

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1958</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u> <u>700 CHILDRENS DRIVE</u> <u>COLUMBUS, OH 43205-2664</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4379441</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-722-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4379441</u>	2c Sponsor's telephone number <u>614-722-2000</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-4379441</u>					
2c Sponsor's telephone number <u>614-722-2000</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		3c Administrator's telephone number
a Sponsor's name		
4b EIN		
4c PN		
5 Total number of participants at the beginning of the plan year		5 1167
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 33
b Retired or separated participants receiving benefits		6b 475
c Other retired or separated participants entitled to future benefits		6c 586
d Subtotal. Add lines 6a , 6b , and 6c		6d 1094
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 52
f Total. Add lines 6d and 6e		6f 1146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☐ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
--	--	---

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>31-4379441</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>66299930</u>
b Actuarial value	2b <u>65381301</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>521</u> <u>46916141</u>
b For terminated vested participants.....	3b <u>606</u> <u>14804861</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1328</u>
(2) Vested benefits	3c(2) <u>9999782</u>
(3) Total active.....	3c(3) <u>40</u> <u>10001110</u>
d Total.....	3d <u>1167</u> <u>71722112</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.21</u> %
6 Target normal cost	6 <u>338238</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/06/2014</u>
Signature of actuary		Date
<u>LORNA M. SPRINGER</u>		<u>14-07422</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>216-937-4000</u>
Firm name		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.11</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		620
b Interest on (a) using prior year's effective interest rate of <u>5.31</u> % except as otherwise provided (see instructions)		33
c Total available at beginning of current plan year to add to prefunding balance		653
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	91.15 %
15 Adjusted funding target attainment percentage	15	91.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2013	775795				
07/12/2013	775795				
01/07/2014	334150				
09/11/2014	295658				
			Totals ►	18(b)	2181398
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2095443
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	338238	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	6340811	1757026	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2095264	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	2095264	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2095443	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	179	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL, INC.	D Employer Identification Number (EIN) 31-4379441

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
11 27 50	NONE	47863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(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?
21 28 50	NONE	34362	Yes ☒ No ☐	Yes ☒ No ☐	13236	Yes ☒ No ☐

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

GALLAGHER FIDUCIARY ADVISORS

36-4291971

(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?
28 50	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREAT NORTHERN CAPITAL

41-1782740

(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?
28 50	NONE	14772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC CAPITAL ADVISORS, LLC

27-0640560

(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?
28 50	NONE	8506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL, INC.	D Employer Identification Number (EIN) 31-4379441	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1108307	629808
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	187229	182423
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4788275	7204016
(2) U.S. Government securities	1c(2)	14039739	14736369
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6722554	7532323
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5807768	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33661434	43468054
(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	66315306	73752993

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	66315306	73752993
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	2181398	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2181398

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1494	
(B) U.S. Government securities	2b(1)(B)	426192	
(C) Corporate debt instruments	2b(1)(C)	273199	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	320	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		701205

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3431	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	731217	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		734648

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	30900704	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30680109	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		220595
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-931301	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-931301

		(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)		9769605
c Other income	2c		376
d Total income. Add all income amounts in column (b) and enter total	2d		12676526

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4909765	
(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)		4909765
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	47863	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	44492	
(4) Other	2i(4)	236719	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		329074
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5238839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7437687
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **GBQ PARTNERS, LLC**

(2) EIN: **20-2122306**

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>31-4379441</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1389836</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>3</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 63% Investment-Grade Debt: _____% High-Yield Debt: 37% Real Estate: _____% Other: _____%

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

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

• **Financial Statements**
• with Supplementary Information

• **Nationwide Children's**
• **Hospital Pension Plan**

• December 31, 2013 and 2012



CONTENTS

	Page
Independent Auditor's Report	3
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplementary Information:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20
Schedule H, Line 4j – Schedule of Reportable Transactions	25



To the Plan Administrator and Plan Participants
Nationwide Children's Hospital
Pension Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in notes to the financial statements, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital
Pension Plan
Page 2

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

GBQ Partners LLC

Columbus, Ohio
October 13, 2014

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments, at fair value:		
Money market fund	\$ 7,204,016	\$ 4,788,275
U.S. Government and agency obligations	14,736,370	14,039,739
Fixed income obligations	7,532,323	6,722,554
Common stocks	-	5,807,768
Mutual funds	43,468,054	33,661,434
	72,940,763	65,019,770
Employer contribution receivable	629,808	1,108,307
Interest receivable	182,422	187,229
NET ASSETS AVAILABLE FOR BENEFITS	\$ 73,752,993	\$ 66,315,306

The accompanying notes are an integral part of the financial statements.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2013 and 2012

	2013	2012
Additions to Net Assets Attributed to:		
Interest and dividend income	\$ 1,436,228	\$ 1,539,752
Net appreciation in fair value of investments	9,058,899	5,182,910
Employer contributions	2,181,398	3,148,955
Total additions	12,676,525	9,871,617
Deductions from Net Assets Attributed to:		
Benefits paid to participants	4,909,764	4,706,582
Administrative fees	329,074	477,426
Total deductions	5,238,838	5,184,008
Net increase	7,437,687	4,687,609
Net Assets Available for Benefits:		
Beginning of year	66,315,306	61,627,697
End of year	\$ 73,752,993	\$ 66,315,306

The accompanying notes are an integral part of the financial statements.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2013 and 2012

Plan Description

The following description of Nationwide Children's Hospital (the Hospital) Pension Plan (the Plan) (formally Children's Hospital, Inc. Pension Plan) is provided for general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan. Effective December 31, 1996, the Hospital's Board of Trustees elected to "freeze" the Plan. Accordingly, all plan participants became fully vested on that date. Plan participants who were under the age of 45 as of January 1, 1997 or plan participants who were over the age of 45 as of January 1, 1997, but elected to transfer participation to the new Defined Contribution Plan, accrued no further benefits under the Plan and no additional participants were added to the Plan subsequent to that date. Effective December 31, 2011, the Plan was further amended to freeze the accrual of benefits under the Plan for those employees who remained covered by the Plan. Additionally, effective January 1, 2012, the Defined Contribution Plan was amended to expand the eligibility provisions for the employees no longer accruing benefits under this Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Effective January 1, 2007, a participant was entitled to a benefit calculated as follows: (a) $1/12^{\text{th}}$ of 2.3% of the participant's average compensation, minus (b) $1/12^{\text{th}}$ of 2.0% of the participant's social security benefit, such difference multiplied by (c) the participant's years of benefit service.

Effective as of December 31, 2011, the accrued monthly benefit of each participant was frozen and will not increase or decrease after December 31, 2011. No future benefit service or compensation earned after December 31, 2011 will be recognized for purposes of calculating any benefit under the Plan. Additionally, as of December 31, 2011, the disability retirement benefit provisions of the Plan will be closed and no participant will be eligible to receive a disability retirement benefit.

