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 01/01/2014 and ending 12/31/2014

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1958

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

700 CHILDRENS DRIVE
COLUMBUS, OH 43205-2664

2b Employer Identification Number (EIN)
31-4379441

2c Plan Sponsor's telephone number
614-722-2000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	1146
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	**6a(1)**	33
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	27
b	Retired or separated participants receiving benefits	**6b**	485
c	Other retired or separated participants entitled to future benefits	**6c**	572
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1084
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	51
f	Total. Add lines **6d** and **6e**.	**6f**	1135
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NATIONWIDE CHILDREN'S HOSPITAL, INC.

D Employer Identification Number (EIN)
31-4379441

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	73740543
b Actuarial value	**2b**	68740084

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	527	47286983	47286983
b For terminated vested participants	586	13834597	13834597
c For active participants	33	8809546	8809546
d Total	1146	69931126	69931126

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.36%
6 Target normal cost	**6**	295195

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/15/2015
Date

LORNA M. SPRINGER
Type or print name of actuary

14-07422
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

216-937-4000
Telephone number (including area code)

1001 LAKESIDE AVENUE, SUITE 1900
CLEVELAND, OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 16.22%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		179
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.21 %		11
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		190
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.29 %
15	Adjusted funding target attainment percentage	15	98.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2014	523816	0			
07/14/2014	523816	0			
01/09/2015	258428	0			
04/15/2015	362794	0			
07/08/2015	362794	0			
			Totals ► 18(b)	2031648	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1929861

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	295195
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1191042	1155982
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1451177

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1451177
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1929861

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	478684
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 PENSION PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL, INC.	**D** Employer Identification Number (EIN) 31-4379441

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27 50	NONE	84719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50	NONE	41439	Yes [X] No [ ]	Yes [X] No [ ]	6844	Yes [X] No [ ]

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	16704	Yes [ ] No [X]	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)

PNC CAPITAL ADVISORS, LLC

27-0640560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	9667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL, INC.

D Employer Identification Number (EIN)
31-4379441

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	629808	984016
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	182423	173022
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7204016	5527276
(2) U.S. Government securities	1c(2)	14736369	14443072
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7532323	9405311
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43468054	45112877
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	73752993	75645574
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	73752993	75645574

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)	2031648	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2031648
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	553	
(B) U.S. Government securities	2b(1)(B)	398685	
(C) Corporate debt instruments	2b(1)(C)	291164	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	320	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		690722
(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)	827318	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		827318
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	25985401	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	26022720	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-37319
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	264646	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		264646

		(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)		3415654
c Other income	2c		1234
d Total income. Add all **income** amounts in column (b) and enter total	2d		7193903
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4973177	
(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)		4973177
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)	84719	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	26371	
(4) Other	2i(4)	217055	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		328145
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5301322
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1892581
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)** [X] Disclaimer **(4)** [ ] Adverse

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

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL, INC.

D Employer Identification Number (EIN)
31-4379441

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1389836

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** 2

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

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: 67.0% Investment-Grade Debt: _____% High-Yield Debt: 33.0% Real Estate: _____% Other: _____%

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

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

Financial Statements
with Supplementary Information

Nationwide Children's Hospital Pension Plan

December 31, 2014 and 2013

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GBQ Partners

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

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

GBQ Partners LLC

Columbus, Ohio
October 13, 2015

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets:		
Investments, at fair value:		
Money market fund	**$ 5,527,276**	$ 7,204,016
U.S. Government and agency obligations	**14,443,072**	14,736,370
Fixed income obligations	**9,405,311**	7,532,323
Mutual funds	**45,112,877**	43,468,054
	74,488,536	72,940,763
Employer contribution receivable	**984,016**	629,808
Interest receivable	**173,022**	182,422
NET ASSETS AVAILABLE FOR BENEFITS	**$ 75,645,574**	$ 73,752,993

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2014 and 2013

	2014	2013
Additions to Net Assets Attributed to:		
Interest and dividend income	**$ 1,518,183**	$ 1,436,228
Net appreciation in fair value of investments	**3,642,981**	9,058,899
Employer contributions	**2,031,648**	2,181,398
Total additions	**7,192,812**	12,676,525
Deductions from Net Assets Attributed to:		
Benefits paid to participants	**4,974,157**	4,909,764
Administrative fees	**326,074**	329,074
Total deductions	**5,300,231**	5,238,838
Net increase	**1,892,581**	7,437,687
Net Assets Available for Benefits:		
Beginning of year	**73,752,993**	66,315,306
End of year	**$ 75,645,574**	$ 73,752,993

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

Plan Description

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

General

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

Pension Benefits

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

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

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

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

Plan Description (continued)

Pension Benefits (continued)

- A participant hired before April 1, 1993 is entitled to a benefit calculated as (a) 1/12th of 1% of the participant's average compensation (up to an amount stipulated in the plan document), plus (b) 1/12th of 1.45% of the participant's average compensation (in excess of an amount stipulated in the plan document), multiplied by (c) the participant's years of benefit service, not counting benefit service after March 31, 1993.

- A participant who retires on or after July 1, 1992 is entitled to a benefit calculated as (a) 1/12th of 2.3% of the participant's average compensation, minus (b) 1/12th of 2.0% of the participant's social security benefit, multiplied by (c) the participant's years of benefit service.

- Alternative provisions in the plan document apply to a participant who terminates employment after December 31, 1993 and who has any compensation prior to January 1, 1994 in excess of $150,000.

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

Death and Disability Benefits

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

Summary of Significant Accounting Policies

Basis of Accounting

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

Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2014 and 2013 were (a) life expectancy of participants (the 2014 PPA Combined Optional Mortality Table for 2014 and the 2013 PPA Combined Optional Mortality Table for 2013), (b) retirement age assumptions (the assumed average retirement age is 65), (c) no salary increase assumptions due to the plan being frozen and (d) investment return. The valuation included assumed average rates of return of 7.00% for 2014 and 2013. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Summary of Significant Accounting Policies (continued)

Administrative Expenses

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Funding Policy

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

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

Plan Termination

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

1. Retired participants and their beneficiaries to whom payment commenced at least three years prior to the date of termination.

2. Retired participants and their beneficiaries to whom payment commenced less than three years prior to the date of termination.

3. Participants who were eligible to receive early retirement benefits at the date of termination.

4. All benefits guaranteed and insured by the Pension Benefit Guaranty Corporation.

5. All other vested accrued benefits not insured by the Pension Benefit Guaranty Corporation.

6. All other accrued benefits provided under the Plan.

7. Any excess will revert to the Hospital.

Plan Termination (continued)

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

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

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

Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2014 and 2013 and for the years then ended is presented below:

	2014	2013
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 44,901,021	$ 44,032,728
Terminated participants with benefits deferred	12,989,829	13,554,205
Other participants	8,321,595	9,289,720
	66,212,445	66,876,653
Non-vested benefits	-	1,233
	$ 66,212,445	$ 66,877,886
Actuarial present value of accumulated plan benefits at the beginning of year	$ 66,877,886	$ 66,876,456
Increase (decrease) during the year attributed to:		
Benefits accumulated	-	-
Benefits paid	(4,909,764)	(4,706,582)
Additional benefits earned, including experience gains and losses	4,151,110	4,615,106
Change of assumptions	93,213	92,906
Net (decrease)/increase	(665,441)	1,430
Actuarial present value of accumulated plan benefits at the end of year	$ 66,212,445	$ 66,877,886

Information Prepared and Certified by the Trustee

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

	2014	2013
JPMorgan Liquid Assets Money market fund	**$ 5,527,276**	$ 7,204,016
U.S. Government and agency obligations	**14,443,072**	14,736,370
Fixed income obligations	**9,405,311**	7,532,323
Mutual funds:		
Vanguard Institutional Index Fund Instl. Plus Shares	**27,405,589**	26,111,598
Vanguard Index TR Mid Capitalization Stock Portfolio Instl. Class	**4,541,724**	5,576,925
Vanguard Index TR Value Portfolio Instl. Share Class	**-**	4,454,624
Vanguard Index FDS Small Capitalization Admiral Shares	**6,941,377**	-
Others	**6,224,187**	7,324,907
	$ 74,488,536	$ 72,940,763

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

	2014	2013
U.S. Government and agency obligations	**$ 58,383**	$(682,456)
Fixed income obligations	**168,944**	(366,019)
Common stocks	**-**	310,486
Mutual funds	**3,415,654**	9,796,888
	$ 3,642,981	$ 9,058,899

The trustee also certified to the completeness and accuracy of $1,518,183 and $1,436,228 of interest and dividend income for 2014 and 2013, respectively.

Fair Value Measurements

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 entity 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 are significant unobservable inputs for the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level or any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

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

Fair Value Measurements (continued)

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.

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

Assets at Fair Value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Money market fund	**$ 5,527,276**	**$ -**	**$ -**	**$ 5,527,276**
U.S. Government and Agency Obligations:				
Treasury notes and bonds	**-**	**6,166,533**	**-**	**6,166,533**
Agency obligations	**-**	**8,276,539**	**-**	**8,276,539**
Fixed Income Obligations:				
U.S. corporate bonds	**-**	**8,871,779**	**-**	**8,871,779**
Municipal obligations	**-**	**19,918**	**-**	**19,918**
Foreign obligations	**-**	**513,614**	**-**	**513,614**
Mutual funds:				
Index funds	**38,888,689**	**-**	**-**	**38,888,689**
International funds	**6,224,188**	**-**	**-**	**6,224,188**
Total assets at fair value	**$ 50,640,153**	**$ 23,848,383**	**$ -**	**$ 74,488,536**

Assets at Fair Value as of December 31, 2013:

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

Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 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.

