

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 INC 403(B) TAX SHELTERED ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u> 1c Effective date of plan <u>01/01/2004</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</u> <u>SUSANNE EBERSBACH</u> <u>700 CHILDRENS DRIVE COLUMBUS, OH 43205</u>	2b Employer Identification Number (EIN) <u>31-4379441</u> 2c Plan Sponsor's telephone number <u>614-355-4114</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2015</u>	<u>SUSANNE EBERSBACH</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2015</u>	<u>SUSANNE EBERSBACH</u>
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 7908
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6224 6a(2) 8473 6b 6c 2381 6d 10854 6e 10 6f 10864 6g 8473 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441

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

1 Coverage Information:

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	02635	156	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3912	0

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

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

ROBERT A HYNEMAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
277	0		3

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

STEVE W FISHER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1780	0		3

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

Schedule A (Form 5500) 2014
v. 140124

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

DEAN T KOLLER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59	0		3

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

MARTIN J ROESCH

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1796	0		3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	4551645
5 Current value of plan's interest under this contract in separate accounts at year end	5	5393560

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	4585537
---	-----------	---------

c Additions: (1) Contributions deposited during the year.....	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	176550	
(4) Transferred from separate account.....	7c(4)	23286	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions..... **7c(6)** 199836

d Total of balance and additions (add lines 7b and 7c(6))	7d	4785373
---	-----------	---------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	193425	
(2) Administration charge made by carrier	7e(2)	126	
(3) Transferred to separate account.....	7e(3)	40177	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions..... **7e(5)** 233728

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4551645
---	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441	

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

1 Coverage Information:

(a) Name of insurance carrier TIAA CREF
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	405903	3319	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	30279446
5 Current value of plan's interest under this contract in separate accounts at year end	5	66244818

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	26477863
--	-----------	----------

c Additions: (1) Contributions deposited during the year	7c(1)	3430176	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	855785	
(4) Transferred from separate account	7c(4)	2536376	
(5) Other (specify below)	7c(5)	62070	
▶ TRANSFERS			

(6) Total additions	7c(6)	6884407
---------------------------	--------------	---------

d Total of balance and additions (add lines 7b and 7c(6))	7d	33362270
---	-----------	----------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1451798	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	1631026	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	3082824
----------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	30279446
---	-----------	----------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE1103	416	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
21393	7113

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

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

VOYA FINANCIAL ADVISORS, INC CAREER **PO BOX 9270**
DES MOINES, IA 50306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
650			3

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

DALE VAN VALKENBURG **7965 N. HIGH ST. #150**
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7633	7105	SUPPLEMENTAL	3

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

Schedule A (Form 5500) 2014
v. 140124

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

EDWARD MOBLEY

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
497			3

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

GLEN LEWIS

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

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

JOHN ROESCH

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

MARSHA CROSBY

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10529			3

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

RANDY SHARP

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

DALE LADERACH

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1417	8	SUPPLEMENTAL	3

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

CONNOR THOMAS

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33			3

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

NICHOLAS DISALLE

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45			3

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

RUBIN KARL

7965 N. HIGH ST. #150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
487			3

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	5967478
5 Current value of plan's interest under this contract in separate accounts at year end	5	14305996

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **UNALLOCATED ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	6345493
---	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	237201	
(4) Transferred from separate account.....	7c(4)	1366554	
(5) Other (specify below)	7c(5)	72052	
▶ TRANSFERS			

(6) Total additions.....	7c(6)	1675807
--------------------------	--------------	---------

d Total of balance and additions (add lines 7b and 7c(6))	7d	8021300
---	-----------	---------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1043855	
(2) Administration charge made by carrier	7e(2)	5970	
(3) Transferred to separate account.....	7e(3)	77776	
(4) Other (specify below)	7e(4)	926221	
▶ TRANSFERS			

(5) Total deductions.....	7e(5)	2053822
---------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5967478
---	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	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
FIDELITY
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO
74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE AND ANNUI
71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203

(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)

VOYA

71-0294708

(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?
	RECORD KEEPER	0	Yes ☐ No ☒	Yes ☐ No ☒	3945	Yes ☐ No ☒

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

GBQ PARTNERS LLC

20-2122306

(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?
10			Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

FIDELITY INVESTMENTS

04-2647786

(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?
64 37 65	RECORDKEEPER	10090	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-4379441</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT C

b Name of sponsor of entity listed in (a): VOYA (ING LIFE INSURANCE AND ANNUITY COMPANY)

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14305996</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8790001</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN</u>		B Three-digit plan number (PN) ► <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL</u>		D Employer Identification Number (EIN) <u>31-4379441</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1612053	1183660
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	21453798	23095997
(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)	158640234	184134054
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	37408889	40798566
(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	219114974	249212277