A participant who retired or terminated employment prior to January 1, 2007, and who is not thereafter rehired, will continue to receive or be entitled to receive the benefits to which he was entitled under the Plan as in effect at the time of employment termination. Those benefit provisions are as follows:

- A participant hired prior to July 16, 1984 is entitled to a benefit calculated as (a) the participant's accrued monthly benefit, if any, as of June 30, 1976, plus (b) for each period of participation after June 30, 1976, but before April 1, 1993 and before the participant's date of severance, a monthly retirement credit equal to (i) $1/12^{\text{th}}$ of $3/4^{\text{th}}$ of 1% of the participant's annualized compensation (up to an amount stipulated in the plan document), plus (ii) $1/12^{\text{th}}$ of 2% of the participant's annualized compensation (in excess of an amount stipulated in the plan document), multiplied by (iii) that portion of the year for which benefit service has been earned.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

**Notes to Financial Statements
December 31, 2013 and 2012**

Plan Description (continued)

Pension Benefits (continued)

- A participant hired before April 1, 1993 is entitled to a benefit calculated as (a) $1/12^{\text{th}}$ of 1% of the participant's average compensation (up to an amount stipulated in the plan document), plus (b) $1/12^{\text{th}}$ of 1.45% of the participant's average compensation (in excess of an amount stipulated in the plan document), multiplied by (c) the participant's years of benefit service, not counting benefit service after March 31, 1993.
- A participant who retires on or after July 1, 1992 is entitled to a benefit calculated as (a) $1/12^{\text{th}}$ of 2.3% of the participant's average compensation, minus (b) $1/12^{\text{th}}$ of 2.0% of the participant's social security benefit, multiplied by (c) the participant's years of benefit service.
- Alternative provisions in the plan document apply to a participant who terminates employment after December 31, 1993 and who has any compensation prior to January 1, 1994 in excess of \$150,000.

The Plan permits early retirement at age 55 with 10 years of credited service or at age 60 with 20 years of credited service. Unless a participant elects an optional form of annuity payment, a married participant will receive a qualified joint survivor annuity and an unmarried participant will receive a 10-year certain and continuous annuity for the life of the participant. Employees may only receive a lump-sum distribution upon retirement or termination if the actuarial equivalent present value of the accrued monthly benefit does not exceed \$5,000.

Death and Disability Benefits

A death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Prior to December 31, 2011, a participant who became eligible for a disability retirement benefit and who was not then eligible for a normal retirement or early retirement benefit was entitled to a disability retirement benefit computed in accordance with the plan document. Any disability retirement benefit payable prior to the participant's normal retirement date will be reduced for early commencement, in accordance with the plan document.

Summary of Significant Accounting Policies

Basis of Accounting

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

**Notes to Financial Statements
December 31, 2013 and 2012**

Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees on the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their period of credited service. The accumulated plan benefits for active employees are based on their annual compensation during the period of credited service preceding the valuation date. Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2013 and 2012 were (a) life expectancy of participants (the 2013 PPA Combined Optional Mortality Table for 2013 and the 2012 PPA Combined Optional Mortality Table for 2012), (b) retirement age assumptions (the assumed average retirement age is 65), (c) no salary increase assumptions due to the plan being frozen and (d) investment return. The valuation included assumed average rates of return of 7.00% for 2013 and 2012. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Summary of Significant Accounting Policies (continued)

Administrative Expenses

All costs and expenses incurred with regard to the purchase, sale or transfer of investments in connection with the operation of the Plan are borne by the Plan. The Plan also pays actuarial fees and the annual Pension Benefit Guaranty Corporation premium. Other administrative fees, including auditing services, are borne by the Plan's sponsor. In addition, the Hospital provides other accounting and personnel services to the Plan.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Funding Policy

The Hospital has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Hospital's present intention is to make cash contributions in amounts sufficient to annually fund the Plan's current service cost and the initial past service cost plus interest over a period of 20 years. The Plan has met the minimum funding requirements prescribed by ERISA.

The Hospital has the right under the Plan to discontinue such contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Plan Termination

In the event the Plan terminates, the net assets of the Plan shall be allocated or divided among participants and beneficiaries in the following order:

1. Retired participants and their beneficiaries to whom payment commenced at least three years prior to the date of termination.
2. Retired participants and their beneficiaries to whom payment commenced less than three years prior to the date of termination.
3. Participants who were eligible to receive early retirement benefits at the date of termination.
4. All benefits guaranteed and insured by the Pension Benefit Guaranty Corporation.
5. All other vested accrued benefits not insured by the Pension Benefit Guaranty Corporation.
6. All other accrued benefits provided under the Plan.
7. Any excess will revert to the Hospital.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Plan Termination (continued)

Certain benefits under this Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if the Plan has been in effect less than five years before it terminates or if benefits have been increased within the five years before Plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit that the PBGC guarantees, which is adjusted periodically.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2013 and 2012 and for the years then ended is presented below:

	2013	2012
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 44,032,728	\$ 41,220,142
Terminated participants with benefits deferred	13,554,205	14,136,701
Other participants	<u>9,289,720</u>	<u>11,513,330</u>
	66,876,653	66,870,173
Non-vested benefits	<u>1,233</u>	<u>6,283</u>
	<u>\$ 66,877,886</u>	<u>\$ 66,876,456</u>
Actuarial present value of accumulated plan benefits at the beginning of year	<u>\$ 66,876,456</u>	<u>\$ 64,727,975</u>
Increase (decrease) during the year attributed to:		
Benefits accumulated	-	584,182
Benefits paid	(4,706,582)	(4,326,412)
Additional benefits earned, including experience gains and losses	4,615,106	4,990,306
Change of assumptions	<u>92,906</u>	<u>900,405</u>
Net increase	<u>1,430</u>	<u>2,148,481</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 66,877,886</u>	<u>\$ 66,876,456</u>

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2013 and 2012

Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2013	2012
JPMorgan Liquid Assets Money market fund	\$ 7,204,016	\$ 4,788,275
U.S. Government and agency obligations	14,736,370	14,039,739
Fixed income obligations	7,532,323	6,722,554
Common stocks	-	5,807,768
Mutual funds:		
Vanguard Institutional Index Fund Instl. Plus Shares	26,111,598	20,134,375
Vanguard Index TR Mid Capitalization Stock Portfolio Instl. Class	5,576,925	4,125,870
Vanguard Index TR Value Portfolio Instl. Share Class	4,454,624	3,429,971
Others	<u>7,324,907</u>	<u>5,971,218</u>
	<u>\$ 72,940,763</u>	<u>\$ 65,019,770</u>

The trustee certified to the completeness and accuracy of the net appreciation (depreciation) in fair value by investment type as follows as of December 31:

	2013	2012
U.S. Government and agency obligations	\$ (682,456)	\$(19,143)
Fixed income obligations	(366,019)	136,335
Common stocks	310,486	602,906
Mutual funds	<u>9,796,888</u>	<u>4,462,812</u>
	<u>\$ 9,058,899</u>	<u>\$ 5,182,910</u>

The trustee also certified to the completeness and accuracy of \$1,436,228 and \$1,539,752 of interest and dividend income for 2013 and 2012, respectively.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

**Notes to Financial Statements
December 31, 2013 and 2012**

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC 820 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 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> |
| 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NATIONWIDE CHILDREN'S HOSPITAL

PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

<i>Mutual Funds:</i>	Valued at the net asset value of shares held by the Plan at year-end.
<i>Common Stocks:</i>	Valued at the closing price reported on the active market on which the individual securities are traded.
<i>Fixed Income Obligations:</i>	Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.
<i>U.S. Government and Agency Obligations:</i>	Valued using evaluated prices based on a compilation of primarily observable market information or a broker quote in a non-active market. Inputs include benchmark yields, base spreads, spread adjustments, YTM, adjustments for corporate actions, treasury feeds, broker feeds and CPI.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2013 and 2012

Fair Value Measurements (continued)