Party-in-Interest Transactions

Certain Plan investments are shares of money market funds managed by JPMorgan Chase Bank, N.A. (JPMorgan). The Plan also holds corporate bonds issued by JPMorgan Chase and Co. JPMorgan is the trustee as defined in the plan agreement, and therefore, these transactions qualify as party-in-interest. Trustee fees paid to JPMorgan during 2014 and 2013 were approximately $39,000 and $34,000, respectively.

During 2014 and 2013, PNC Wealth Management, Great Northern Capital Management and Huntington National Bank provided investment advisory management services to the Plan. Fees paid by the Plan during 2014 and 2013 for investment advisory management services were approximately $26,000 and $25,000, respectively.

During 2014 and 2013, the Plan paid fees of approximately $80,000 and $48,000, respectively, to Towers Watson. Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest. During 2013, the Plan also paid consulting fees of $20,000 to Gallagher Fiduciary Advisors.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying 2014 statement of net assets available for benefits.

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

Subsequent Event – Date of Management's Evaluation

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

SUPPLEMENTARY INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Money Market Fund:			
*	JPMorgan Liquid Assets	Money Market Fund	$ 5,527,276	$ 5,527,276
	U.S. Government and Agency Obligations:			
	UNITED STATES TREAS BDS	$250,000, 4.500%, due February 15, 2036	232,422	333,458
	UNITED STATES TREAS BDS	$250,000, 5.375%, due February 15, 2031	273,672	348,458
	UNITED STATES TREAS NTS	$260,000, 0.250%, due January 31, 2015	260,000	260,031
	UNITED STATES TREAS NTS	$515,000, 0.375%, due January 15, 2016	514,809	515,324
	UNITED STATES TREAS NTS	$110,000, 0.875%, due December 31, 2016	110,550	110,413
	UNITED STATES TREAS NTS	$135,000, 1.000%, due March 31, 2017	135,646	135,570
	UNITED STATES TREAS NTS	$355,000, 1.250%, due January 31, 2019	351,105	351,588
	UNITED STATES TREAS NTS	$820,000, 1.250%, due August 31, 2015	834,331	825,830
	UNITED STATES TREAS NTS	$335,000, 1.250%, due October 31, 2015	340,158	337,697
	UNITED STATES TREAS NTS	$855,000, 1.500%, due August 31,2018	863,226	859,138
	UNITED STATES TREAS NTS	$115,000, 1.625%, due July 31, 2019	115,022	115,179
	UNITED STATES TREAS NTS	$35,000, 1.625%, due August 15, 2022	33,724	34,043
	UNITED STATES TREAS NTS	$5,000, 2.125%, due August 15, 2021	5,030	5,060
	UNITED STATES TREAS NTS	$180,000, 2.250%, due January 31, 2015	186,476	180,302
	UNITED STATES TREAS NTS	$250,000, 2.375%, due June 30, 2018	252,676	259,120
	UNITED STATES TREAS NTS	$165,000, 2.375%, due August 15, 2024	165,200	168,056
	UNITED STATES TREAS NTS	$500,000, 2.500%, due May 15, 2024	499,766	515,080
	UNITED STATES TREAS NTS	$105,000, 2.625%, due November 15, 2020	109,120	109,602
	UNITED STATES TREAS NTS	$465,000, 3.000%, due September 30, 2016	502,222	484,474
	UNITED STATES TREAS NTS	$200,000, 4.250%, due November 15, 2017	202,625	218,110
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$300,000, 1.050%, due March 28, 2016	301,350	302,418
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$1,000,000, 1.750%, due March 18, 2019	1,006,460	1,007,630
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$550,000, 4.250%, due April 16, 2018	553,612	601,761
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$500,000, 4.550%, due June 08, 2020	504,315	563,410
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$500,000, 4.625%, due March 21, 2017	479,575	540,905
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$500,000, 4.750%, due September 30, 2015	502,969	516,620
	FEDERAL HOME LN BKS CONS BD	$550,000, 2.125%, due June 10, 2022	554,729	540,606
	FEDERAL HOME LN BKS CONS BD	$500,000, 2.750%, due June 08, 2018	527,240	521,430
	FEDERAL HOME LN BKS CONS BD	$200,000, 3.000%, due March 18, 2020	204,318	210,286
	FEDERAL HOME LN BKS CONS BD	$500,000, 3.125%, due March 09, 2018	514,225	528,400
	FEDERAL HOME LN BKS CONS BD	$35,000, 4.125%, due December 13, 2019	38,665	38,785
	FEDERAL HOME LN BKS CONS BD	$250,000, 4.250%, due March 09, 2018	246,130	271,053
	FEDERAL HOME LN BKS CONS BD	$250,000, 4.750%, due March 10, 2023	248,093	292,453
	FEDERAL HOME LN BKS CONS BD	$250,000, 4.750%, due June 08, 2018	249,360	278,605
	FEDERAL HOME LN MTG CORP REFERENCE	$300,000, 1.250%, due October 02, 2019	289,071	293,511
	FEDERAL HOME LN MTG CORP REFERENCE	$250,000, 2.375%, due January 13, 2022	246,633	252,573
	FEDERAL HOME LN MTG CORP REFERENCE	$250,000, 3.750%, due March 27, 2019	255,893	272,088
	FEDERAL HOME LN MTG CORP MEDIUM TERM	$250,000, 5.050%, due January 26, 2015	247,608	250,815
	FEDERAL NATL MTG ASSN	$500,000, 0.750%, due March 14, 2017	491,280	498,170
	FEDERAL NATL MTG ASSN	$500,000, 1.100%, due April 17, 2018	484,750	495,020
	Total U.S. Government and Agency Obligations		13,934,056	14,443,072

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations:			
	ACE INA HLDG INC GTD NT	$30,000, 2.600%, due November 23, 2015	29,972	30,467
	AETNA INC NEW SR NT	$25,000, 1.500%, due November 15, 2017	24,477	24,805
	AMAZON COM INC NT	$10,000, 3.300%, due December 5, 2021	9,963	10,137
	AMER CAMPUS COMNTYS OPER LP GTD NT	$30,000, 3.750%, due April 15, 2023	29,841	29,948
	AMER CAMPUS COMNTYS OPER LP GTD NT	$10,000, 4.125%, due July 1, 2024	10,018	10,101
	AMERICAN EXPRESS CO NT	$25,000, 1.550%, due May 22, 2018	24,739	24,762
	AMERICAN EXPRESS CO SUB NT	$20,000, 3.625%, due December 5, 2024	20,050	20,167
	AMERICAN EXPRESS CR CORP MEDIUM TERM	$15,000, Variable, due July 29, 2016	15,095	15,056
	AMERICAN HONDA FIN CORP MED TERM NTS	$15,000, 2.125%, due October 10, 2018	14,942	15,091
	AMERICAN HONDA FIN CORP MED TERM NTS	$20,000, 2.250%, due August 15, 2019	19,963	20,064
	AMERISOURCEBERGEN CORP SR NT	$200,000, 3.500%, due November 15, 2021	201,518	205,720
	ANHEUSER BUSCH INBEV FIN INC NT	$25,000, 3.700%, due February 1, 2024	25,072	25,969
	APPLE INC NT	$25,000, 2.400%, due May 3, 2023	24,967	24,300
	APPLE INC NT	$100,000, 3.450%, due May 6, 2024	102,040	104,726
	ASSURANT INC SR NT	$20,000, 2.500%, due March 15, 2018	20,027	20,192
	AT&T INC NT	$215,000, 3.900%, due March 11, 2024	222,836	220,947
	AT&T INC NT	$35,000, 5.500%, due February 1, 2018	38,734	38,636
	BANK AMER CORP SR NT	$30,000, 3.300%, due January 11, 2023	29,815	30,002
	BANK AMER CORP	$15,000, 4.200%, due August 26, 2024	14,989	15,281
	BANK AMER CORP MEDIUM TERM NT	$5,000, 4.000%, due April 1, 2024	4,981	5,206
	BANK AMER CORP MEDIUM TERM NT	$15,000, 4.250%, due October 22, 2026	14,928	14,966
	BANK NEW YORK INC MEDIUM TERM SR NTS	$100,000, 5.450%, due May 15, 2019	101,416	113,370
	BB&T BRH BKG & TR CO GLOBALBK MEDIUM TERM NT	$100,000, 2.850%, due April 1, 2021	99,789	100,582
	BB&T CORP MEDIUM TERM NTS TRANCHE	$25,000, 6.850%, due April 30, 2019	30,691	29,658
	BERKSHIRE HATHAWAY INC DEL SR NT	$30,000, 3.750%, due August 15, 2021	31,674	32,091
	BOARDWALK PIPELINES LP GTD SR NT	$20,000, 3.375%, due February 1, 2023	19,517	18,219
	BORGWARNER INC SR NT	$25,000, 4.625%, due September 15, 2020	27,472	27,363
	BOSTON PPTYS LTD PARTNERSHIP SR NT	$20,000, 5.625%, due November 15, 2020	22,705	22,819
	BURLINGTON NORTHERN SANTA FE LLC DEB	$40,000, 3.050%, due September 1, 2022	38,479	40,254
	CAPTIAL ONE BK USA NATL ASSN NT	$200,000, 3.375%, due February 15, 2023	200,112	198,888
	CAPTIAL ONE FINL CORP SUB NT	$35,000, 6.150%, due September 1, 2016	39,472	37,612
	CAPITAL ONE MULTI-ASSET EXECUTION	$40,000, 1.480%, due July 15, 2020	39,989	40,009
	CATERPILLAR INC SR NT	$30,000, 3.900%, due May 27, 2021	31,230	32,487
	CELGENE CORP SR NT	$100,000, 2.30%, due August 15, 2018	100,495	100,826
	CHEVRON CORP NEW NT	$25,000, 1.104%, due December 5, 2017	25,000	24,846
	CISCO SYS INC SR NT	$25,000, 2.900%, due March 4, 2021	24,955	25,457
	CISCO SYS INC SR NT	$200,000, 4.950%, due February 15, 2019	201,190	223,524
	CITIGROUP INC GROUP SUB NT	$15,000, 4.875%, due May 7, 2015	15,851	15,199
	CITIGROUP INC GROUP NT	$40,000, 6.125%, due November 21, 2017	45,838	44,603
	COCA COLA CO NT	$30,000, Variable, due November 01, 2016	30,037	30,011
	COLGATE PALMOLIVE CO MEDIUM TERM NTS	$200,000, 2.625%, due May 01, 2017	209,974	206,956
	CONOCOPHILLIPS GTD NT	$20,000, 6.000%, due January 15, 2020	23,893	23,239
	CONOCOPHILLIPS CO GTD NT	$35,000, 2.875%, due November 15, 2021	35,139	35,349
	CONTINENTAL RES INC SR NT	$40,000, 5.000%, due September 15, 2022	41,465	38,700
	COOPER U S INC GTD SR NT	$100,000, 2.375%, due January 15, 2016	99,272	101,501
	CRH AMER INC GTD NT	$20,000, 4.125%, due January 15, 2016	21,065	20,581