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	219114974	249212277
---	-----------	-----------	-----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	21712073	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	4167846	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		25879919
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4813384	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4813384
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11100817	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11100817

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		41794120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11686727	
(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)		11686727
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	10090	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10090
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11696817

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		30097303
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			
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			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL</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
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>13-1624203</u> <u>51-6559589</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity 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, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, 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 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 the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America - College Retirement Equities Fund, Fidelity Management Trust Company, Voya Retirement and Annuity Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity 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 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
October 15, 2015

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	Voya SmallCap Opportunities Port I	28,885
*	VOYA FINANCIAL	Voya Money Market Portfolio - I	28,704
*	VOYA FINANCIAL	Voya Aggregate Bond Portfolio Srv	28,585
	INVESCO	Invesco V.I. Core Equity Fd-Series I	28,396
	WELLS FARGO	Wells Fargo Adv Spec Small Cap Value Fund	28,176
*	VOYA FINANCIAL	Voya Invesco Growth & Inc-Svc	25,387
	PIMCO	PIMCO VIT Real Return Port -Admin Cl	24,843
*	VOYA FINANCIAL	Voya Global Bond Port - I	20,557
*	VOYA FINANCIAL	Voya Templeton Foreign Eq Port -Init	20,016
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port. Inst.	19,219
	AMERICAN FUNDS	American Funds Fundamental Inv R4	17,231
	INVESCO	Invesco V.I. American Franchise Fund	14,052
	CALVERT	Calvert VP SRI Balanced Portfolio	13,718
	PIONEER	Pioneer High Yield VCT Port -I	12,387
	AMERICAN FUNDS	American Funds Nw Prspctv R4	12,354
*	VOYA FINANCIAL	Voya Clarion Real Estate Port Srv	12,197
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	12,112
*	VOYA FINANCIAL	Voya Pioneer High Yield Port -Init	11,224
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port - I	9,125
*	VOYA FINANCIAL	Voya T. Rowe Price Equity Inc -Svc	8,752
	WANGER	Wanger Select	8,671
	AMERICAN CENTURY	American Century Inflat-Adj Bd Inv	8,122
*	VOYA FINANCIAL	Voya International Value Port -I	7,436
	OPPENHEIMER FUNDS	Oppenheimer Main Street Small Cap/VA	5,832
*	VOYA FINANCIAL	Columbia Mid Cap Value Fund A	5,827
*	VOYA FINANCIAL	Voya International Index Port -I	5,631
*	VOYA FINANCIAL	Voya JPMorgan Emerg Mkts Eq Port-Svc	5,042
	WANGER	Wanger USA	4,541
	AMERICAN FUNDS	American Funds Smallcap R4	4,030
	JANUS WORLDWIDE	Janus Aspen Balanced Portfolio-Inst	1,649
	ARIEL FUND	Ariel Fund	1,617
	PIONEER	Pioneer Emerging Markets VCT Port-I	1,515
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	798
	LAZARD	Lazard U.S. Mid Cap Equity Port Opn	544
*	VOYA FINANCIAL	Voya JPMorgan Mid Cap Val Port -Svc	106
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio -I	88
*	VOYA FINANCIAL	Janus Aspen Global Research Port - Inst	1
			<u>23,095,997</u>
*	TIAA-CREF	TIAA STABLE VALUE FUND**	6,968,358
	Cash		465,195
	Cash Held as Collateral for Plan Loans		718,465
			<u>\$ 249,212,277</u>

* Denotes party-in-interest
** Reported at contract value

See Independent Auditor's Report.

•
• **Financial Statements**
• with Supplemental Information
•

• **Nationwide Children's**
• **Hospital, Inc. 403(b)**
• **Tax-Sheltered Annuity**
• **Plan**
•

• December 31, 2014 and 2013
•



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
Supplemental Information:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20



To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity 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, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, 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 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 the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America - College Retirement Equities Fund, Fidelity Management Trust Company, Voya Retirement and Annuity Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity 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 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
October 15, 2015

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value:		
Registered investment companies	\$ 126,679,237	\$ 101,542,844
Variable annuity contracts	57,454,817	57,097,390
Insurance company general account	23,311,084	23,328,114
Guaranteed investment contracts	10,519,124	10,931,031
Pooled separate accounts	23,095,997	21,453,798
Stable value fund	6,968,358	3,149,744
Cash held as collateral for Plan loans	718,465	768,520
Cash	465,195	843,533
Total investments, at fair value	249,212,277	219,114,974
NET ASSETS AVAILABLE FOR BENEFITS	\$ 249,212,277	\$ 219,114,974