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

Assets at Fair Value as of December 31, 2013:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 7,204,016	\$ -	\$ -	\$ 7,204,016
U.S. Government and Agency Obligations:				
Treasury notes and bonds	-	6,121,463	-	6,121,463
Agency obligations	-	8,614,907	-	8,614,907
Fixed Income Obligations:				
U.S. corporate bonds	-	6,902,354	-	6,902,354
Municipal obligations	-	19,385	-	19,385
Foreign obligations	-	610,584	-	610,584
Mutual funds:				
Index funds	36,143,147	-	-	36,143,147
International funds	<u>7,324,907</u>	<u>-</u>	<u>-</u>	<u>7,324,907</u>
Total assets at fair value	<u>\$ 50,672,070</u>	<u>\$ 22,268,693</u>	<u>\$ -</u>	<u>\$ 72,940,763</u>

Assets at Fair Value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 4,788,275	\$ -	\$ -	\$ 4,788,275
U.S. Government and Agency Obligations:				
Treasury notes	-	5,147,873	-	5,147,873
Agency obligations	-	8,891,866	-	8,891,866
Fixed Income Obligations:				
U.S. corporate bonds	-	6,275,097	-	6,275,097
Municipal obligations	-	20,214	-	20,214
Foreign obligations	-	427,243	-	427,243
Common stocks:				
Domestic stocks	5,573,196	-	-	5,573,196
Foreign stocks	234,572	-	-	234,572
Mutual funds:				
Index funds	27,690,216	-	-	27,690,216
International funds	<u>5,971,218</u>	<u>-</u>	<u>-</u>	<u>5,971,218</u>
Total assets at fair value	<u>\$ 44,257,477</u>	<u>\$ 20,762,293</u>	<u>\$ -</u>	<u>\$ 65,019,770</u>

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2013 and 2012

Tax Status

The Plan received its latest determination letter from the Internal Revenue Service (IRS) dated July 23, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and therefore, the related trust is exempt from taxation.

Prior to July 23, 2012, the Plan had received its latest determination letter from the IRS dated April 11, 2008, stating that the Plan was qualified under Section 401(a) of the IRC and therefore, the related trust was exempt from taxation. The Plan had been amended since receiving the determination letter; however, the plan administrator and the Plan's tax counsel believed the Plan was being operated in compliance with the applicable requirements of the IRC and therefore believed that the Plan was qualified and the related trust is tax-exempt.

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

Party-in-Interest Transactions

Certain Plan investments are shares of money market funds managed by JPMorgan Chase Bank, N.A. (JPMorgan). The Plan also holds corporate bonds issued by JPMorgan Chase and Co. JPMorgan is the trustee as defined in the plan agreement, and therefore, these transactions qualify as party-in-interest. Trustee fees paid to JPMorgan during 2013 and 2012 were approximately \$34,000 and \$39,000, respectively.

During 2013 and 2012, PNC Wealth Management, Great Northern Capital Management and Huntington National Bank provided investment advisory management services to the Plan. Fees paid by the Plan during 2013 and 2012 for investment advisory management services were approximately \$25,000 and \$103,000, respectively.

During 2013 and 2012, the Plan paid fees of approximately \$48,000 and \$143,000, respectively, to Towers Watson. Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest. During 2013, the Plan also paid consulting fees of \$20,000 to Gallagher Fiduciary Advisors.

**NATIONWIDE CHILDREN'S HOSPITAL
PENSION PLAN****Notes to Financial Statements
December 31, 2013 and 2012****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 the amounts reported in the accompanying 2013 statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Event – Date of Management's Evaluation

Plan management has evaluated subsequent events through the date of the Independent Auditor's Report, the date on which the financial statements were available to be issued.

[This page left intentionally blank]

SUPPLEMENTARY INFORMATION

31-4379441/001

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	JPMorgan Liquid Assets	Money Market Fund	\$ 7,204,016	\$ 7,204,016
	U.S. Government and Agency Obligations:			
	UNITED STATES TREAS BDS	\$250,000, 4.500%, due February 15, 2036	232,421	278,165
	UNITED STATES TREAS BDS	\$250,000, 5.375%, due February 15, 2031	273,671	306,367
	UNITED STATES TREAS NTS	\$490,000, 0.250%, due January 31, 2015	490,000	490,401
	UNITED STATES TREAS NTS	\$465,000, 0.375%, due January 15, 2016	464,673	464,819
	UNITED STATES TREAS NTS	\$470,000, 0.875%, due December 31, 2016	472,350	471,029
	UNITED STATES TREAS NTS	\$10,000, 1.000%, due March 31, 2017	10,043	10,022
	UNITED STATES TREAS NTS	\$820,000, 1.250%, due August 31, 2015	834,331	833,038
	UNITED STATES TREAS NTS	\$160,000, 1.250%, due October 31, 2015	162,785	162,650
	UNITED STATES TREAS NTS	\$810,000, 1.500%, due August 31, 2018	818,644	805,885
	UNITED STATES TREAS NTS	\$45,000, 1.625%, due August 15, 2022	41,979	40,883
	UNITED STATES TREAS NTS	\$20,000, 2.125% due August 15, 2021	20,230	19,375
	UNITED STATES TREAS NTS	\$420,000, 2.250% due January 31, 2015	435,110	429,353
	UNITED STATES TREAS NTS	\$250,000, 2.375% due June 30, 2018	252,676	259,278
	UNITED STATES TREAS NTS	\$145,000, 2.625% due November 15, 2020	151,482	147,356
	UNITED STATES TREAS NTS	\$385,000, 3.000% due September 30, 2016	670,414	658,942
	UNITED STATES TREAS NTS	\$500,000, 4.000% due February 15, 2015	484,922	521,210
	UNITED STATES TREAS NTS	\$200,000, 4.250% due November 15, 2017	202,625	222,688
	FEDERAL AGRIC MTG CORP MEDIUM TERM	\$250,000, 6.710%, due July 28, 2014	265,558	259,170
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$300,000, 1.050%, due March 28, 2016	301,350	303,930
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$550,000, 4.250%, due April 16, 2018	553,612	609,362
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.550%, due June 08, 2020	504,315	556,245
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.625%, due March 21, 2017	479,575	558,070
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.750%, due September 30, 2015	502,969	537,955
	FEDERAL HOME LN BKS CONS BD	\$250,000, 2.375%, due March 14, 2014	254,767	251,123
	FEDERAL HOME LN BKS CONS BD	\$500,000, 2.750%, due June 08, 2018	527,240	521,570
	FEDERAL HOME LN BKS CONS BD	\$200,000, 3.000%, due March 18, 2020	204,318	206,036
	FEDERAL HOME LN BKS CONS BD	\$500,000, 3.125%, due March 09, 2018	514,225	527,290
	FEDERAL HOME LN BKS CONS BD	\$550,000, 2.125%, due June 10, 2022	554,729	511,869
	FEDERAL HOME LN BKS CONS BD	\$35,000, 4.125%, due December 13, 2019	38,668	38,405
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.250%, due March 09, 2018	246,130	276,530
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.750%, due March 10, 2023	248,092	275,793
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.750%, due June 08, 2018	249,360	282,145
	FEDERAL HOME LN MTG CORP REFERENCE	\$250,000, 3.750%, due March 27, 2019	255,893	272,493
	FEDERAL HOME LN MTG CORP REFERENCE	\$250,000, 2.375%, due January 13, 2022	246,633	238,990
	FEDERAL HOME LN MTG CORP MEDIUM TERM	\$100,000, 5.000%, due January 30, 2014	100,228	100,378
	FEDERAL HOME LN MTG CORP MEDIUM TERM	\$1,000,000, 5.000%, due November 13, 2014	1,002,800	1,041,590
	FEDERAL HOME LN MTG CORP MEDIUM TERM	\$250,000, 5.050%, due January 26, 2015	247,607	262,890
	FEDERAL NATL MTG ASSN	\$500,000, 1.100%, due April 17, 2018	484,750	488,695
	FEDERAL NATL MTG ASSN	\$500,000, 0.750%, due March 14, 2017	491,280	494,380
	Total U.S. Government and Agency Obligations		14,292,455	14,736,370