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	CYTEC INDS INC SR NT	$20,000, 3.950%, due May 1, 2025	20,165	20,243
	DANAHER CORP SR NT	$100,000, 3.900%, due June 23, 2021	102,117	107,811
	DEERE JOHN CAP CORP MEDIUM TERM NTS	$45,000, Variable, due February 25, 2016	45,013	45,014
	DIGITAL RLTY TR LP GTD NT	$15,000, 5.250%, due March 15, 2021	16,205	16,428
	DIGITAL RLTY TR LP GTD NT	$20,000, 5.875%, due February 1, 2020	23,413	22,370
	DIRECTV HLDGS LLC SR NT	$45,000, 4.600%, due February 15, 2021	48,442	48,201
	DISNEY WALT CO NEW MEDIUM TERM NTS	$30,000, 5.875%, due December 15, 2017	36,860	33,778
	DUKE ENERGY CORP NEW SR NT	$100,000, 3.950%, due October 15, 2023	102,719	106,018
	EBAY INC NT	$30,000, 2.600%, due July 15, 2022	28,237	28,468
	EBAY INC NT	$200,000, 3.250%, due October 15, 2020	201,380	203,436
	EMC CORP NT	$125,000, 2.650%, due June 1, 2020	125,127	124,399
	ENTERPRISE PRODS OPER LLC GTD SR NT	$10,000, 2.55%, due October 15, 2019	9,998	9,899
	EQT CORP SR NT	$35,000, 4.875%, due November 15, 2021	38,151	37,811
	EXELON GENERATION CO LLC SR NT	$30,000, 4.000%, due October 1, 2020	31,602	31,302
	EXXON MOBIL CORP NT	$60,000, Variable, due March 15, 2017	60,000	59,957
	FEDEX CORP NT	$100,000, 4.000%, due January 15, 2024	101,803	106,439
	FLUOR CORP NEW SR NT	$200,000, 3.375%, due September 15, 2021	217,746	206,612
	FORD CR AUTO OWNER TR 2014-C NT	$30,000, 1.060%, due May 15, 2019	29,996	29,913
	FREEPORT-MCMORAN COPPER&GOLD INC SR NT	$45,000, 3.550%, due March 1, 2022	43,928	42,530
	GENERAL ELEC CAP CORP MEDIUM TERM	$20,000, 3.150%, due September 7, 2022	20,096	20,370
	GENERAL ELEC CAP CORP MEDIUM TERM	$35,000, 4.650%, due October 17, 2011	38,625	39,450
	GE CAP CR CARD MASTER NT TR	$135,000, 1.360%, due August 17, 2020	134,948	134,183
	GILEAD SCIENCES INC SR NT	$240,000, 3.700%, due April 1, 2024	248,165	251,719
	GOLDMAN SACHS GROUP INC SR NT	$15,000, 4.000%, due March 3, 2024	15,034	15,572
	GOLDMAN SACHS GROUP INC MEDIUM TERM NTS	$10,000, 3.850%, due July 8, 2024	9,996	10,256
	GOLDMAN SACHS GROUP INC MEDIUM TERM NTS	$20,000, 5.375%, due March 15, 2020	22,390	22,414
	GOOGLE INC NT	$30,000, 3.625%, due May 19, 2021	33,460	32,188
	HASBRO INC NT	$10,000, 6.300%, due September 15, 2017	11,606	11,069
	HEWLETT PACKARD CO GLOBAL NT	$10,000, 4.375%, due September 15, 2021	10,143	10,485
	HONDA AUTO RECIEVABLES 2014-3 OWNER TRUSY ASSET BACKED NT	$15,000, 0.880%, due July 15, 2017	14,997	14,950
	HUNT J B TRANS SVCS INC GTD SR NT	$100,000, 2.400%, due March 15, 2019	100,099	100,053
	HYUNDAI AUTO REC TR 2013- B NT	$25,000, 0.710%, due May 16, 2016	24,995	25,016
	INTEL CORP SR NT	$230,000, 2.700%, due December 15, 2022	228,420	228,632
	JOHN DEERE OWNER TR 2014 -B ASSET BACKED NT	$25,000, 1.070%, due November 15, 2017	24,995	24,902
	JOHNSON & JOHNSON NT	$65,000, 1.125%, due November 21, 2017	64,949	64,806
*	JPMORGAN CHASE & CO SUB NT	$40,000, 3.375%, due May 1, 2023	39,277	39,572
*	JPMORGAN CHASE & CO NT	$100,000, 3.875%, due February 1, 2024	103,457	104,243
*	JPMORGAN CHASE & CO NT	$20,000. 4.625%, due May 10, 2021	22,524	22,012
*	JPMORGAN CHASE & CO SR NT	$85,000, 6.000%, due January 15, 2018	84,356	95,101
	KEYCORP MEDIUM TERM ST NTS	$100,000, 2.300%, due December 13, 2018	100,587	100,345
	KIMCO RLTY CORP NT	$100,000, 3.125%, due June 1, 2023	99,454	97,975
	KINDER MORGAN ENERGRY PARTNERS SR NT	$25,000, 4.150%, due March 1, 2022	25,973	25,193
	KINDER MORGAN ENERGRY PARTNERS SR NT	$30,000, 5.800%, due March 1, 2021	34,260	33,221
	KLA-TENCOR CORP SR NT	$40,000, 4.125%, due November 1, 2021	40,206	40,973
	KROGER CO SR NT	$30,000, 3.400%, due April 15, 2022	30,282	30,540
	KROGER CO SR NT	$100,000, 3.850%, due August 1, 2023	100,147	103,688
	KROGER CO SR NT	$100,000, 4.000% due February 1, 2024	101,364	104,977
	LACLEDE GAS CO 1st MTG BD	$100,000, 2.000%, due August 15, 2018	99,027	99,361
	LOWES COS INC NT	$100,000, 5.000%, due October 15, 2015	99,094	103,372