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2014 and 2013

	2014	2013
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	\$ 4,813,384	\$ 3,700,199
Net appreciation in fair value of investments	11,100,817	29,717,390
Total investment income	15,914,201	33,417,589
Contributions:		
Employee	21,712,073	19,277,865
Rollover	4,167,846	1,705,187
Total contributions	25,879,919	20,983,052
Total additions	41,794,120	54,400,641
Deductions from Net Assets Attributed to:		
Benefits paid to participants	11,696,817	6,971,480
Net increase	30,097,303	47,429,161
Net Assets Available for Benefits:		
Beginning of year	219,114,974	171,685,813
End of year	\$ 249,212,277	\$ 219,114,974

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements December 31, 2014 and 2013

Plan Description

The following description of the Nationwide Children's Hospital, Inc. (Children's) 403(b) Tax-Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions. Copies may be obtained from Children's Human Resources Department.

General

Children's established the Plan to provide employees with a systematic means of savings and investing for the future. All permissible employees of Children's, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute any percentage of compensation provided that their salary deferral contributions do not exceed federal limits. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

Children's contributes an amount up to 50% of the participant's contribution up to the first 3% of the participant's compensation; however the contributions that Children's makes are deposited to a separate plan, the Nationwide Children's Hospital, Inc. Defined Contribution Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) plan earnings and (b) administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions, plus actual earnings thereon.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Plan Description (continued)

Investment Options

All employee deferral contributions are deposited to Teachers Insurance and Annuity Association of America (TIAA) – College Retirement Equities Fund (TIAA-CREF). The Plan used to also allow participants to direct contributions to any of the various investment options offered by Fidelity Management Trust Company (Fidelity), Voya Retirements and Annuity Company (Voya) and Variable Annuity Life Insurance Company (VALIC); however, those custodians have been closed to new contributions. Participants are permitted to leave their prior account balances with Fidelity, Voya and VALIC or they may transfer their prior account balances to TIAA-CREF. Participants may change their investment options at any time.

Payment of Benefits

In general, participants are entitled to receive their account balance upon reaching the age of 59 1/2, after termination or after becoming disabled. A beneficiary is entitled to receive the participant's account balance after the participant's death. Participants are also permitted to take an in-service hardship distribution after meeting certain requirements set forth in the plan document. Unless an optional form of payment is elected by the participant, the benefit will be paid in the form of an annuity.

Plan Loans to Participants

Participants may borrow from the custodians in an amount up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. When the loans are granted, an amount equal to the outstanding loan balance is transferred from the participant's investment account to a loan collateral fund and is held as collateral for the issued loan. Loan collateral funds with Voya, Fidelity and VALIC are held in cash. Loan collateral funds with TIAA-CREF are held in the TIAA Traditional Annuity. Loans bear interest at a rate commensurate with local prevailing rates as determined at the time of the loan application. The interest rate on Plan loans range from 3.00% to 7.65%. The participant pays principal and interest payments directly to the custodian periodically, on at least a quarterly basis, as evidenced by a signed legally enforceable note. At the time of payment, an amount equal to the principal repayment will be released from the loan collateral fund to the participant's investment accounts. Any and all unpaid loan balances are considered deemed loans and deducted from available benefits upon the occurrence of a distributable event.

Administrative Costs

Costs of plan administration are paid by Children's with the exception of certain investment management services, which are included as a reduction of the return earned on applicable funds.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Notes to Financial Statements
December 31, 2014 and 2013

Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investments contracts, which are reported at contract 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. For additional disclosure regarding fair value of investments, see the *Fair Value Measurements* footnote herein.

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 includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Notes to Financial Statements
December 31, 2014 and 2013

Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Amendments to Plan Accounting*, under Topics 960, 962, and 965. The ASU affects fully benefit-responsive investment contracts and plan investment disclosures. The ASU designates contract value as the only required measure for fully benefit-responsive investment contracts. Contract value is considered relevant because that is the amount at which plan participants would transact. The ASU eliminates the measurement and presentation of fair value disclosures for fully benefit-responsive investment contracts. The ASU also eliminates the requirement for an entity to disclose: (i) individual investments that represent 5% or more of net assets available for benefits; (ii) the net appreciation or depreciation for investments by general type and (iii) investment information disaggregated based on nature, characteristics and risks under Topic 820. Under the ASU, net appreciation or depreciation in fair value of investments for the period is now required to be presented only in the aggregate. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Early adoption is permitted and should be applied retrospectively. The Plan has elected early adoption of ASU 2015-12, which had no impact on the statements of net assets available for benefits or statements of changes in net assets available for benefits.