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed Income Obligations:			
	ABBEY NATL TREAS SVCS PLC GTD NT	\$5,000, 3.050%, due August 23, 2018	4,989	5,138
	ABBEY NATL TREAS SVCS PLC GTD NT	\$25,000, 4.000%, due April 27, 2016	25,027	26,545
	ACE INA HLDG INC GTD NT	\$30,000, 2.600%, due November 23, 2015	29,972	31,037
	ADVANCE AUTO PTS INC NT	\$15,000, 4.500%, due January 15, 2022	15,249	15,221
	AETNA INC NEW SR NT	\$25,000, 1.500%, due November 15, 2017	24,477	24,632
	AMER CAMPUS COMNTYS OPER LP GTD NT	\$20,000, 3.750%, due April 15, 2023	20,017	18,560
	AMERICAN EXPRESS CO NT	\$25,000, 6.150%, due August 28, 2017	30,011	28,842
	AMERICAN HONDA FIN CORP MED TERM NTS	\$15,000, 2.125%, due October 10, 2018	14,942	14,938
	AMERISOURCEBERGEN CORP SR NT	\$200,000, 3.500%, due November 15, 2021	201,518	196,538
	AMPHENOL CORP NEW SR NT	\$25,000, 4.000%, due February 1, 2022	26,191	24,069
	ANHEUSER BUSCH INBEV WORLDWIDE GTD NT	\$15,000, 5.000%, due April 15, 2020	16,977	16,976
	APPLE INC NT	\$25,000, 2.400%, due May 3, 2023	24,967	22,480
	ASSURANT INC SR NT	\$15,000, 2.500%, due March 15, 2018	14,973	14,656
	AT&T INC NT	\$30,000, 4.450%, due May 15, 2021	34,047	31,585
	AUTODESK INC NT	\$10,000, 1.950%, due December 15, 2017	9,933	9,892
	BANK AMER CORP SR NT	\$30,000, 3.300%, due January 11, 2023	29,815	28,388
	BANK AMER CORP GLOBAL NT	\$35,000, 5.625%, due July 1, 2020	39,425	39,995
	BANK MONTREAL MEDIUM TERM SR NTS	\$35,000, Variable %, due September 11, 2015	35,000	35,163
	BANK NEW YORK INC MEDIUM TERM SR NTS	\$100,000, 5.450%, due May 15, 2019	101,416	113,617
	BANK NEW YORK INC MEDIUM TERM SR NTS	\$55,000, 3.550%, due September 23, 2021	56,840	56,273
	BANK NOVA SCOTIA B C SR NT	\$30,000, 1.375%, due December 18, 2017	29,967	29,440
	BB&T CORP MEDIUM TERM NTS TRANCHE	\$25,000, 6.850%, due April 30, 2019	30,691	30,063
	BELLSOUTH CORP NT	\$200,000, 5.200%, due September 15, 2014	200,328	206,522
	BERKSHIRE HATHAWAY INC DEL SR NT	\$30,000, 3.750%, due August 15, 2021	31,674	30,931
	BNP PARIBAS US MEDIUM TERM SR NTS	\$5,000 1.250%, due December 12, 2016	4,995	5,004
	BNP PARIBAS US MEDIUM TERM NT	\$25,000, 2.700%, due August 20, 2018	25,039	25,469
	BOARDWALK PIPELINES LP GTD SR NT	\$20,000, 3.375%, due February 1, 2023	19,517	17,983
	BORGWARNER INC SR NT	\$25,000, 4.625%, due September 15, 2020	27,472	26,427
	BP CAP MKTG PLC GTD NT	\$25,000, 1.375%, due May 10, 2018	24,930	24,264
	BURLINGTON NORTHERN SANTA FE LLC DEB	\$25,000, 3.050%, due September 1, 2022	23,474	23,440
	CANADIAN IMPERIAL BK COMM TORONTO	\$20,000, Variable %, due July 18, 2016	20,031	20,081
	CAPTIAL ONE BK USA NATL ASSN NT	\$200,000, 3.375%, due February 15, 2023	200,112	185,936
	CAPTIAL ONE FINL CORP SUB NT	\$20,000, 6.150%, due September 1, 2016	22,873	22,370
	CARNIVAL CORP GTD ST NT	\$10,000, 3.950%, due October 15, 2020	9,974	10,008
	CATERPILLAR FINL SVCS CORP MEDIUM	\$200,000, 6.125%, due February 17, 2014	200,638	201,402
	CATERPILLAR INC SR NT	\$30,000, 3.900%, due May 27, 2021	31,230	31,161
	CATHOLIC HEALTH INITIATIVES BD	\$20,000, 1.600%, due November 1, 2017	19,994	19,385
	CHEVRON CORP NEW NT	\$25,000, 1.104%, due December 5, 2017	25,000	24,450
	CISCO SYS INC SR NT	\$20,000, 4.450%, due January 15, 2020	23,019	21,813
	CISCO SYS INC SR NT	\$200,000, 4.950%, due February 15, 2019	201,190	224,966
	CITIGROUP INC GROUP SUB NT	\$20,000, 4.875%, due May 7, 2015	21,135	20,981
	CITIGROUP INC GROUP NT	\$25,000, 5.300%, due January 7, 2016	27,191	27,023
	COCA COLA CO NT	\$30,000, Variable %, due November 01, 2016	30,037	30,025
	COLGATE PALMOLIVE CO MEDIUM TERM NTS	\$200,000, 2.625%, due May 01, 2017	209,974	205,394
	CONAGRA FOODS INC SR NT	\$15,000, 7.000%, due April 15, 2019	18,801	17,777
	CONOCOPHILLIPS GTD NT	\$20,000, 6.000%, due January 15, 2020	23,892	23,462
	CONTINENTAL RES INC SR NT	\$20,000, 5.000%, due September 15, 2022	20,875	20,775
	CORNING INC NT	\$25,000, 4.250%, due August 15, 2020	27,457	26,637
	COOPERATIVE CENTRALE RAIFEISEN	\$25,000, 3.375%, due January 19, 2017	25,802	26,322