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	MASTERCARD INC NT	$230,000, 3.375%, due April 1, 2024	233,313	236,086
	MCCORMICK & CO INC SR NT	$100,000, 3.900%, due July 15, 2021	104,834	107,762
	MCDONALDS CORP MEDIUM TERM NTS	$100,000, 3.500%, due July 15, 2020	103,644	105,920
	METLIFE INC SR NT SER D	$25,000, Variable, due September 15, 2023	25,935	27,260
	MONDELEZ INTL INC NT	$35,000, 2.250%, due February 1, 2019	35,226	34,856
	MORGAN STANLEY SR NT	$20,000, 4.750%, due March 22, 2017	21,913	21,304
	MORGAN STANLEY SR NT	$20,000, 4.875%, due November 1, 2022	20,570	21,242
	MORGAN STANLEY CAP TR	$6,026, 5.439%, due February 12, 2044	6,357	6,063
	NBCUNIVERSAL MEDIA LLC SR NT	$20,000, 4.375%, due April 1, 2021	21,877	21,996
	NISSAN AUTO LEASE TR 2013-A AST BCKD NT	$25,000, 0.610%, due September 15, 2015	25,000	24,991
	NORTHROP GRUMMAN CORP SR NT	$100,000, 3.250%, due August 1, 2023	96,812	100,753
	OMNICOM GROUP INC SR NT	$100,000, 4.450%, due August 15, 2020	104,863	107,562
	ORACLE CORP NT	$20,000. 2.800%, due July 8, 2019	19,971	20,249
	PACCAR FINL CORP MEDIUM TERM SR NTS	$25,000, Variable, due December 6, 2018	25,076	25,144
	PACKAGING CORP AMER SR NT	$25,000, 4.500%, due November 1, 2023	26,270	26,188
	PARKER-HANNIFIN CORP MEDIUM TERM NTS	$100,000, 3.500%, due September 15, 2022	101,538	104,572
	PEPSICO INC SR NT	$25,000, 2.750%, due March 5, 2022	25,247	24,961
	PNC FDG CORP SR NT	$100,000, 4.375%, due August 11, 2020	102,890	109,132
	PPL CAP FDG INC GTD SR NT	$10,000, 3.500%, due December 1, 2022	10,038	10,128
	PRAXAIR INC NT	$100,000, 4.625%, due March 30, 2015	102,120	101,010
	PROCTOR & GAMBLE CO NT	$30,000, 4.850%, due December 15, 2015	32,442	31,214
	PRUDENTIAL FINL INC MEDIUM TERM NTS	$40,000, 4.500%, due November 16, 2021	44,123	43,607
	PSEG PWR LLC SR NT	$100,000, 2.45%, due November 15, 2018	100,217	100,159
	PUBLIC SVC ELEC GAS CO SECD MEDIUM	$100,000, 3.500%, due August 15, 2020	102,801	104,689
	REALTY INCOME CORP NT	$25,000, 3.250%, due October 15, 2022	23,829	24,646
	REINSURANCE GROUP AMER INC SR NT	$20,000, 6.450%, due November 15, 2019	24,187	23,157
	ROWAN COS INC SR NT	$25,000, 4.875%, due June 1, 2022	26,035	24,327
	SCHWAB CHARLES CORP NEW SR NT	$200,000, 4.450%, due July 22, 2020	209,786	219,680
	SIMON PPTY GROUP L P NT	$200,000, 5.650%, due February 1, 2020	201,478	229,572
	SOUTHERN CALI EDISON CO SER 2013C	$30,000, 3.500%, due October 1, 2023	30,072	31,536
	ST JUDE MED INC SR NT	$100,000, 3.250%, due April 15, 2023	98,007	99,969
	SYSCO CORP SR NOTE	$15,000, 3.000%, due October 2, 2021	15,014	15,228
	TARGET CORP NT	$100,000, 2.900%, due January 15, 2022	99,989	101,183
	TIME WARNER INC NEW NT	$25,000, 3.400%, due June 15, 2022	24,742	25,273
	TOYOTA AUTO REC 2013-B NT	$25,000, 0.890%, due July 17, 2017	24,999	25,047
	TOYOTA MTR CR CORP MEDIUM TERM NTS	$30,000, 3.400%, due September 15, 2021	30,124	31,553
	TYSON FOODS INC SR NT	$25,000, 3.950%, due August 15, 2024	25,200	25,843
	U S BANCORP MEDIUM TERM NTS	$20,000, 2.950%, due July 15, 2022	19,455	19,715
	UNIONBANCAL CORP SR NT	$40,000, 3.500%, due June 18, 2022	40,819	41,194
	UNITED TECHNOLOGIES CORP NT	$100,000, 5.375%, due December 15, 2017	99,684	111,168
	UNITEDHEALTH GROUP INC NT	$25,000, 1.400%, due October 15, 2017	24,749	24,976

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	VERIZON COMMUNICATIONS INC NT	$60,000, 5.150%, due September 15, 2023	63,998	66,254
	VIACOM INC NEW SR NT	$25,000, 3.250%, due March 15, 2023	24,660	24,144
	VIACOM INC NEW SR NT	$20,000, 4.250%, due September 1, 2023	20,752	20,622
	VOLKSWAGON AUTO LN ENHANCED	$20,000, 0.910%, due October 22, 2018	19,996	19,909
	WAL MART STORES INC NT	$30,000, 3.625%, due July 8, 2020	33,826	32,036
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	$20,000, 3.300%, due September 9, 2024	19,946	20,125
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	$15,000, 4.100%, due June 3, 2026	14,985	15,331
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	$125,000. 4.125%, due August 15, 2023	127,138	131,198
	WILLIAMS PARTNERS L P SR NT	$25,000, 4.125%, due November 15, 2020	26,780	25,613
	WISCONSIN PWR & LT CO DEB	$100,000, 4.600%, due June 15, 2020	101,375	107,092
	XILINX INC SR NT	$15,000, 3.000%, due March 15, 2021	14,893	14,969
	YUM BRANDS INC SR NT	$25,000, 3.750%, due November 1, 2021	26,118	25,617
	Total fixed income obligations		8,727,228	8,871,779
	Municipal Obligations:			
	CATHOLIC HEALTH INITIATIVES BD	$20,000, 1.600%, due November 1, 2017	19,994	19,918
	Total municipal obligations		19,994	19,918
	Foreign Obligations:			
	ABBEY NATL TREAS SVCS PLC GTD NT	$30,000, 3.050%, due August 23, 2018	31,026	31,060
	BANK MONTREAL MEDIUM TERM SR NTS	$35,000, Variable, due September 11, 2015	35,000	35,098
	BNP PARIBAS / BNP PARIBAS US MEDIUM	$5,000, 1.250%, due December 12, 2016	4,995	4,997
	BNP PARIBAS / BNP PARIBAS US MEDIUM	$25,000, 2.700%, due August 20, 2018	25,039	25,551
	BP CAP MKTS P L C GTD NT	$40,000, 3.245%, due May 6, 2022	40,028	39,322
	CANADIAN IMPERIAL BK COMM TORONTO	$20,000, Variable, due July 18, 2016	20,031	20,083
	CARNIVAL CORP GTD SR NT	$10,000, 3.950%, due October 15, 2020	9,974	10,478
	COOPERATIEVE CENTRALE RAIFFEISEN	$10,000, 3.375%, due January 19, 2017	10,321	10,432
	DEUTSCHE BK AG GLOBAL MEDIUM TERM	$15,000, 1.400%, due February 13, 2017	15,031	14,969
	DIAGEO CAP PLC NT	$20,000, 2.625%, due April 29, 2023	20,064	19,445
	HSBC HLDGS PLC SR NT	$15,000, 5.100%, due April 5, 2021	15,296	16,956
	NEXEN INC NT	$15,000, 6.200%, due July 30, 2019	18,700	17,287
	ONTARIO PROV CDA BD	$15,000, .950%, due May 26, 2015	14,997	15,037
	PETROBRAS INTL FIN CO GTD GLOBAL NT	$20,000, 5.375%, due January 27, 2021	20,184	18,531
	PETROLEOS MEXICANOS GTD NT	$15,000, 6.00%, due March 5, 2020	16,634	16,838
	ROYAL BK CDA GTD BD	$65,000, 1.200%, due September 19, 2017	64,994	64,629
	ROYAL BK CDA GLOBAL MEDIUM TERM SR	$35,000, 1.150%, due March 13, 2015	34,989	35,052
	TELEFONICA EMISIONES S A U GTD NT	$25,000, 5.134%, due April 27, 2020	26,889	27,675
	THOMSON REUTERS CORP NT	$20,000, 3.850%, due September 29, 2024	19,904	20,220
	TORONTO DOMINION BK SR MEDIUM TERM	$30,000, 2.125%, due July 2, 2019	29,963	29,859
	VODAFONE GROUP PLC NEW NT	$15,000, 1.500%, due February 19, 2018	14,931	14,729
	WESTPAC BKG CORP NT	$25,000, 2.250%, due July 30, 2018	24,926	25,366
	Total foreign obligations		513,916	513,614

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Mutual Funds:			
	CAUSEWAY CAP MGMT TRINTL VALUE FD			
	INSTL CL	205,579 shares	2,636,607	3,040,511
	FIDELITY INTL DISCOVERY FD	83,803 shares	2,073,234	3,183,677
	VANGUARD INSTL INDEX FD			
	INSTL PLUS SHS	145,249 shares	10,672,855	27,405,589
	VANGUARD SMALL CAP INDEX FD ADMIRAL	124,242 shares	6,642,663	6,941,377
	VANGUARD INDEX TR			
	MID CAPITALIZATION STK PORT INSTL CL	134,410 shares	1,677,120	4,541,723
	Total Mutual Funds		23,702,479	45,112,877
			$ 52,424,949	$ 74,488,536

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - single transaction in excess of 5% of plan assets						
JPMorgan Liquid Assets*	Money Market Fund	$ 4,187,426	$ -	$ 4,187,426	$ 4,187,426	$ -
JPMorgan Liquid Assets*	Money Market Fund	4,000,000	-	4,000,000	4,000,000	-
JPMorgan Liquid Assets*	Money Market Fund	-	3,999,972	3,999,972	3,999,972	-
VANGUARD INSTL INDEX FD INSTL PLUS SHS	Mutual Fund	-	3,750,000	3,715,105	3,715,105	34,895
VANGUARD SMALL CAP INDEX FD ADMIRAL	Mutual Fund	-	4,211,125	3,964,821	3,964,821	246,304
VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL	Mutual Fund	4,000,000	-	4,000,000	4,000,000	-
Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets						
JPMorgan Liquid Assets*	Money Market Fund					
	370 Purchases	$ 18,541,509	$ -	$ 18,541,509	$ 18,541,509	$ -
	136 Sales	-	20,218,228	20,218,228	20,218,228	-
VANGUARD INSTL INDEX FD INSTL PLUS SHS	Mutual Fund					
	1 Purchase	3,449,000	-	3,449,000	3,449,000	-
	2 Sales	-	4,950,000	4,786,696	4,786,696	163,304
VANGUARD SMALL CAP INDEX FD ADMIRAL	Mutual Fund					
	2 Reinvest	97,499	-	97,499	97,499	-
	2 Purchases	6,735,466	-	6,735,466	6,735,466	-
	1 Sale	-	200,000	190,502	190,502	9,498
VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL	Mutual Fund					
	2 Sales	-	4,711,125	4,454,624	4,454,624	256,501

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2014

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.99%	1.37%
Second segment rate	6.32%	4.05%
Third segment rate	6.99%	5.06%
Effective interest rate	6.36%	4.15%

Annual rates of increase

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

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

Disabled — Mortality in accordance with Revenue Ruling 96-7.

