based on the applicable prime rate. Principal and interest are paid ratably through payroll deductions.

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

Payment of Benefits

On termination of service due to death, disability, or retirement, 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. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP 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.

Investment Valuation and Income Recognition

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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan agreement.

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). 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, 2023 AND 2022

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2023 and 2022:

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 49,896,784	\$ -	\$ -	\$ 49,896,784
Total investments at fair value	\$ 49,896,784	\$ -	\$ -	\$ 49,896,784

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 40,251,430	\$ -	\$ -	\$ 40,251,430
Total investments at fair value	\$ 40,251,430	\$ -	\$ -	\$ 40,251,430

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the custodian of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants information reflected on the accompanying statement of net assets available for benefits as of December 31, 2023 and 2022, the schedule of assets at December 31, 2023, and the related investment activity and interest income on notes receivable from participants reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2023.

5. TAX STATUS

As of December 31, 2023, the Internal Revenue Service (IRS) was not currently accepting applications for individual 403(b) plan determination letters. The Plan Sponsor believes the Plan is designed and currently operating in compliance with applicable requirements of the Internal Revenue Code Section 403(b).

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

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

GAAP requires 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, 2023 and 2022, 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, as of the date the financial statements were available to be used, there were no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2021.

6. PLAN TERMINATION

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

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. RELATED-PARTY TRANSACTIONS AND PARTY-IN INTEREST TRANSCATIONS

Certain plan investments are shares of mutual funds managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB, is the custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred are paid directly by the Plan for the investment management services.

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

Supplemental Schedule

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

SCHEDULE H, LINE 4i --- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

Name of Plan Sponsor: Ohio State University Physicians, Inc.
Federal Employer Identification Number: 31-1447726
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value	
Alliance Bernstein	AB Global Bond Fund	**	\$	2,300
Allspring	Precious Metals Inst	**		22
American Century	American Century Core Plus Fund	**		6,522
American Funds	American Fund Euro Pacific Growth R6	**		242,489
American Funds	American Funds 2050 Target Date Retirement R6	**		28,852
American Funds	American Funds Balanced Fund R6	**		1,510,617
American Funds	American Funds Capital World Growth Income R6	**		1,013,006
American Funds	American Funds New Perspective Fund R6	**		493
American Funds	American Funds Growth Fund Am R6	**		2,479,294
American Funds	American Funds Bond Fund of Amer R6	**		6,520
Avantis Investors	Avantis US Small Cap Value Fund	**		3,487
Avantis Investors	Avantis U.S. Large Cap Value Fund	**		10,906
Baron Capital Group	Baron Emerging Markets Fund Institutional	**		208,247
Black Rock Funds	Black Rock 80/20 Target Allocation Instl	**		2,811,046
Black Rock Funds	Black Rock Health Scnc Opp Inv A	**		9,823
Black Rock Funds	Black Rock ishares MSCI EAFE Index Fund	**		347,771
Black Rock Funds	BlackRock GNMA Portfolio Class K	**		6,839
Black Rock Funds	BlackRock S&P 500 Index Institutional	**		62,296
Black Rock Funds	BlackRock Mid-Cap Growth Equity Instl	**		166
Black Rock Funds	BlackRock High Yield Bond K	**		3,945
Black Rock Funds	BlackRock Total Return K	**		3,084
Black Rock Funds	BlackRock Technology Opportunities Instl	**		59,053
Columbia	Columbia Select Large Cap Growth Fund Institutional 2	**		166
Delaware Investments	DE Extended Duration Bond A	**		28,075
Delaware Investments	DE Ivy Asset Strat R6	**		28,061
Diamond Hill	Diamond Hill Mid Cap I	**		6,037
Dimensional Fund Advisors	DFA Global Real Estate Securities	**		339,732
Dimensional Fund Advisors	DFA Real Estate Sec	**		29,607
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I	**		9,338
Dodge & Cox	Dodge & Cox International Stock I	**		12,628
Eaton Vance	Eaton Vance Government Opportunities Fund A	**		6,642
Federal Investors	Government Obligations Fund	**		913,758
Fidelity Investments	Fidelity Advisors China Region Fund Inst	**		2,802
Fidelity Investments	Fidelity NASDAQ Composite Index Fund	**		6,478
Fidelity Investments	Fidelity 500 Index	**		31,870
Fidelity Investments	Fidelity International Index	**		11,725
Fidelity Investments	Fidelity US Bond Index	**		9,259
Fidelity Investments	Fidelity Advisor Energy Fund	**		6,379
Fidelity Investments	Fidelity Emerging Market Index	**		1,943
Fidelity Investments	Fidelity Large Cap Growth Index	**		52,934
Franklin Templeton Investment Funds	Franklin Templeton Foreign Adv	**		5,296
Franklin Templeton Investment Funds	Franklin Templeton Global Bond Adv	**		73,522
Goldman Sachs	Goldman Sachs Growth Opportunity Fund	**		7