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed Income Obligations: (continued)			
	COOPER US INC GTD SR NT	\$100,000, 2.375%, due January 15, 2016	99,272	102,690
	CREDIT SUISSE AG MEDIUM TERM SUB NTS	\$25,000, 5.400%, due January 14, 2020	28,179	27,783
	CRH AMER INC GTD NT	\$20,000, 4.125%, due January 15, 2016	21,065	21,103
	DARDEN RESTAURANTS INC SR NT	\$20,000, 3.350%, due November 1, 2022	18,937	17,206
	DANAHER CORP SR NT	\$100,000, 3.900%, due June 23, 2021	102,117	103,467
	DEERE JOHN CAP CORP MEDIUM TERM NTS	\$35,000, Variable %, due June 15, 2015	35,004	35,011
	DIAGO CAP PLC NT	\$20,000, 2.625%, due April 29, 2023	20,063	18,235
	DIGITAL RLTY TR LP GTD NT	\$20,000, 5.875%, due February 1, 2020	23,413	21,277
	DIRECTV HLDGS LLC SR NT	\$35,000, 4.600%, due February 15, 2021	37,490	36,144
	DISCOVERY COMMUNICATIONS LLC GTD SR NT	\$10,000, 4.375%, due June 15, 2021	11,037	10,333
	DISNEY WALT CO NEW MEDIUM TERM NTS	\$30,000, 5.875%, due December 15, 2017	36,860	34,870
	DOW CHEM CO NT	\$15,000, 4.125%, due November 15, 2021	15,506	15,495
	DUKE ENERGY CORP NEW SR NT	\$25,000, 3.550%, due September 15, 2021	25,128	25,006
	EBAY INC NT	\$30,000, 2.600%, due July 15, 2022	28,237	27,592
	EBAY INC NT	\$200,000, 3.250%, due October 15, 2020	201,380	203,472
	EMC CORP NT	\$125,000, 2.650%, due June 1, 2020	125,127	122,423
	EQT CORP SR NT	\$15,000, 8.125%, due June 1, 2019	18,676	18,198
	EXELON GENERATION CO LLC SR NT	\$30,000, 4.000%, due October 1, 2020	31,602	29,988
	FIFTH THIRD BANCORP SUB NT	\$10,000, 4.300%, due January 16, 2024	9,925	9,794
	FLUOR CORP NEW SR NT	\$200,000, 3.375%, due September 15, 2021	217,746	194,942
	FREEMONT-MCMORAN COPPER&GOLD INC SR NT	\$20,000, 3.550%, due March 1, 2022	19,755	19,008
	GENERAL ELEC CAP CORP GLOBAL SUB NT	\$10,000, 5.300%, due February 11, 2021	10,772	11,186
	GENERAL ELEC CAP CORP MEDIUM TERM	\$10,000, 5.500%, due January 8, 2020	10,761	11,451
	GE CAP CR CARD MASTER NT TR	\$135,000, 1.360%, due August 17, 2020	134,948	133,013
	GENERAL ELEC CO NT	\$20,000, 5.250%, due December 6, 2017	23,428	22,639
	GLAXOSMITHKLINE CAP PLC GTD NT	\$25,000, 2.850%, due May 8, 2022	24,830	23,579
	GOLDCORP INC NEW NT	\$20,000, 2.125%, due March 15, 2018	2,042	19,602
	GOOGLE INC NT	\$30,000, 3.625%, due May 19, 2021	33,460	31,281
	HASBRO INC NT	\$10,000, 6.300%, due September 15, 2017	11,606	11,272
	HEALTH CARE REIT INC NT	\$20,000, 4.950%, due January 15, 2021	22,278	21,147
	HEWLETT PACKARD CO GLOBAL NT	\$35,000, 4.375%, due September 15, 2021	35,501	35,638
	HSBC HOLDINGS PLC SR NT	\$15,000, 5.100%, due April 5, 2021	15,296	16,672
	HYUNDAI AUTO REC TR 2013- B NT	\$25,000, 0.710%, due May 16, 2016	24,995	25,024
	ILLINOIS TOOL WKS INC NT	\$100,000, 5.150%, due April 1, 2014	102,879	101,130
	INTEL CORP SR NT	\$200,000, 2.700%, due December 15, 2022	200,016	184,362
	INTEL CORP SR NT	\$30,000, 3.300%, due October 1, 2021	30,230	29,805
	INTERNATIONAL PAPER CO NT	\$15,000, 7.500%, due August 15, 2021	19,506	18,388
	JOHNSON & JOHNSON NT	\$35,000, Variable %, due May 15, 2014	35,184	35,006
*	JPMORGAN CHASE & CO SUB NT	\$30,000, 3.375%, due May 1, 2023	29,963	27,960
*	JPMORGAN CHASE & CO NT	\$20,000, 4.625%, due May 10, 2021	22,524	21,560
*	JPMORGAN CHASE & CO SR NT	\$85,000, 6.000%, due January 15, 2018	84,356	97,876
*	JPMORGAN CHASE & CO SUB NT	\$10,000, 6.125%, due June 27, 2017	11,691	11,358
	KIMCO RLTY CORP NT	\$100,000, 3.125%, due June 1, 2023	99,454	90,940
	KINDER MORGAN ENERGY PARTNERS SR NT	\$10,000, 4.150%, due March 1, 2022	10,721	9,927
	KINDER MORGAN ENERGY PARTNERS SR NT	\$10,000, 5.800%, due March 1, 2021	12,006	11,107
	KRAFT FOODS INC NT	\$25,000, 5.375%, due February 10, 2020	28,958	28,235
	KROGER CO SR NT	\$100,000, 3.850%, due August 1, 2023	100,147	98,456
	LACLEDE GAS CO 1st MTG BD	\$100,000, 2.000%, due August 15, 2018	99,027	98,579
	LIFE TECHNOLOGIES CORP SR NT	\$20,000, 6.000%, due March 1, 2020	22,845	22,980

See Independent Auditor's Report.