Termination None.

Disability Wyatt Class 1 Disability Rates.

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

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

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

Percent married 50% of participants are assumed married.

Spouse age Male spouses are assumed to be 3 years older than female spouses.

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

Plan-related expenses The amount included this year for plan-related expenses is $295,195, which is based on prior year's plan-related expenses minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Participant data	Employee data was supplied by the plan sponsor as of the valuation date.
Benefits not valued	We believe we have reflected all significant plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013 and subsequently revised by applying the corridors of HATFA to determine minimum funding requirements and benefit restrictions.

- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

- The assumed plan-related expenses included in the target normal cost were changed from $338,238 for 2013 to $295,195 for 2014. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - single transaction in excess of 5% of plan assets						
JPMorgan Liquid Assets*	Money Market Fund	$ 4,187,426	$ -	$ 4,187,426	$ 4,187,426	$ -
JPMorgan Liquid Assets*	Money Market Fund	4,000,000	-	4,000,000	4,000,000	-
JPMorgan Liquid Assets*	Money Market Fund	-	3,999,972	3,999,972	3,999,972	-
VANGUARD INSTL INDEX FD INSTL PLUS SHS	Mutual Fund	-	3,750,000	3,715,105	3,715,105	34,895
VANGUARD SMALL CAP INDEX FD ADMIRAL	Mutual Fund	-	4,211,125	3,964,821	3,964,821	246,304
VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL	Mutual Fund	4,000,000	-	4,000,000	4,000,000	-
Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets						
JPMorgan Liquid Assets*	Money Market Fund					
	370 Purchases	$ 18,541,509	$ -	$ 18,541,509	$ 18,541,509	$ -
	136 Sales	-	20,218,228	20,218,228	20,218,228	-
VANGUARD INSTL INDEX FD INSTL PLUS SHS	Mutual Fund					
	1 Purchase	3,449,000	-	3,449,000	3,449,000	-
	2 Sales	-	4,950,000	4,786,696	4,786,696	163,304
VANGUARD SMALL CAP INDEX FD ADMIRAL	Mutual Fund					
	2 Reinvest	97,499	-	97,499	97,499	-
	2 Purchases	6,735,466	-	6,735,466	6,735,466	-
	1 Sale	-	200,000	190,502	190,502	9,498
VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL	Mutual Fund					
	2 Sales	-	4,711,125	4,454,624	4,454,624	256,501

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
Nationwide Children's Hospital Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Nationwide Children's Hospital, Inc.

D Employer Identification Number (EIN)
31-4379441

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	73740543
b Actuarial value	**2b**	68740084

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	527	47286983	47286983
b For terminated vested participants	586	13834597	13834597
c For active participants	33	8809546	8809546
d Total	1146	69931126	69931126

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.36%
6 Target normal cost	**6**	295195

Statement by Enrolled Actuary

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

SIGN HERE Lorna M. Springer LMS — Signature of actuary

10/12/2015 — Date

Lorna M. Springer — Type or print name of actuary

1407422 — Most recent enrollment number

Towers Watson Delaware Inc. — Firm name

216-937-4000 — Telephone number (including area code)

1001 Lakeside Avenue, Suite 1900
Cleveland, OH 44114-1172 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 16.22%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		179
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.21%		11
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		190
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.29%
15	Adjusted funding target attainment percentage	15	98.29%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.15%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2014	523816	0			
07/14/2014	523816	0			
01/09/2015	258428	0			
04/15/2015	362794	0			
07/08/2015	362794	0			
			Totals ► 18(b)	2031648	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1929861

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99%	6.32%	6.99%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	295195
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1191042	1155982
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1451177

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	1451177
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1929861
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	478684
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441/001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2014
Enrolled Actuary	Lorna M. Springer
Enrollment Number	14-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2014

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.99%	1.37%
Second segment rate	6.32%	4.05%
Third segment rate	6.99%	5.06%
Effective interest rate	6.36%	4.15%

Annual rates of increase

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

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

Disabled — Mortality in accordance with Revenue Ruling 96-7.

Termination None.

Disability Wyatt Class 1 Disability Rates.

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

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

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

Percent married 50% of participants are assumed married.

Spouse age Male spouses are assumed to be 3 years older than female spouses.

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

Plan-related expenses The amount included this year for plan-related expenses is $295,195, which is based on prior year's plan-related expenses minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Participant data	Employee data was supplied by the plan sponsor as of the valuation date.
Benefits not valued	We believe we have reflected all significant plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013 and subsequently revised by applying the corridors of HATFA to determine minimum funding requirements and benefit restrictions.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses included in the target normal cost were changed from $338,238 for 2013 to $295,195 for 2014. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

November 1, 1958; amended effective January 1, 1989 to comply with the Tax Reform Act of 1986 (TRA 86); most recently amended effective September 16, 2013.

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

Definitions

Vesting service	The number of years in which the associate works over 1,000 hours from the later of (a) date of hire or (b) 18th birthday.
Pension service	The number of years in which the associate works over 1,000 hours. Service prior to an employee's 21st birthday is excluded. Service prior to July 1, 1976 is excluded for those employees who were then classified by the Hospital as "other than full-time." Service after December 31, 2011 shall not be recognized for purposes of calculating any benefit under the plan.
Break in service	Vesting service and Pension service will be restored upon reemployment following a break in service (termination of employment and completion of twelve months with no hours of service) only if (i) the participant has vested benefits under the Plan, or (ii) his consecutive years of break in service is less than the greater of 5 years or his aggregate number of years of pre-break service.
Final average compensation	The greater of a) or b) below: a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement. b) The monthly average of the total compensation for the five highest consecutive calendar years of the ten calendar years preceding the earlier of the date of determination or Normal Retirement. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Final average wage base compensation	The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.
Covered compensation	The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination. Covered compensation shall be frozen as of December 31, 2011.
Primary insurance amount	The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration. Primary insurance amount shall be frozen as of December 31, 2011.
Normal retirement date (NRD)	The first day of the month coincident with or next following the Participant's 65th birthday.
Monthly pension benefit	A monthly pension equal to 57.50% of the Final Average Compensation minus 50% of the Primary Insurance Amount, such difference proportionately reduced for Years of Service less than 25. The above offset is no more than the lesser of 18.75% of the Final Average Wage Base Compensation and 28.75% of the lesser of the Final Average Compensation, the Final Average Wage Base Compensation and the Covered Compensation. In addition, no benefit will be less than the accrued benefit under the old formulas as of March 31, 1993. The extended wear away grandfather approach has been adopted relative to the reduced IRS Section 401(a) 17 compensation limitation effective January 1, 1994. Effective December 31, 2011, benefit accruals were frozen under the plan.
Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	Retirement following the attainment of: i) age 55 and the completion of 10 Years of Credited Service, or ii) age 60 and the completion of 20 Years of Credited Service.

SCHEDULE SB ATTACHMENTS

Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit
Early retirement	Monthly pension benefit determined as of the early retirement date, reduced for early retirement as follows: i) Those retiring after attaining age 55 with 10 or more years of Pension service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60. ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.
Postponed retirement	Monthly pension determined as of age 65 is payable upon actual retirement.
Vested termination	Monthly pension benefit determined as of the termination date, payable at NRD.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable. Monthly pension benefits are paid as a life annuity with 10 years certain, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a joint and survivor annuity, a 5 year certain and life annuity, or a life annuity. Actuarial equivalence is based on 1971 Group Annuity Mortality Table projected to 1990 by scale D with age set back four years for participant and two years for spouse and 7% interest.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2014

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2014

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2014	(3,591,345)	7	(3,591,345)	(601,044)
2	Shortfall	01/01/2013	(6,388,293)	6	(5,632,337)	(1,066,155)
3	Shortfall	01/01/2012	3,675,449	5	2,647,521	582,286
4	Shortfall	01/01/2011	9,558,973	4	5,856,477	1,572,732
5	Shortfall	01/01/2010	3,970,258	3	1,910,726	668,163
Total					1,191,042	1,155,982

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441/001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2014
Enrolled Actuary	Lorna M. Springer
Enrollment Number	14-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2014

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

November 1, 1958; amended effective January 1, 1989 to comply with the Tax Reform Act of 1986 (TRA 86); most recently amended effective September 16, 2013.