Guaranteed Investment Contracts

The Plan holds two guaranteed investment contracts, Voya Fixed Account and Voya Fixed Account Plus (the Contracts) with Voya. The Contracts are intended to be long-term investments for participants seeking stability of principal. The Contracts guarantee principal and a minimum guaranteed interest rate for the life of the contract as well as two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate, for a declared period, currently one year. The minimum guaranteed floor rate may be subject to change after the declared period, but will never fall below the contracted guaranteed minimum interest rate. The determination of interest rates reflects a number of factors including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of capital gains and/or losses realized on the sale of invested assets.

The Plan also holds various fixed investment options (the Fixed Options) with VALIC. The various Fixed Options invest primarily in investment contracts such as traditional guaranteed investment contracts (GICs) and enter into "wrapper" contracts (also known as synthetic GICs). In a traditional GIC, the issuer takes a deposit from the various fixed investment options and purchases investments that are held in the issuer's general account. The issuer is contractually obligated to repay the principal and a specified rate of interest guaranteed to the various fixed options. In a synthetic GIC structure, the underlying investments are owned by the various fixed options and held in trust for plan participants. The various Fixed Options enter into "wrapper" contracts issued by a third party. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The wrap issuer agrees to pay the various Fixed Options an amount sufficient to cover unit holder redemptions and certain other payments (such as trust expenses), provided all the terms of the wrap contract have been met. Wrappers are normally purchased from issuers rated in the top three long-term rating categories (A- or the equivalent and above).

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Notes to Financial Statements
December 31, 2014 and 2013

Guaranteed Investment Contracts (continued)

Additionally, the Plan holds a fixed rate group annuity contract issued by TIAA, the TIAA Stable Value. Contributions are deposited into a non-unitized separate account. The contract provides a guaranteed minimum rate of interest of between 1% and 3%. Although the liability to provide contract guarantees and accumulations is backed by the assets in the separate account, any amount to be credited above the minimum guaranteed rate is determined by TIAA. Contract holders and plan participants do not participate in, and do not receive the earnings of, the assets in the separate account.

Because the Contracts and Fixed Options are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported by Voya and VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity date.

See the *Fair Value Measurements* footnote below for disclosure as to how the fair value for the Contracts and the Fixed Options is determined.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Information Prepared and Certified by the Custodians (Unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, the following information included in the accompanying financial statements and supplemental schedule was obtained from data that was prepared and certified as complete and accurate by the custodians of the Plan.

	2014	2013
Insurance Company General Account	\$ 23,311,084	\$ 23,328,114
Guaranteed Investment Contracts**	10,519,124	10,931,031
Registered Investment Companies	126,679,237	101,542,844
Variable Annuity Contracts	57,454,817	57,097,390
Pooled Separate Accounts	23,095,997	21,453,798
Stable Value Fund**	6,968,358	3,149,744
Cash	465,195	843,533
Cash Held as Collateral for Plan Loans	<u>718,465</u>	<u>768,520</u>
Total	<u>\$ 249,212,277</u>	<u>\$ 219,114,974</u>

** This amount represents contract value for these investments.

The custodians also certified to the completeness and accuracy of \$11,100,817 and \$29,717,390 of net appreciation in fair value of investments and \$4,813,384 and \$3,700,199 of dividend and interest income related to the aforementioned assets for the years ended December 31, 2014 and 2013, respectively.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2014 and 2013



Fair Value Measurements

U.S. GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.
- Level 2 inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- Level 3 inputs are significant unobservable inputs for the asset or liability.

The level of the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements December 31, 2014 and 2013

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, 2014 and 2013.

<i>Registered Investment Companies:</i>	Valued at the net asset value of shares held by the Plan at year-end.
<i>Variable Annuity Contracts:</i>	Valued primarily using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing.
<i>Insurance Company General Account:</i>	Valued at cost, which approximates fair value, plus interest credited at a guaranteed rate plus additional amounts that are established on a year-by-year basis.
<i>Guaranteed Investment Contracts:</i>	Valued at cost, which approximates fair value, plus interest credited at a minimum rate plus additional amounts that are established on a year-by-year basis for VALIC contracts and at least monthly for Voya contracts.
<i>Pooled Separate Accounts:</i>	<p><i>TIAA-CREF:</i> Derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally utilizing external appraisals, which are estimates of property values based on a professional's opinion. Securities held are priced using values obtained from independent pricing sources.</p> <p><i>Voya:</i> Valued at "Accumulation Unit Value," which is first valued at \$10.00 for a new fund and then determined on a daily basis based on the net asset value of shares in the underlying fund.</p>
<i>Stable Value Fund:</i>	Valued at contract value, which equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals or transfers, if any.