31-4379441/001

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed Income Obligations: (continued)			
	LOWES COS INC NT	\$100,000, 5.000%, due October 15, 2015	99,094	107,692
	MCCORMICK & CO INC SR NT	\$100,000, 3.900%, due July 15, 2021	104,834	102,711
	MCDONALDS CORP MEDIUM TERM NTS	\$100,000, 3.500%, due July 15, 2020	103,644	104,178
	METLIFE INC SR DEBT SECS SER B	\$15,000, step CPN, due September 15, 2013	15,075	15,313
	MICROSOFT CORP NT	\$15,000, 4.000%, due February 8, 2021	16,258	15,838
	MORGAN STANLEY SR NT	\$20,000, 4.750%, due March 22, 2017	21,913	21,826
	MORGAN STANLEY SR NT	\$20,000, 4.875%, due November 1, 2022	20,570	20,473
	MORGAN STANLEY CAP TR	\$18,461, 5.439%, due February 12, 2044	19,475	18,654
	NEWMONT MNG CORP SR NT	\$15,000, 3.500%, due March 15, 2022	14,874	12,768
	NEWS AMER INC SR NT	\$20,000, 3.000%, due September 15, 2022	18,207	18,801
	NEXEN INC NT	\$15,000, 6.200%, due July 30, 2019	18,700	17,292
	NEXTERA ENERGY CAP HLDGS INC GTD	\$25,000, 4.500%, due June 1, 2021	27,741	25,785
	NISSAN AUTO LEASE TR 2013-A AST BCKD NT	\$25,000, 0.610%, due September 15, 2015	25,000	24,994
	NORTHERN TR CORP NT	\$25,000, 2.375%, due August 2, 2022	23,086	23,096
	NORTHROP GRUMMAN CORP SR NT	\$100,000, 3.250%, due August 1, 2023	96,812	93,275
	OMNICOM GROUP INC SR NT	\$100,000, 4.450%, due August 15, 2020	104,863	106,136
	ONTARIO PROV CDA BD	\$15,000, .950%, due May 26, 2015	14,997	15,115
	ORACLE CORP NT	\$20,000, 2.375%, due January 15, 2019	20,095	20,179
	PACCAR FINL CORP MEDIUM TERM SR NTS	\$25,000, Variable %, due December 6, 2018	25,076	25,036
	PEPSICO INC SR NT	\$25,000, 2.750%, due March 5, 2022	25,247	23,753
	PETROBRAS GLOBAL FIN B V GTD GLOBAL NT	\$25,000, 0.950%, due May 26, 2015	23,618	23,396
	PNC FDG CORP SR NT	\$100,000, 4.375%, due August 11, 2020	102,890	106,908
	PPL CAP FDG INC GTD SR NT	\$20,000, 3.500%, due December 1, 2022	2,076	18,888
	PRAXAIR INC NT	\$100,000, 4.625%, due March 30, 2015	102,120	105,056
	PROCTOR & GAMBLE CO NT	\$30,000, Variable %, due February 6, 2014	30,008	30,004
	PROLOGIS L P GTD NT	\$15,000, 4.250%, due August 15, 2023	14,978	14,818
	PROLOGIS L P SR NT	\$25,000, 6.875%, due March 15, 2020	30,577	29,445
	PUBLIC SVC ELEC GAS CO SECD MEDIUM	\$100,000, 3.500%, due August 15, 2020	102,801	103,125
	REALTY INCOME CORP NT	\$25,000, 3.250%, due October 15, 2022	23,829	22,879
	REINSURANCE GROUP AMER INC SR NT	\$20,000, 6.450%, due November 15, 2019	24,187	23,062
	ROYAL BANK CDA GTD BD	\$65,000, 1.200%, due September 19, 2017	64,994	64,404
	ROYAL BANK CDA GLOBAL MEDIUM TERM SR	\$35,000, 1.150%, due March 13, 2015	34,989	35,290
	SAFEWAY INC NT	\$20,000, 3.950%, due August 15, 2020	20,695	19,993
	SANOFI NT	\$25,000, 4.000%, due March 29, 2021	25,171	26,190
	SCHWAB CHARLES CORP NEW SR NT	\$200,000, 4.450%, due July 22, 2020	209,786	216,196
	SIMON PPTY GROUP L P NT	\$200,000, 5.650%, due February 01, 2020	201,478	227,396
	SOUTHERN CALI EDISON CO SER 2013C	\$30,000, 3.500%, due October 1, 2023	30,072	29,402
	ST JUDE MED INC SR NT	\$100,000, 3.250%, due April 15, 2023	98,007	93,298
	TARGET CORP NT	\$100,000, 2.900%, due January 15, 2022	99,989	95,926
	TARGET CORP NT	\$30,000, Variable %, due July 18, 2014	29,975	30,030
	TEVA PHARMACEUTICAL FIN IV B V SR NT	\$25,000, 3.650%, due November 10, 2021	24,651	24,521
	TIME WARNER INC NEW NT	\$30,000, 3.400%, due June 15, 2022	28,503	29,276
	TORONTO DOMINION BK SR MEDIUM TERM BK	\$20,000, 1.375%, due July 14, 2011	20,023	20,123
	TOYOTA AUTO REC 2013-B NT	\$25,000, 0.890%, due July 17, 2017	24,999	25,116
	TOYOTA MTR CR CORP MEDIUM TERM NTS	\$30,000, 3.400%, due September 15, 2021	30,124	30,455
	U S BANCORP MEDIUM TERM NTS	\$20,000, 2.950%, due July 15, 2022	20,199	18,583
	UNITED TECHNOLOGIES CORP NT	\$100,000, 5.375%, due December 15, 2017	99,684	113,956
	UNITEDHEALTH GROUP INC NT	\$25,000, 1.400%, due October 15, 2017	24,749	24,684

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	VERIZON COMMUNICATIONS INC NT	\$30,000, 4.600%, due April 1, 2021	34,581	31,689
	VERIZON COMMUNICATIONS INC NT	\$25,000, 5.150% due September 15, 2023	24,919	26,842
	VIACOM INC NEW SR NT	\$25,000, 3.250%, due March 15, 2023	24,657	23,156
	VODAFONE GROUP PLC NEW NT	\$25,000, 1.500%, due February 19, 2018	24,885	24,375
	WAL MART STORES INC NT	\$30,000, 3.625%, due July 8, 2020	33,825	31,436
	WEATHERFORD INTL LTD BERMUDA SR NT	\$20,000, 5.125%, due September 15, 2020	21,598	21,485
	WELLS FARGO & CO NEW SR UNSECD NT	\$25,000, 5.625%, due December 11, 2017	28,986	28,655
	WESTPAC BKG CORP NT	\$25,000, 2.250%, due July 30, 2018	24,926	25,091
	WILLIAMS PARTNERS L P SR NT	\$25,000, 4.125%, due November 15, 2020	26,780	25,630
	WISCONSIN ELEC PWR CO NT	\$40,000, 6.000%, due April 01, 2014	39,921	40,535
	WISCONSIN PWR & LT CO DEB	\$100,000, 4.600%, due June 15, 2020	101,374	107,457
	XEROX CORP SR NT	\$25,000, 6.400%, due March 15, 2016	28,205	27,632
	YUM BRANDS INC SR NT	\$25,000, 3.750%, due November 1, 2021	26,118	24,739
	Total fixed income obligations		7,520,549	7,532,323
	Mutual Funds:			
	CAUSEWAY CAP MGMT TR	227,197 shares	2,913,865	3,673,775
	FIDELITY INTL DISCOVERY FD	90,151 shares	2,230,289	3,651,132
	VANGUARD INDEX TR VALUE PORTFOLIO INSTL. SHARE CLASS	149,584 shares	3,235,865	4,454,624
	VANGUARD INDEX TR MID CAPITALIZATION STOCK PORTFOLIO INSTL. CLASS	185,403 shares	2,262,385	5,576,925
	VANGUARD INSTITUTIONAL INDEX FUND INSTL. PLUS SHARES	154,251 shares	8,960,370	26,111,598
	Total Mutual Funds		19,602,774	43,468,054
			\$ 48,619,794	\$ 72,940,763

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (i) - single transaction in excess of 5% of plan assets</i>						
JPMorgan Liquid Assets*	Money Market Fund	\$ 6,145,513	\$ -	\$ 6,145,513	\$ 6,145,513	\$ -
JPMorgan Liquid Assets*	Money Market Fund	-	3,500,000	3,500,000	3,500,000	-
<i>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</i>						
JPMorgan Liquid Assets*	Money Market Fund					
	354 Purchases	\$ 18,180,759	\$ -	\$ 18,180,759	\$ 18,180,759	\$ -
	142 Sales	-	16,060,146	16,060,146	16,060,146	-

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441/001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Lorna M. Springer
Enrollment Number	14-07422

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2013

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-62}p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x^r * l_x / l_{62}$
62	0.25	1,000,000	1.000000	0.250000	15.500000
63	0.07	750,000	0.750000	0.052500	3.307500
64	0.07	697,500	0.697500	0.048825	3.124800
65	1.00	648,675	0.648675	0.648675	42.163875
Average age at retirement					64.096175
Rounded for Schedule SB line 22					64

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.94%	1.75%
Second segment rate	6.15%	4.62%
Third segment rate	6.76%	5.72%
Effective interest rate	6.21%	4.72%

Annual rates of increase

Compensation:	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Assumed cost of living adjustments

None.

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant. Participation in this plan is frozen.

Plan-related expenses

The amount included this year for plan-related expenses is \$338,238, which is based on prior year's plan-related expenses minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

Mortality

For non-disabled participants: the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

For disabled participants: mortality in accordance with Revenue Ruling 96-7.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year		
Age	Males	Females
62	25%	25%
63	7%	7%
64	7%	7%
65	100%	100%

Disability rates

Wyatt Class 1 Disability Rates.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Termination

None.