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

Definitions

Vesting service	The number of years in which the associate works over 1,000 hours from the later of (a) date of hire or (b) 18th birthday.
Pension service	The number of years in which the associate works over 1,000 hours. Service prior to an employee's 21st birthday is excluded. Service prior to July 1, 1976 is excluded for those employees who were then classified by the Hospital as "other than full-time." Service after December 31, 2011 shall not be recognized for purposes of calculating any benefit under the plan.
Break in service	Vesting service and Pension service will be restored upon reemployment following a break in service (termination of employment and completion of twelve months with no hours of service) only if (i) the participant has vested benefits under the Plan, or (ii) his consecutive years of break in service is less than the greater of 5 years or his aggregate number of years of pre-break service.
Final average compensation	The greater of a) or b) below: a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement. b) The monthly average of the total compensation for the five highest consecutive calendar years of the ten calendar years preceding the earlier of the date of determination or Normal Retirement. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Final average wage base compensation	The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.
Covered compensation	The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination. Covered compensation shall be frozen as of December 31, 2011.
Primary insurance amount	The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration. Primary insurance amount shall be frozen as of December 31, 2011.
Normal retirement date (NRD)	The first day of the month coincident with or next following the Participant's 65th birthday.
Monthly pension benefit	A monthly pension equal to 57.50% of the Final Average Compensation minus 50% of the Primary Insurance Amount, such difference proportionately reduced for Years of Service less than 25. The above offset is no more than the lesser of 18.75% of the Final Average Wage Base Compensation and 28.75% of the lesser of the Final Average Compensation, the Final Average Wage Base Compensation and the Covered Compensation. In addition, no benefit will be less than the accrued benefit under the old formulas as of March 31, 1993. The extended wear away grandfather approach has been adopted relative to the reduced IRS Section 401(a) 17 compensation limitation effective January 1, 1994. Effective December 31, 2011, benefit accruals were frozen under the plan.
Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	Retirement following the attainment of: i) age 55 and the completion of 10 Years of Credited Service, or ii) age 60 and the completion of 20 Years of Credited Service.

SCHEDULE SB ATTACHMENTS

Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit
Early retirement	Monthly pension benefit determined as of the early retirement date, reduced for early retirement as follows: i) Those retiring after attaining age 55 with 10 or more years of Pension service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60. ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.
Postponed retirement	Monthly pension determined as of age 65 is payable upon actual retirement.
Vested termination	Monthly pension benefit determined as of the termination date, payable at NRD.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable. Monthly pension benefits are paid as a life annuity with 10 years certain, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a joint and survivor annuity, a 5 year certain and life annuity, or a life annuity. Actuarial equivalence is based on 1971 Group Annuity Mortality Table projected to 1990 by scale D with age set back four years for participant and two years for spouse and 7% interest.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Money Market Fund:			
*	JPMorgan Liquid Assets	Money Market Fund	$ 5,527,276	$ 5,527,276
	U.S. Government and Agency Obligations:			
	UNITED STATES TREAS BDS	$250,000, 4.500%, due February 15, 2036	232,422	333,458
	UNITED STATES TREAS BDS	$250,000, 5.375%, due February 15, 2031	273,672	348,458
	UNITED STATES TREAS NTS	$260,000, 0.250%, due January 31, 2015	260,000	260,031
	UNITED STATES TREAS NTS	$515,000, 0.375%, due January 15, 2016	514,809	515,324
	UNITED STATES TREAS NTS	$110,000, 0.875%, due December 31, 2016	110,550	110,413
	UNITED STATES TREAS NTS	$135,000, 1.000%, due March 31, 2017	135,646	135,570
	UNITED STATES TREAS NTS	$355,000, 1.250%, due January 31, 2019	351,105	351,588
	UNITED STATES TREAS NTS	$820,000, 1.250%, due August 31, 2015	834,331	825,830
	UNITED STATES TREAS NTS	$335,000, 1.250%, due October 31, 2015	340,158	337,697
	UNITED STATES TREAS NTS	$855,000, 1.500%, due August 31,2018	863,226	859,138
	UNITED STATES TREAS NTS	$115,000, 1.625%, due July 31, 2019	115,022	115,179
	UNITED STATES TREAS NTS	$35,000, 1.625%, due August 15, 2022	33,724	34,043
	UNITED STATES TREAS NTS	$5,000, 2.125%, due August 15, 2021	5,030	5,060
	UNITED STATES TREAS NTS	$180,000, 2.250%, due January 31, 2015	186,476	180,302
	UNITED STATES TREAS NTS	$250,000, 2.375%, due June 30, 2018	252,676	259,120
	UNITED STATES TREAS NTS	$165,000, 2.375%, due August 15, 2024	165,200	168,056
	UNITED STATES TREAS NTS	$500,000, 2.500%, due May 15, 2024	499,766	515,080
	UNITED STATES TREAS NTS	$105,000, 2.625%, due November 15, 2020	109,120	109,602
	UNITED STATES TREAS NTS	$465,000, 3.000%, due September 30, 2016	502,222	484,474
	UNITED STATES TREAS NTS	$200,000, 4.250%, due November 15, 2017	202,625	218,110
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$300,000, 1.050%, due March 28, 2016	301,350	302,418
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$1,000,000, 1.750%, due March 18, 2019	1,006,460	1,007,630
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$550,000, 4.250%, due April 16, 2018	553,612	601,761
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$500,000, 4.550%, due June 08, 2020	504,315	563,410
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$500,000, 4.625%, due March 21, 2017	479,575	540,905
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	$500,000, 4.750%, due September 30, 2015	502,969	516,620
	FEDERAL HOME LN BKS CONS BD	$550,000, 2.125%, due June 10, 2022	554,729	540,606
	FEDERAL HOME LN BKS CONS BD	$500,000, 2.750%, due June 08, 2018	527,240	521,430
	FEDERAL HOME LN BKS CONS BD	$200,000, 3.000%, due March 18, 2020	204,318	210,286
	FEDERAL HOME LN BKS CONS BD	$500,000, 3.125%, due March 09, 2018	514,225	528,400
	FEDERAL HOME LN BKS CONS BD	$35,000, 4.125%, due December 13, 2019	38,665	38,785
	FEDERAL HOME LN BKS CONS BD	$250,000, 4.250%, due March 09, 2018	246,130	271,053
	FEDERAL HOME LN BKS CONS BD	$250,000, 4.750%, due March 10, 2023	248,093	292,453
	FEDERAL HOME LN BKS CONS BD	$250,000, 4.750%, due June 08, 2018	249,360	278,605
	FEDERAL HOME LN MTG CORP REFERENCE	$300,000, 1.250%, due October 02, 2019	289,071	293,511
	FEDERAL HOME LN MTG CORP REFERENCE	$250,000, 2.375%, due January 13, 2022	246,633	252,573
	FEDERAL HOME LN MTG CORP REFERENCE	$250,000, 3.750%, due March 27, 2019	255,893	272,088
	FEDERAL HOME LN MTG CORP MEDIUM TERM	$250,000, 5.050%, due January 26, 2015	247,608	250,815
	FEDERAL NATL MTG ASSN	$500,000, 0.750%, due March 14, 2017	491,280	498,170
	FEDERAL NATL MTG ASSN	$500,000, 1.100%, due April 17, 2018	484,750	495,020
	Total U.S. Government and Agency Obligations		13,934,056	14,443,072

See Independent Auditor's Report.