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, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31.

Investments at Fair Value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 126,679,237	\$ -	\$ -	\$ 126,679,237
Variable Annuity Contracts	-	57,454,817	-	57,454,817
Insurance Company General Account	728,320	-	22,582,764	23,311,084
Guaranteed Investment Contracts	-	10,519,124	-	10,519,124
Pooled Separate Accounts	-	14,305,996	8,790,001	23,095,997
Stable Value Fund	-	-	6,968,358	6,968,358
Cash Held as Collateral for Plan Loans	718,465	-	-	718,465
Cash	<u>465,195</u>	<u>-</u>	<u>-</u>	<u>465,195</u>
Total investments at fair value	<u>\$ 128,591,217</u>	<u>\$ 82,279,937</u>	<u>\$ 38,341,123</u>	<u>\$ 249,212,277</u>

Investments at Fair Value as of December 31, 2013:

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 101,542,844	\$ -	\$ -	\$ 101,542,844
Variable Annuity Contracts:	-	57,097,390	-	57,097,390
Insurance Company General Account	603,247	-	22,724,867	23,328,114
Guaranteed Investment Contracts	-	10,931,031	-	10,931,031
Pooled Separate Accounts	-	14,507,909	6,945,889	21,453,798
Stable Value Fund	-	-	3,149,744	3,149,744
Cash Held as Collateral for Plan Loans	768,520	-	-	768,520
Cash	<u>843,533</u>	<u>-</u>	<u>-</u>	<u>843,533</u>
Total investments at fair value	<u>\$ 103,758,144</u>	<u>\$ 82,536,330</u>	<u>\$ 32,820,500</u>	<u>\$ 219,114,974</u>

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	Insurance Company General Account	Stable Value Fund	Pooled Separate Account
Balance, beginning of year	\$ 22,724,867	\$ 3,149,744	\$ 6,945,889
Realized gains	-	-	99,271
Gains relating to instruments still held at reporting date	-	-	813,704
Purchases	2,324,574	4,299,680	1,452,060
Sales	(2,466,677)	(481,066)	(520,923)
Balance, end of year	<u>\$ 22,582,764</u>	<u>\$ 6,968,358</u>	<u>\$ 8,790,001</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2013:

	Insurance Company General Account	Stable Value Fund	Pooled Separate Account
Balance, beginning of year	\$ 21,399,035	\$ 726,197	\$ 5,605,765
Realized gains	-	-	42,669
Gains relating to instruments still held at reporting date	-	-	534,108
Purchases	3,507,665	2,738,633	1,277,464
Sales	(2,181,833)	(315,086)	(514,117)
Balance, end of year	<u>\$ 22,724,867</u>	<u>\$ 3,149,744</u>	<u>\$ 6,945,889</u>

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Fair Value Measurements (continued)

Level 3 Gains and Losses (continued)

Gains and losses (realized and unrealized) are included in changes in net assets for the periods above and are recorded in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Plan Loan Collateral Balances

The following table sets forth the Plan loan collateral fund balances held in cash at December 31, 2014 and 2013 by custodian:

	2014	2013
Voya	\$ 372,323	\$ 381,405
VALIC	132,565	137,761
Fidelity	<u>213,577</u>	<u>249,354</u>
Total cash held as collateral for Plan loans	<u>\$ 718,465</u>	<u>\$ 768,520</u>

At December 31, 2014 and 2013, the amount of collateralized loans held by TIAA-CREF are \$3,073,632 and \$2,842,047, respectively. The balances are included in the insurance company general account balance on the accompanying Statements of Net Assets Available for Benefits.

Plan Termination

Although it has not expressed any intent to do so, Children's, at its sole discretion, may terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, contracts held on behalf of participants will be disbursed to such participants or be transferred to a successor plan, as directed by the participant.

Party-in-Interest Transactions

Certain Plan investments are shares of pooled separate accounts, guaranteed investment contracts, variable annuity contracts, unallocated insurance contracts and registered investment companies managed by TIAA-CREF, Fidelity, Voya and VALIC, the custodians, as defined by the plan document. Because the investments are held with and managed by the custodians, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on certain funds.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Notes to Financial Statements
December 31, 2014 and 2013

Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The plan administrator intends to apply for a determination letter on the Plan when the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain its tax exemption. Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, 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.

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 participants' account balances and the amounts reported in the accompanying 2014 statement of net assets available for benefits.