Form of payment

Participants are assumed to elect the normal form for single participants.

Marriage

50% of participants are assumed married and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed that there will be no new or rehired employees.

Plan compensation

Not applicable; The plan froze benefit accruals December 31, 2011.

Timing of benefit payments

Annuity payments are assumed to be payable annually on the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year (\$0 due to suspension of accruals) plus plan-related expenses expected to be paid from plan assets during plan year.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.00% for 2012 and 2011 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant data

Employee data was supplied by the plan sponsor as of the valuation date.

Benefits not valued

We believe that we have reflected all significant plan provisions in this valuation.

Changes in assumptions and methods since last actuarial valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 and the segment interest rate corridors of MAP-21 were applied, as applicable.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The basis for the assumed plan-related expenses included in the target normal cost has changed from a flat rate to be based on the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums. This resulted in an increase in the assumed plan-related expenses to \$338,238 from \$200,000.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective date and most recent amendment

November 1, 1958; amended effective January 1, 1989 to comply with the Tax Reform Act of 1986 (TRA 86); amended and restated effective January 1, 2012.

Plan year

The twelve-month period ending December 31.

Coverage and participation

A non-discriminatory group of employees who voluntarily elected to continue their participation in this Plan. Participation under The Plan was frozen as of December 31, 1996.

Service

Vesting and Eligibility for Benefits: Credited Service is the number of years in which the associate works over 1,000 hours from the later of (a) date of hire or (b) 18th birthday.

Benefit Accrual: Benefit Service is the number of years in which the associate works over 1,000 hours.

Service prior to an employee's 21st birthday is excluded.

Service prior to July 1, 1976 is excluded for those employees who were then classified by the Hospital as "other than full-time."

Benefit service after December 31, 2011 shall not be recognized for purposes of calculating any benefit under the plan.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Break in service

Benefit Service and Credited Service will be restored upon reemployment following a break in service (termination of employment and completion of twelve months with no hours of service) only if (i) the participant has vested benefits under the Plan, or (ii) his consecutive years of break in service is less than the greater of 5 years or his aggregate number of years of pre-break service.

Final average compensation/salary

The greater of a) or b) below:

a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement.

b) The monthly average of the total compensation for the five highest consecutive calendar years of the ten calendar years preceding the earlier of the date of determination or Normal Retirement.

Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.

Final average wage base compensation

The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year.

Compensation after December 31, 2011 shall not be recognized for purposes of determining a participants average compensation.

Covered compensation

The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination.

Covered compensation shall be frozen as of December 31, 2011.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Primary insurance amount

The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration.

Primary insurance amount shall be frozen as of December 31, 2011.

Normal retirement benefit

Normal Retirement Date: The first day of the month coincident with or next following the Participant's 65th birthday.

Benefit Formula: A monthly pension equal to 57.50% of the Final Average Compensation minus 50% of the Primary Insurance Amount, such difference proportionately reduced for Years of Service less than 25. The above offset is no more than the lesser of 18.75% of the Final Average Wage Base Compensation and 28.75% of the lesser of the Final Average Compensation, the Final Average Wage Base Compensation and the Covered Compensation.

In addition, no benefit will be less than the accrued benefit under the old formulas as of March 31, 1993.

The extended wear away grandfather approach has been adopted relative to the reduced IRS Section 401(a) 17 compensation limitation effective January 1, 1994.

Effective December 31, 2011, benefit accruals were frozen under the plan.

Normal Form of Benefit: The normal form of payment is 120 months certain and life annuity with the unpaid portion of the certain amount payable after the participant's death. However, a married participant - unless he or she expressly chooses another form of payment and his spouse expressly consents to that choice - shall receive any pension under this Plan in the form of an actuarially reduced joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.

Late retirement

Eligibility: The first day of any month subsequent to the Normal Retirement Date.

Benefit: A monthly pension determined as of age 65 is payable upon actual retirement.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Early retirement benefit

Eligibility: The first day of any month following the attainment of:

- i) age 55 and the completion of 10 Years of Credited Service, or
- ii) age 60 and the completion of 20 Years of Credited Service.

Benefit: The accrued normal retirement benefit based on Credited Service and Final Average Monthly Compensation as of the Early Retirement Date payable in full if commenced at age 65. For earlier commencement:

- i) Those retiring after attaining age 55 with 10 or more years of Credited Service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60.
- ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.

Vested benefits upon termination of service

Vesting: If a participant leaves for any reason other than retirement, death or disability, he shall be entitled to receive as a termination benefit a pension beginning at his Normal Retirement Date, equal to the percentage of his accrued benefits as determined by the following schedule:

The Vesting Percentage based on Credited Service is as follows:

<u>Credited Service</u>	<u>Vested Percentage</u>
0 - 4	0%
5 or More	100%

Termination Benefit: The accrued normal retirement benefit based on Credited Service and Final Average Monthly compensation as of the date of termination, multiplied by the vested percentage determined above.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity with 10 years certain, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a joint and survivor annuity, a 5 year certain and life annuity, or a life annuity. Actuarial equivalence is based on 1971 Group Annuity Mortality Table projected to 1990 by scale D with age set back four years for participant and two years for spouse and 7% interest.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum recommended contributions.

Changes in plan provisions since last actuarial valuation

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The basis for the assumed plan-related expenses included in the target normal cost has changed from a flat rate to be based on the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums. This resulted in an increase in the assumed plan-related expenses to \$338,238 from \$200,000.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		0		0		0		0		0		0		0		0	
40 - 44	0		0		0		0		0		0		0		0		0		0	
45 - 49	0		0		0		0		0		0		0		0		0		0	
50 - 54	0		0		0		0		0		0		0		0		0		0	
55 - 59	0		0		0		0		0		0		0		0		0		0	
60 - 64	0		0		0		0		3		13		8		4		4		0	
65 - 69	0		0		0		0		0		3		1		0		2		0	
70 & Over	0		0		0		0		0		0		0		1		0		1	

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2013

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2013	(6,388,293)	7	(6,388,293)	(1,066,155)
2	Shortfall	01/01/2012	3,675,449	6	3,081,976	582,286
3	Shortfall	01/01/2011	9,558,973	5	7,157,346	1,572,732
4	Shortfall	01/01/2010	3,970,258	4	2,489,782	668,163
Total					6,340,811	1,757,026

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment

SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
---	--	---

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

- **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIONWIDE CHILDREN'S HOSPITAL, INC.	D Employer Identification Number (EIN) 31-4379441
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		66,299,930
b Actuarial value	2b		65,381,301
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	521	46,916,141
b For terminated vested participants.....	3b	606	14,804,861
c For active participants:			
(1) Non-vested benefits	3c(1)		1,328
(2) Vested benefits	3c(2)		9,999,782
(3) Total active.....	3c(3)	40	10,001,110
d Total.....	3d	1,167	71,722,112
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5		6.21 %
6 Target normal cost	6		338,238

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Lorna M. Springer <i>LMS</i> Signature of actuary Lorna M. Springer Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114-1172 Address of the firm	<u>10/6/2014</u> Date 14-07422 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
------------------	--	---

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.11</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		620
b Interest on (a) using prior year's effective interest rate of <u>5.31</u> % except as otherwise provided (see instructions)		33
c Total available at beginning of current plan year to add to prefunding balance		653
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	91.15 %
15 Adjusted funding target attainment percentage	15	91.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2013	775,795				
07/12/2013	775,795				
01/07/2014	334,150				
09/11/2014	295,658				
Totals ▶			18(b)	2,181,398	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,095,443