See report of independent auditors.

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

SCHEDULE H, LINE 4i --- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party	Description of Investment	Cost	Current Value	
Goldman Sachs	Goldman Sachs Short Duration Government Fund Instl	**	12,212	
Goldman Sachs	Goldman Sachs GQG Ptnrs Intl Opps R6	**	12,838	
Harbor Funds	Harbor International Inv	**	77,281	
Heartland Funds	Heartland MidCap Value Institutional	**	12,610	
Invesco	Invesco Balanced-Risk Allc Y	**	23,771	
Invesco	Invesco Gold and Special Mineral Fund	**	2,431	
Invesco	Invesco International Bond Fund Y	**	3,870	
Invesco	Invesco Main St Mid Cap Fund Y	**	635,455	
Invesco	Invesco Quality Inc Y	**	9,592	
Invesco	Invesco Short Term Bond Fund	**	6,517	
Janus Henderson	Janus Henderson Global Technology Fund N	**	71,968	
JP Morgan	JPMorgan Large Cap Growth Fund	**	10,359	
JP Morgan	JPMorgan Equity Income R5	**	10,308	
Metropolitan West Funds	Metropolitan West Total Return Bond I	**	1,582,029	
Metropolitan West Funds	MetWest Ultra Short Bond Fund Institutional	**	9,809	
Metropolitan West Funds	MetWest High Yield Bond Fund Institutional	**	10,077	
MFS International	MFS International Value Fund Class R4	**	1,564,299	
MFS International	MFS Mid Cap Growth Fund	**	5,844	
* Nationwide	Nationwide Loomis All Cap Gr R6	**	10,928	
* Nationwide Mutual Funds	Nationwide S&P 500 Index R6	**	265,269	
Nuveen	Nuveen Large Cap Growth Index	**	6,491	
Parnassus	Parnassus Endeavor Fund Institutional	**	24,647	
PGIM Investments	PGIM Total Return Bond R6	**	6,541	
PGIM Investments	PGIM Jennison Growth Fund	**	6,498	
PIMCO Funds	PIMCO Real Return Inst	**	5,236	
PIMCO Funds	PIMCO Commodity Real Return Strategy Fund	**	5,296	
Pioneer Investments	Pioneer High Yield Fund Class Y	**	9,360	
PRIMECAP	PRIMECAP Odyssey Growth	**	56,546	
Principal Funds	Principal Equity Income I Inst	**	1,309,510	
Principal Funds	Principal High Yield Inst	**	749,402	
Principal Funds	Principal Global Real Estate Securities Fund	**	6,909	
Prudential	PGIM Jennison Focs Gr Z	**	6,630	
Prudential	PGIM Jennison Natural Resource Z	**	8,500	
Prudential	PGIM Jennison Utility Fund Class Z	**	15,088	
T. Rowe Price	T. Rowe Price Blue Chip Growth	**	39,402	
T. Rowe Price	T. Rowe Price Communications & Technology Fund	**	6,497	
T. Rowe Price	T. Rowe Price Latin America	**	6,475	
T. Rowe Price	T. Rowe Price Growth Stock Fund	**	6,495	
Touchstone Investments	Touchstone Active Bond Fund Y	**	6,863	
Touchstone Investments	Touchstone Small Company Fund Class Y	**	917,616	
Vanguard	Vanguard 500 Index Fd AS	**	4,093,564	
Vanguard	Vanguard Balanced Index Adml	**	8,027,754	
Vanguard	Vanguard Devl Mkt Indx Adml	**	2,495	
Vanguard	Vanguard Divd Gr Inv	**	2,152,498	
Vanguard	Vanguard Emrg Mkt Stk Indx Adml	**	35,673	
Vanguard	Vanguard Energy Adml	**	6,461	
Vanguard	Vanguard Energy Index Adml	**	57,741	
Vanguard	Vanguard GMNA Adml	**	52,127	