Subsequent Events - Date of Management's Evaluation

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

SUPPLEMENTAL INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(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	(e) Current Value
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD TARGET RET 2040 INV	\$ 22,674,043
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	17,660,063
	VANGUARD	VANGUARD TARGET RET 2035 INV	8,102,802
	VANGUARD	VANGUARD TARGET RET 2025 INV	7,575,960
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	6,426,251
	VANGUARD	VANGUARD TARGET RET 2030 INV	6,252,705
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	5,793,047
	VANGUARD	VANGUARD TARGET RET 2020 INV	4,805,352
	INVESCO	INVESCO CHARTER INSTITUTIONAL	2,893,223
	VANGUARD	VANGUARD TTL BD MKT INX FUND	2,823,552
	VANGUARD	VANGUARD TARGET RET 2015 INV	2,400,387
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,322,206
	VANGUARD	VANGUARD SMALLCAP FUND	2,213,890
	VANGUARD	VANGUARD TARGET RET 2045 INV	1,766,321
	VANGUARD	VANGUARD TARGET RET 2050 INV	1,730,411
	VANGUARD	VANGUARD TARGET RET 2010 INV	1,431,592
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	1,429,352
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,227,387
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,213,635
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	1,150,386
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	964,439
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	963,982
	VANGUARD	VANGUARD TARGET RET 2055 INV	952,705
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	936,844
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	889,326
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	664,072
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	656,712
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	636,862
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	609,424
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	522,430
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	462,049
*	FIDELITY INVESTMENTS	SPARTAN INTL INDEX	457,024
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	451,856
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	446,586
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	442,835
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	333,971
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	332,751
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	329,648
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	326,610
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	325,034
*	FIDELITY INVESTMENTS	FID BALANCED	309,778
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	301,607
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	300,825
	VANGUARD	VANGUARD VALUE INDEX INST	300,081
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	294,838
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	293,988
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	281,695
	VANGUARD	VANGUARD WINDSOR II	281,200

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	277,195
*	FIDELITY INVESTMENTS	FID PURITAN	272,509
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	263,372
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	259,903
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	252,166
*	FIDELITY INVESTMENTS	FID INTERMED BOND	225,920
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	218,230
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	216,123
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	210,975
*	FIDELITY INVESTMENTS	FID VALUE	203,771
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	201,529
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	197,966
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	195,679
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	182,471
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	165,419
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	163,672
*	FIDELITY INVESTMENTS	SPTN TOTAL MKT INDEX	156,695
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	152,554
	VANGUARD	VANGUARD TARGET RET INCOME INV	152,529
*	FIDELITY INVESTMENTS	FID OVERSEAS	151,110
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	149,996
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	149,612
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	149,003
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	147,601
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	147,133
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	142,242
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	131,217
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	126,941
*	FIDELITY INVESTMENTS	FID INTL GROWTH	123,063
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	120,014
	VANGUARD	VANGUARD TARGET RET 2060 INV	117,320
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	116,335
*	FIDELITY INVESTMENTS	SPTN US BOND IDX ADV	110,914
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	109,581
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	109,096
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	106,852
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	106,493
*	FIDELITY INVESTMENTS	FID FIFTY	105,512
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	105,023
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	96,585
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	94,967
*	FIDELITY INVESTMENTS	FID TREND	94,347
*	FIDELITY INVESTMENTS	FID TOTAL BOND	92,764
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	90,846
*	DELAWARE	DELAWARE US GROWTH FUND INST	90,491
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	86,310
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	85,267
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	83,732

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	82,667
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	81,942
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	81,663
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	77,182
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	76,473
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	75,273
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	74,889
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	70,471
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	67,712
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	66,652
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	66,075
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	65,604
*	FIDELITY INVESTMENTS	FID SEL ELECTRONICS	65,473
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	64,707
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	61,415
	VANGUARD	VANGUARD LT INV-GRADE FUND	57,070
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	55,481
*	FIDELITY INVESTMENTS	FID HIGH INCOME	54,120
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	54,114
*	FIDELITY INVESTMENTS	SPTN REAL ES IDX ADV	52,546
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	52,420
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	52,123
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	50,728
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	50,236
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	49,715
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	48,885
*	FIDELITY INVESTMENTS	SPTN SM CAP IDX ADV	47,760
*	FIDELITY INVESTMENTS	FID SEL MEDICAL DEL	46,983
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	46,406
*	FIDELITY INVESTMENTS	FID EMERG MKTS DISC	43,944
*	FIDELITY INVESTMENTS	FID SEL ENERGY	41,206
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	40,998
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	40,472
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	39,743
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	39,673
*	FIDELITY INVESTMENTS	FID SEL GOLD	38,564
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	38,468
*	FIDELITY INVESTMENTS	FIDELITY EMERG MRKTS	37,430
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	36,956
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	36,823
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	36,583
*	FIDELITY INVESTMENTS	FID SEL RETAILING	35,858
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	34,929
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	34,164
*	FIDELITY INVESTMENTS	FID INTL VALUE	33,673
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	33,094
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	32,623
*	FIDELITY INVESTMENTS	SPTN EXTND MKT INDEX	31,235