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	338,238	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	6,340,811	1,757,026	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	2,095,264	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	2,095,264	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,095,443	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	179	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441/001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Lorna M. Springer
Enrollment Number	14-07422

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2013

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-62}p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x^r * l_x / l_{62}$
62	0.25	1,000,000	1.000000	0.250000	15.500000
63	0.07	750,000	0.750000	0.052500	3.307500
64	0.07	697,500	0.697500	0.048825	3.124800
65	1.00	648,675	0.648675	0.648675	42.163875
Average age at retirement					64.096175
Rounded for Schedule SB line 22					64

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The basis for the assumed plan-related expenses included in the target normal cost has changed from a flat rate to be based on the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums. This resulted in an increase in the assumed plan-related expenses to \$338,238 from \$200,000.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0	
35 - 39	0		0		0		0		0		0		0	
40 - 44	0		0		0		0		0		0		0	
45 - 49	0		0		0		0		0		0		0	
50 - 54	0		0		0		0		0		0		0	
55 - 59	0		0		0		0		0		0		0	
60 - 64	0		0		0		0		3		13		8	
65 - 69	0		0		0		0		0		3		1	
70 & Over	0		0		0		0		0		0		0	

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.94%	1.75%
Second segment rate	6.15%	4.62%
Third segment rate	6.76%	5.72%
Effective interest rate	6.21%	4.72%

Annual rates of increase

Compensation:	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Assumed cost of living adjustments

None.

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant. Participation in this plan is frozen.

Plan-related expenses

The amount included this year for plan-related expenses is \$338,238, which is based on prior year's plan-related expenses minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

Mortality

For non-disabled participants: the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

For disabled participants: mortality in accordance with Revenue Ruling 96-7.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year		
Age	Males	Females
62	25%	25%
63	7%	7%
64	7%	7%
65	100%	100%

Disability rates

Wyatt Class 1 Disability Rates.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Termination

None.

Form of payment

Participants are assumed to elect the normal form for single participants.

Marriage

50% of participants are assumed married and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed that there will be no new or rehired employees.

Plan compensation

Not applicable; The plan froze benefit accruals December 31, 2011.

Timing of benefit payments

Annuity payments are assumed to be payable annually on the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year (\$0 due to suspension of accruals) plus plan-related expenses expected to be paid from plan assets during plan year.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.00% for 2012 and 2011 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant data

Employee data was supplied by the plan sponsor as of the valuation date.

Benefits not valued

We believe that we have reflected all significant plan provisions in this valuation.

Changes in assumptions and methods since last actuarial valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012 and the segment interest rate corridors of MAP-21 were applied, as applicable.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The basis for the assumed plan-related expenses included in the target normal cost has changed from a flat rate to be based on the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums. This resulted in an increase in the assumed plan-related expenses to \$338,238 from \$200,000.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective date and most recent amendment

November 1, 1958; amended effective January 1, 1989 to comply with the Tax Reform Act of 1986 (TRA 86); amended and restated effective January 1, 2012.

Plan year

The twelve-month period ending December 31.

Coverage and participation

A non-discriminatory group of employees who voluntarily elected to continue their participation in this Plan. Participation under The Plan was frozen as of December 31, 1996.

Service

Vesting and Eligibility for Benefits: Credited Service is the number of years in which the associate works over 1,000 hours from the later of (a) date of hire or (b) 18th birthday.

Benefit Accrual: Benefit Service is the number of years in which the associate works over 1,000 hours.

Service prior to an employee's 21st birthday is excluded.

Service prior to July 1, 1976 is excluded for those employees who were then classified by the Hospital as "other than full-time."

Benefit service after December 31, 2011 shall not be recognized for purposes of calculating any benefit under the plan.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Break in service

Benefit Service and Credited Service will be restored upon reemployment following a break in service (termination of employment and completion of twelve months with no hours of service) only if (i) the participant has vested benefits under the Plan, or (ii) his consecutive years of break in service is less than the greater of 5 years or his aggregate number of years of pre-break service.

Final average compensation/salary

The greater of a) or b) below:

a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement.

b) The monthly average of the total compensation for the five highest consecutive calendar years of the ten calendar years preceding the earlier of the date of determination or Normal Retirement.

Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.

Final average wage base compensation

The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year.

Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.

Covered compensation

The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination.

Covered compensation shall be frozen as of December 31, 2011.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Primary insurance amount

The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration.

Primary insurance amount shall be frozen as of December 31, 2011.

Normal retirement benefit

Normal Retirement Date: The first day of the month coincident with or next following the Participant's 65th birthday.

Benefit Formula: A monthly pension equal to 57.50% of the Final Average Compensation minus 50% of the Primary Insurance Amount, such difference proportionately reduced for Years of Service less than 25. The above offset is no more than the lesser of 18.75% of the Final Average Wage Base Compensation and 28.75% of the lesser of the Final Average Compensation, the Final Average Wage Base Compensation and the Covered Compensation.

In addition, no benefit will be less than the accrued benefit under the old formulas as of March 31, 1993.

The extended wear away grandfather approach has been adopted relative to the reduced IRS Section 401(a) 17 compensation limitation effective January 1, 1994.

Effective December 31, 2011, benefit accruals were frozen under the plan.

Normal Form of Benefit: The normal form of payment is 120 months certain and life annuity with the unpaid portion of the certain amount payable after the participant's death. However, a married participant - unless he or she expressly chooses another form of payment and his spouse expressly consents to that choice - shall receive any pension under this Plan in the form of an actuarially reduced joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.

Late retirement

Eligibility: The first day of any month subsequent to the Normal Retirement Date.

Benefit: A monthly pension determined as of age 65 is payable upon actual retirement.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Early retirement benefit

Eligibility: The first day of any month following the attainment of:

- i) age 55 and the completion of 10 Years of Credited Service, or
- ii) age 60 and the completion of 20 Years of Credited Service.

Benefit: The accrued normal retirement benefit based on Credited Service and Final Average Monthly Compensation as of the Early Retirement Date payable in full if commenced at age 65. For earlier commencement:

- i) Those retiring after attaining age 55 with 10 or more years of Credited Service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60.
- ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.

Vested benefits upon termination of service

Vesting: If a participant leaves for any reason other than retirement, death or disability, he shall be entitled to receive as a termination benefit a pension beginning at his Normal Retirement Date, equal to the percentage of his accrued benefits as determined by the following schedule:

The Vesting Percentage based on Credited Service is as follows:

<u>Credited Service</u>	<u>Vested Percentage</u>
0 - 4	0%
5 or More	100%

Termination Benefit: The accrued normal retirement benefit based on Credited Service and Final Average Monthly compensation as of the date of termination, multiplied by the vested percentage determined above.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity with 10 years certain, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a joint and survivor annuity, a 5 year certain and life annuity, or a life annuity. Actuarial equivalence is based on 1971 Group Annuity Mortality Table projected to 1990 by scale D with age set back four years for participant and two years for spouse and 7% interest.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum recommended contributions.

Changes in plan provisions since last actuarial valuation

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2013

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2013	(6,388,293)	7	(6,388,293)	(1,066,155)
2 Shortfall	01/01/2012	3,675,449	6	3,081,976	582,286
3 Shortfall	01/01/2011	9,558,973	5	7,157,346	1,572,732
4 Shortfall	01/01/2010	3,970,258	4	2,489,782	668,163
Total				6,340,811	1,757,026

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2013