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	(d) Cost	(e) Current Value
	Fixed Income Obligations:			
	ACE INA HLDG INC GTD NT	$30,000, 2.600%, due November 23, 2015	29,972	30,467
	AETNA INC NEW SR NT	$25,000, 1.500%, due November 15, 2017	24,477	24,805
	AMAZON COM INC NT	$10,000, 3.300%, due December 5, 2021	9,963	10,137
	AMER CAMPUS COMNTYS OPER LP GTD NT	$30,000, 3.750%, due April 15, 2023	29,841	29,948
	AMER CAMPUS COMNTYS OPER LP GTD NT	$10,000, 4.125%, due July 1, 2024	10,018	10,101
	AMERICAN EXPRESS CO NT	$25,000, 1.550%, due May 22, 2018	24,739	24,762
	AMERICAN EXPRESS CO SUB NT	$20,000, 3.625%, due December 5, 2024	20,050	20,167
	AMERICAN EXPRESS CR CORP MEDIUM TERM	$15,000, Variable, due July 29, 2016	15,095	15,056
	AMERICAN HONDA FIN CORP MED TERM NTS	$15,000, 2.125%, due October 10, 2018	14,942	15,091
	AMERICAN HONDA FIN CORP MED TERM NTS	$20,000, 2.250%, due August 15, 2019	19,963	20,064
	AMERISOURCEBERGEN CORP SR NT	$200,000, 3.500%, due November 15, 2021	201,518	205,720
	ANHEUSER BUSCH INBEV FIN INC NT	$25,000, 3.700%, due February 1, 2024	25,072	25,969
	APPLE INC NT	$25,000, 2.400%, due May 3, 2023	24,967	24,300
	APPLE INC NT	$100,000, 3.450%, due May 6, 2024	102,040	104,726
	ASSURANT INC SR NT	$20,000, 2.500%, due March 15, 2018	20,027	20,192
	AT&T INC NT	$215,000, 3.900%, due March 11, 2024	222,836	220,947
	AT&T INC NT	$35,000, 5.500%, due February 1, 2018	38,734	38,636
	BANK AMER CORP SR NT	$30,000, 3.300%, due January 11, 2023	29,815	30,002
	BANK AMER CORP	$15,000, 4.200%, due August 26, 2024	14,989	15,281
	BANK AMER CORP MEDIUM TERM NT	$5,000, 4.000%, due April 1, 2024	4,981	5,206
	BANK AMER CORP MEDIUM TERM NT	$15,000, 4.250%, due October 22, 2026	14,928	14,966
	BANK NEW YORK INC MEDIUM TERM SR NTS	$100,000, 5.450%, due May 15, 2019	101,416	113,370
	BB&T BRH BKG & TR CO GLOBALBK MEDIUM TERM NT	$100,000, 2.850%, due April 1, 2021	99,789	100,582
	BB&T CORP MEDIUM TERM NTS TRANCHE	$25,000, 6.850%, due April 30, 2019	30,691	29,658
	BERKSHIRE HATHAWAY INC DEL SR NT	$30,000, 3.750%, due August 15, 2021	31,674	32,091
	BOARDWALK PIPELINES LP GTD SR NT	$20,000, 3.375%, due February 1, 2023	19,517	18,219
	BORGWARNER INC SR NT	$25,000, 4.625%, due September 15, 2020	27,472	27,363
	BOSTON PPTYS LTD PARTNERSHIP SR NT	$20,000, 5.625%, due November 15, 2020	22,705	22,819
	BURLINGTON NORTHERN SANTA FE LLC DEB	$40,000, 3.050%, due September 1, 2022	38,479	40,254
	CAPTIAL ONE BK USA NATL ASSN NT	$200,000, 3.375%, due February 15, 2023	200,112	198,888
	CAPTIAL ONE FINL CORP SUB NT	$35,000, 6.150%, due September 1, 2016	39,472	37,612
	CAPITAL ONE MULTI-ASSET EXECUTION	$40,000, 1.480%, due July 15, 2020	39,989	40,009
	CATERPILLAR INC SR NT	$30,000, 3.900%, due May 27, 2021	31,230	32,487
	CELGENE CORP SR NT	$100,000, 2.30%, due August 15, 2018	100,495	100,826
	CHEVRON CORP NEW NT	$25,000, 1.104%, due December 5, 2017	25,000	24,846
	CISCO SYS INC SR NT	$25,000, 2.900%, due March 4, 2021	24,955	25,457
	CISCO SYS INC SR NT	$200,000, 4.950%, due February 15, 2019	201,190	223,524
	CITIGROUP INC GROUP SUB NT	$15,000, 4.875%, due May 7, 2015	15,851	15,199
	CITIGROUP INC GROUP NT	$40,000, 6.125%, due November 21, 2017	45,838	44,603
	COCA COLA CO NT	$30,000, Variable, due November 01, 2016	30,037	30,011
	COLGATE PALMOLIVE CO MEDIUM TERM NTS	$200,000, 2.625%, due May 01, 2017	209,974	206,956
	CONOCOPHILLIPS GTD NT	$20,000, 6.000%, due January 15, 2020	23,893	23,239
	CONOCOPHILLIPS CO GTD NT	$35,000, 2.875%, due November 15, 2021	35,139	35,349
	CONTINENTAL RES INC SR NT	$40,000, 5.000%, due September 15, 2022	41,465	38,700
	COOPER U S INC GTD SR NT	$100,000, 2.375%, due January 15, 2016	99,272	101,501
	CRH AMER INC GTD NT	$20,000, 4.125%, due January 15, 2016	21,065	20,581

See Independent Auditor's Report.

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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	CYTEC INDS INC SR NT	$20,000, 3.950%, due May 1, 2025	20,165	20,243
	DANAHER CORP SR NT	$100,000, 3.900%, due June 23, 2021	102,117	107,811
	DEERE JOHN CAP CORP MEDIUM TERM NTS	$45,000, Variable, due February 25, 2016	45,013	45,014
	DIGITAL RLTY TR LP GTD NT	$15,000, 5.250%, due March 15, 2021	16,205	16,428
	DIGITAL RLTY TR LP GTD NT	$20,000, 5.875%, due February 1, 2020	23,413	22,370
	DIRECTV HLDGS LLC SR NT	$45,000, 4.600%, due February 15, 2021	48,442	48,201
	DISNEY WALT CO NEW MEDIUM TERM NTS	$30,000, 5.875%, due December 15, 2017	36,860	33,778
	DUKE ENERGY CORP NEW SR NT	$100,000, 3.950%, due October 15, 2023	102,719	106,018
	EBAY INC NT	$30,000, 2.600%, due July 15, 2022	28,237	28,468
	EBAY INC NT	$200,000, 3.250%, due October 15, 2020	201,380	203,436
	EMC CORP NT	$125,000, 2.650%, due June 1, 2020	125,127	124,399
	ENTERPRISE PRODS OPER LLC GTD SR NT	$10,000, 2.55%, due October 15, 2019	9,998	9,899
	EQT CORP SR NT	$35,000, 4.875%, due November 15, 2021	38,151	37,811
	EXELON GENERATION CO LLC SR NT	$30,000, 4.000%, due October 1, 2020	31,602	31,302
	EXXON MOBIL CORP NT	$60,000, Variable, due March 15, 2017	60,000	59,957
	FEDEX CORP NT	$100,000, 4.000%, due January 15, 2024	101,803	106,439
	FLUOR CORP NEW SR NT	$200,000, 3.375%, due September 15, 2021	217,746	206,612
	FORD CR AUTO OWNER TR 2014-C NT	$30,000, 1.060%, due May 15, 2019	29,996	29,913
	FREEPORT-MCMORAN COPPER&GOLD INC SR NT	$45,000, 3.550%, due March 1, 2022	43,928	42,530
	GENERAL ELEC CAP CORP MEDIUM TERM	$20,000, 3.150%, due September 7, 2022	20,096	20,370
	GENERAL ELEC CAP CORP MEDIUM TERM	$35,000, 4.650%, due October 17, 2011	38,625	39,450
	GE CAP CR CARD MASTER NT TR	$135,000, 1.360%, due August 17, 2020	134,948	134,183
	GILEAD SCIENCES INC SR NT	$240,000, 3.700%, due April 1, 2024	248,165	251,719
	GOLDMAN SACHS GROUP INC SR NT	$15,000, 4.000%, due March 3, 2024	15,034	15,572
	GOLDMAN SACHS GROUP INC MEDIUM TERM NTS	$10,000, 3.850%, due July 8, 2024	9,996	10,256
	GOLDMAN SACHS GROUP INC MEDIUM TERM NTS	$20,000, 5.375%, due March 15, 2020	22,390	22,414
	GOOGLE INC NT	$30,000, 3.625%, due May 19, 2021	33,460	32,188
	HASBRO INC NT	$10,000, 6.300%, due September 15, 2017	11,606	11,069
	HEWLETT PACKARD CO GLOBAL NT	$10,000, 4.375%, due September 15, 2021	10,143	10,485
	HONDA AUTO RECIEVABLES 2014-3 OWNER TRUSY ASSET BACKED NT	$15,000, 0.880%, due July 15, 2017	14,997	14,950
	HUNT J B TRANS SVCS INC GTD SR NT	$100,000, 2.400%, due March 15, 2019	100,099	100,053
	HYUNDAI AUTO REC TR 2013- B NT	$25,000, 0.710%, due May 16, 2016	24,995	25,016
	INTEL CORP SR NT	$230,000, 2.700%, due December 15, 2022	228,420	228,632
	JOHN DEERE OWNER TR 2014 -B ASSET BACKED NT	$25,000, 1.070%, due November 15, 2017	24,995	24,902
	JOHNSON & JOHNSON NT	$65,000, 1.125%, due November 21, 2017	64,949	64,806
*	JPMORGAN CHASE & CO SUB NT	$40,000, 3.375%, due May 1, 2023	39,277	39,572
*	JPMORGAN CHASE & CO NT	$100,000, 3.875%, due February 1, 2024	103,457	104,243
*	JPMORGAN CHASE & CO NT	$20,000. 4.625%, due May 10, 2021	22,524	22,012
*	JPMORGAN CHASE & CO SR NT	$85,000, 6.000%, due January 15, 2018	84,356	95,101
	KEYCORP MEDIUM TERM ST NTS	$100,000, 2.300%, due December 13, 2018	100,587	100,345
	KIMCO RLTY CORP NT	$100,000, 3.125%, due June 1, 2023	99,454	97,975
	KINDER MORGAN ENERGRY PARTNERS SR NT	$25,000, 4.150%, due March 1, 2022	25,973	25,193
	KINDER MORGAN ENERGRY PARTNERS SR NT	$30,000, 5.800%, due March 1, 2021	34,260	33,221
	KLA-TENCOR CORP SR NT	$40,000, 4.125%, due November 1, 2021	40,206	40,973
	KROGER CO SR NT	$30,000, 3.400%, due April 15, 2022	30,282	30,540
	KROGER CO SR NT	$100,000, 3.850%, due August 1, 2023	100,147	103,688
	KROGER CO SR NT	$100,000, 4.000% due February 1, 2024	101,364	104,977
	LACLEDE GAS CO 1st MTG BD	$100,000, 2.000%, due August 15, 2018	99,027	99,361
	LOWES COS INC NT	$100,000, 5.000%, due October 15, 2015	99,094	103,372

See Independent Auditor's Report.