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID SEL CONS DISCR	30,930
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	30,688
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	30,048
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	29,106
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,704
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	28,649
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	27,476
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	26,620
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	26,237
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	25,226
*	FIDELITY INVESTMENTS	SPTN LT TR IDX ADV	23,841
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	23,825
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	23,306
*	FIDELITY INVESTMENTS	SPTN INT TR INDX INV	22,648
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	20,676
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	20,466
*	FIDELITY INVESTMENTS	FID FIDELITY	20,442
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	19,195
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	19,127
*	VANGUARD	VANGUARD LIFESTRATEGY MODERA	18,276
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	17,749
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	17,439
*	FIDELITY INVESTMENTS	FID SEL LEISURE	17,412
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	16,584
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	15,780
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	15,383
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	14,762
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	14,732
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	13,588
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	13,290
*	FIDELITY INVESTMENTS	FID INTL REAL ESTATE	12,125
*	FIDELITY INVESTMENTS	FID SEL AIR TRANSPRT	11,642
*	VANGUARD	VANGUARD LONG-TERM TREASURY	11,489
*	FIDELITY INVESTMENTS	FID CANADA	11,346
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	11,308
*	FIDELITY INVESTMENTS	FID SEL BANKING	10,898
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,738
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	10,620
*	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	10,412
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	10,210
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	9,981
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	9,453
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	9,184
*	FIDELITY INVESTMENTS	SPTN EM MKTS IDX ADV	9,086
*	FIDELITY INVESTMENTS	FID GNMA	8,138
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	7,963
*	FIDELITY INVESTMENTS	FID SEL TRANSPORT	7,814
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	6,742

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID WORLDWIDE	6,205
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	5,620
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	5,076
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	4,724
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MONEY MARKET I FUND	4,657
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	4,632
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	4,624
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	4,493
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	3,725
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,613
*	FIDELITY INVESTMENTS	SPTN ST TR INDX INV	3,406
*	FIDELITY INVESTMENTS	FID JAPAN	3,168
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	3,017
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	2,879
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	2,604
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,984
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,728
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	1,452
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	1,306
*	FIDELITY INVESTMENTS	FIDELITY NORDIC	1,268
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,210
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	801
*	FIDELITY INVESTMENTS	FID CHINA REGION	739
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	650
*	FIDELITY INVESTMENTS	FID EUROPE	194
	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	97
*	FIDELITY INVESTMENTS	FID INTL CAP APPREC	8
			126,679,237
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	22,721,316
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	9,758,072
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	6,426,523
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	5,213,539
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	5,211,762
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,699,610
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	3,153,703
	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	1,270,292
			57,454,817
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY**	20,944,350
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	1,638,414
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	728,320
			23,311,084

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	5,753,255
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,776,103
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	775,542
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	193,238
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	13,773
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,213
			<u>10,519,124</u>
	<i>Pooled Separate Accounts:</i>		
*	TEACHERS INSURANCE AND ANNUITY ASSOCIATION	TIAA REAL ESTATE ACCOUNT	8,790,001
*	VOYA FINANCIAL	VOYA Growth and Income Port - I	2,587,166
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port -Init	1,911,413
*	VOYA FINANCIAL	Voya Large Cap Growth Portfolio Inst	1,033,995
*	VOYA FINANCIAL	Voya Index Plus LargeCap Port - I	1,011,263
*	VOYA FINANCIAL	Voya Oppenheimer Global Port -Init	878,819
*	VOYA FINANCIAL	Voya Invesco Equity&Inc Port-Init	655,413
*	VOYA FINANCIAL	Voya Balanced Portfolio, Inc. - I	605,891
*	VOYA FINANCIAL	Voya Index Plus MidCap Port - I	564,774
*	FIDELITY INVESTMENTS	Fidelity VIP Equity-Inc Port -Init	530,229
*	VOYA FINANCIAL	Voya Small Company Port - I	526,723
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio -Init	488,433
*	VOYA FINANCIAL	Voya Intermediate Bond Port - I	413,529
*	VOYA FINANCIAL	Voya T. Rowe Price Diver MidCap Gr-I	373,815
*	VOYA FINANCIAL	Voya T. Rowe Price Grwth Eq Port-Init	356,617
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port-I	326,779
*	VOYA FINANCIAL	Voya Strategic Alloc Mod Port-I	159,814
*	VOYA FINANCIAL	Voya Index Plus SmallCap Port - I	147,135
*	AMERICAN FUNDS	American Funds EuroPacific R4	119,518
*	VOYA FINANCIAL	Voya Large Cap Value Port - I	113,142
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio	105,850
*	AMERICAN FUNDS	American Funds Growth Fnd R4	104,418
*	VOYA FINANCIAL	Voya Strategic Alloc Consv Port - I	84,617
*	OPPENHEIMER FUNDS	Oppenheimer Developing Mkts Fund -A	80,737
*	VOYA FINANCIAL	Voya Baron Growth Port-Svc	79,490
*	LORD ABBETT	Lord Abbett Mid-Cap Value Port-VC	78,654
*	VOYA FINANCIAL	Voya Invesco Comstock Port -Svc	72,612
*	VOYA FINANCIAL	Voya Global Resources Portfolio -Svc	47,495
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	45,812
*	AMERICAN FUNDS	American Funds Washington Mutual R4	45,667
*	VOYA FINANCIAL	Voya Russell Large Cap Index Port. Inst.	43,743
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio	39,851
*	FRANKLIN TEMPLETON	Templeton Global Bond Fund -A	36,371
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	36,245
*	VOYA FINANCIAL	Voya High Yield Portfolio - I	33,881
*	VOYA FINANCIAL	Voya FMR Diversified MidCap Port-Svc	33,466
*	VOYA FINANCIAL	Voya T. Rowe Price Capital Appr -Svc	33,133
*	VOYA FINANCIAL	Voya Clarion Glb Real Est Prt-Inst	32,223
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio-Init	29,893