See report of independent auditors.

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

SCHEDULE H, LINE 4i --- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, or Similar Party		Description of Investment	Cost	Current Value
Vanguard		Vanguard Growth & Income Adml	**	2,012,038
Vanguard		Vanguard Growth Index Adml	**	12,566
Vanguard		Vanguard Infl-Prot Secs	**	231,334
Vanguard		Vanguard Info Tech Inx Adml	**	77,809
Vanguard		Vanguard Intermediate-Term Treasury Fund Admiral	**	13,796
Vanguard		Vanguard International Growth Fund Admiral	**	142,661
Vanguard		Vanguard Mid Cap Index Fund AS	**	2,011,282
Vanguard		Vanguard Mid-Cap Growth Index Admiral	**	26,072
Vanguard		Vanguard Real Estate Index Fund Admiral	**	67,051
Vanguard		Vanguard Sel Val Inv	**	1,670,922
Vanguard		Vanguard Small Cap Index Fund AS	**	856,867
Vanguard		Vanguard Small Cap Value Index Adml	**	62,601
Vanguard		Vanguard ST Bond Index Adml	**	507,785
Vanguard		Vanguard Short Term Infl-Prot Securities Index Adml	**	2,700
Vanguard		Vanguard Target Retirement 2020 Inv	**	322,199
Vanguard		Vanguard Target Retirement 2025 Inv	**	897,666
Vanguard		Vanguard Target Retirement 2030 Inv	**	818,519
Vanguard		Vanguard Target Retirement 2035 Inv	**	1,095,832
Vanguard		Vanguard Target Retirement 2040 Inv	**	1,064,333
Vanguard		Vanguard Target Retirement 2045 Inv	**	1,092,816
Vanguard		Vanguard Target Retirement 2050 Inv	**	1,213,760
Vanguard		Vanguard Target Retirement 2055 Inv	**	1,258,660
Vanguard		Vanguard Target Retirement 2060 Inv	**	732,947
Vanguard		Vanguard Target Retirement 2065 Inv	**	150,389
Vanguard		Vanguard Target Retirement 2070 Fund	**	12,451
Vanguard		Vanguard Target Retirement Income Fund	**	83,498
Vanguard		Vanguard Total Stock Market Index Fund AS	**	222,333
Vanguard		Vanguard IntmdTermInvntGrd	**	4,209
Vanguard		Vanguard Ttl Bnd Mkt Idx Adm	**	23,143
Vanguard		Vanguard Ttl IntlStkIndx Adml	**	2,604
Vanguard		Vanguard US Growth Adml	**	39,014
Vanguard		Vanguard Val Index Adml	**	121,812
Vanguard		Vanguard Wellesley Income Fund Admiral	**	676,153
Vanguard		Vanguard Explorer Adm	**	3,659
Victory		Victory Nasdaq 100 Index Fund	**	6,484
* Notes Receivable from Participants		Notes receivable from participants (with rates of interest ranging from 5.00% - 9.50% and various maturities through September 8, 2028)	-0-	4,498
Total Investments				<u>\$ 49,901,282</u>

* Indicates parties in interest to the Plan

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

See report of independent auditors.