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2014

(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	(e) Current Value
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	Voya SmallCap Opportunities Port I	28,885
*	VOYA FINANCIAL	Voya Money Market Portfolio - I	28,704
*	VOYA FINANCIAL	Voya Aggregate Bond Portfolio Srv	28,585
	INVESCO	Invesco V.I. Core Equity Fd-Series I	28,396
	WELLS FARGO	Wells Fargo Adv Spec Small Cap Value Fund	28,176
*	VOYA FINANCIAL	Voya Invesco Growth & Inc-Svc	25,387
	PIMCO	PIMCO VIT Real Return Port -Admin CI	24,843
*	VOYA FINANCIAL	Voya Global Bond Port - I	20,557
*	VOYA FINANCIAL	Voya Templeton Foreign Eq Port -Init	20,016
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port. Inst.	19,219
	AMERICAN FUNDS	American Funds Fundamental Inv R4	17,231
	INVESCO	Invesco V.I. American Franchise Fund	14,052
	CALVERT	Calvert VP SRI Balanced Portfolio	13,718
	PIONEER	Pioneer High Yield VCT Port -I	12,387
	AMERICAN FUNDS	American Funds Nw Prspctv R4	12,354
*	VOYA FINANCIAL	Voya Clarion Real Estate Port Srv	12,197
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	12,112
*	VOYA FINANCIAL	Voya Pioneer High Yield Port -Init	11,224
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port - I	9,125
*	VOYA FINANCIAL	Voya T. Rowe Price Equity Inc -Svc	8,752
	WANGER	Wanger Select	8,671
	AMERICAN CENTURY	American Century Inflat-Adj Bd Inv	8,122
*	VOYA FINANCIAL	Voya International Value Port -I	7,436
	OPPENHEIMER FUNDS	Oppenheimer Main Street Small Cap/VA	5,832
*	VOYA FINANCIAL	Columbia Mid Cap Value Fund A	5,827
*	VOYA FINANCIAL	Voya International Index Port -I	5,631
*	VOYA FINANCIAL	Voya JPMorgan Emerg Mkts Eq Port-Svc	5,042
	WANGER	Wanger USA	4,541
	AMERICAN FUNDS	American Funds Smallcap R4	4,030
	JANUS WORLDWIDE	Janus Aspen Balanced Portfolio-Inst	1,649
	ARIEL FUND	Ariel Fund	1,617
	PIONEER	Pioneer Emerging Markets VCT Port-I	1,515
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	798
	LAZARD	Lazard U.S. Mid Cap Equity Port Opn	544
*	VOYA FINANCIAL	Voya JPMorgan Mid Cap Val Port -Svc	106
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio -I	88
*	VOYA FINANCIAL	Janus Aspen Global Research Port - Inst	1
			23,095,997
*	TIAA-CREF	TIAA STABLE VALUE FUND**	6,968,358
	Cash		465,195
	Cash Held as Collateral for Plan Loans		718,465
			\$ 249,212,277

* Denotes party-in-interest
** Reported at contract value

See Independent Auditor's Report.