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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	MASTERCARD INC NT	$230,000, 3.375%, due April 1, 2024	233,313	236,086
	MCCORMICK & CO INC SR NT	$100,000, 3.900%, due July 15, 2021	104,834	107,762
	MCDONALDS CORP MEDIUM TERM NTS	$100,000, 3.500%, due July 15, 2020	103,644	105,920
	METLIFE INC SR NT SER D	$25,000, Variable, due September 15, 2023	25,935	27,260
	MONDELEZ INTL INC NT	$35,000, 2.250%, due February 1, 2019	35,226	34,856
	MORGAN STANLEY SR NT	$20,000, 4.750%, due March 22, 2017	21,913	21,304
	MORGAN STANLEY SR NT	$20,000, 4.875%, due November 1, 2022	20,570	21,242
	MORGAN STANLEY CAP TR	$6,026, 5.439%, due February 12, 2044	6,357	6,063
	NBCUNIVERSAL MEDIA LLC SR NT	$20,000, 4.375%, due April 1, 2021	21,877	21,996
	NISSAN AUTO LEASE TR 2013-A AST BCKD NT	$25,000, 0.610%, due September 15, 2015	25,000	24,991
	NORTHROP GRUMMAN CORP SR NT	$100,000, 3.250%, due August 1, 2023	96,812	100,753
	OMNICOM GROUP INC SR NT	$100,000, 4.450%, due August 15, 2020	104,863	107,562
	ORACLE CORP NT	$20,000. 2.800%, due July 8, 2019	19,971	20,249
	PACCAR FINL CORP MEDIUM TERM SR NTS	$25,000, Variable, due December 6, 2018	25,076	25,144
	PACKAGING CORP AMER SR NT	$25,000, 4.500%, due November 1, 2023	26,270	26,188
	PARKER-HANNIFIN CORP MEDIUM TERM NTS	$100,000, 3.500%, due September 15, 2022	101,538	104,572
	PEPSICO INC SR NT	$25,000, 2.750%, due March 5, 2022	25,247	24,961
	PNC FDG CORP SR NT	$100,000, 4.375%, due August 11, 2020	102,890	109,132
	PPL CAP FDG INC GTD SR NT	$10,000, 3.500%, due December 1, 2022	10,038	10,128
	PRAXAIR INC NT	$100,000, 4.625%, due March 30, 2015	102,120	101,010
	PROCTOR & GAMBLE CO NT	$30,000, 4.850%, due December 15, 2015	32,442	31,214
	PRUDENTIAL FINL INC MEDIUM TERM NTS	$40,000, 4.500%, due November 16, 2021	44,123	43,607
	PSEG PWR LLC SR NT	$100,000, 2.45%, due November 15, 2018	100,217	100,159
	PUBLIC SVC ELEC GAS CO SECD MEDIUM	$100,000, 3.500%, due August 15, 2020	102,801	104,689
	REALTY INCOME CORP NT	$25,000, 3.250%, due October 15, 2022	23,829	24,646
	REINSURANCE GROUP AMER INC SR NT	$20,000, 6.450%, due November 15, 2019	24,187	23,157
	ROWAN COS INC SR NT	$25,000, 4.875%, due June 1, 2022	26,035	24,327
	SCHWAB CHARLES CORP NEW SR NT	$200,000, 4.450%, due July 22, 2020	209,786	219,680
	SIMON PPTY GROUP L P NT	$200,000, 5.650%, due February 1, 2020	201,478	229,572
	SOUTHERN CALI EDISON CO SER 2013C	$30,000, 3.500%, due October 1, 2023	30,072	31,536
	ST JUDE MED INC SR NT	$100,000, 3.250%, due April 15, 2023	98,007	99,969
	SYSCO CORP SR NOTE	$15,000, 3.000%, due October 2, 2021	15,014	15,228
	TARGET CORP NT	$100,000, 2.900%, due January 15, 2022	99,989	101,183
	TIME WARNER INC NEW NT	$25,000, 3.400%, due June 15, 2022	24,742	25,273
	TOYOTA AUTO REC 2013-B NT	$25,000, 0.890%, due July 17, 2017	24,999	25,047
	TOYOTA MTR CR CORP MEDIUM TERM NTS	$30,000, 3.400%, due September 15, 2021	30,124	31,553
	TYSON FOODS INC SR NT	$25,000, 3.950%, due August 15, 2024	25,200	25,843
	U S BANCORP MEDIUM TERM NTS	$20,000, 2.950%, due July 15, 2022	19,455	19,715
	UNIONBANCAL CORP SR NT	$40,000, 3.500%, due June 18, 2022	40,819	41,194
	UNITED TECHNOLOGIES CORP NT	$100,000, 5.375%, due December 15, 2017	99,684	111,168
	UNITEDHEALTH GROUP INC NT	$25,000, 1.400%, due October 15, 2017	24,749	24,976

See Independent Auditor's Report.

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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	VERIZON COMMUNICATIONS INC NT	$60,000, 5.150%, due September 15, 2023	63,998	66,254
	VIACOM INC NEW SR NT	$25,000, 3.250%, due March 15, 2023	24,660	24,144
	VIACOM INC NEW SR NT	$20,000, 4.250%, due September 1, 2023	20,752	20,622
	VOLKSWAGON AUTO LN ENHANCED	$20,000, 0.910%, due October 22, 2018	19,996	19,909
	WAL MART STORES INC NT	$30,000, 3.625%, due July 8, 2020	33,826	32,036
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	$20,000, 3.300%, due September 9, 2024	19,946	20,125
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	$15,000, 4.100%, due June 3, 2026	14,985	15,331
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	$125,000. 4.125%, due August 15, 2023	127,138	131,198
	WILLIAMS PARTNERS L P SR NT	$25,000, 4.125%, due November 15, 2020	26,780	25,613
	WISCONSIN PWR & LT CO DEB	$100,000, 4.600%, due June 15, 2020	101,375	107,092
	XILINX INC SR NT	$15,000, 3.000%, due March 15, 2021	14,893	14,969
	YUM BRANDS INC SR NT	$25,000, 3.750%, due November 1, 2021	26,118	25,617
	Total fixed income obligations		8,727,228	8,871,779
	Municipal Obligations:			
	CATHOLIC HEALTH INITIATIVES BD	$20,000, 1.600%, due November 1, 2017	19,994	19,918
	Total municipal obligations		19,994	19,918
	Foreign Obligations:			
	ABBEY NATL TREAS SVCS PLC GTD NT	$30,000, 3.050%, due August 23, 2018	31,026	31,060
	BANK MONTREAL MEDIUM TERM SR NTS	$35,000, Variable, due September 11, 2015	35,000	35,098
	BNP PARIBAS / BNP PARIBAS US MEDIUM	$5,000, 1.250%, due December 12, 2016	4,995	4,997
	BNP PARIBAS / BNP PARIBAS US MEDIUM	$25,000, 2.700%, due August 20, 2018	25,039	25,551
	BP CAP MKTS P L C GTD NT	$40,000, 3.245%, due May 6, 2022	40,028	39,322
	CANADIAN IMPERIAL BK COMM TORONTO	$20,000, Variable, due July 18, 2016	20,031	20,083
	CARNIVAL CORP GTD SR NT	$10,000, 3.950%, due October 15, 2020	9,974	10,478
	COOPERATIEVE CENTRALE RAIFFEISEN	$10,000, 3.375%, due January 19, 2017	10,321	10,432
	DEUTSCHE BK AG GLOBAL MEDIUM TERM	$15,000, 1.400%, due February 13, 2017	15,031	14,969
	DIAGEO CAP PLC NT	$20,000, 2.625%, due April 29, 2023	20,064	19,445
	HSBC HLDGS PLC SR NT	$15,000, 5.100%, due April 5, 2021	15,296	16,956
	NEXEN INC NT	$15,000, 6.200%, due July 30, 2019	18,700	17,287
	ONTARIO PROV CDA BD	$15,000, .950%, due May 26, 2015	14,997	15,037
	PETROBRAS INTL FIN CO GTD GLOBAL NT	$20,000, 5.375%, due January 27, 2021	20,184	18,531
	PETROLEOS MEXICANOS GTD NT	$15,000, 6.00%, due March 5, 2020	16,634	16,838
	ROYAL BK CDA GTD BD	$65,000, 1.200%, due September 19, 2017	64,994	64,629
	ROYAL BK CDA GLOBAL MEDIUM TERM SR	$35,000, 1.150%, due March 13, 2015	34,989	35,052
	TELEFONICA EMISIONES S A U GTD NT	$25,000, 5.134%, due April 27, 2020	26,889	27,675
	THOMSON REUTERS CORP NT	$20,000, 3.850%, due September 29, 2024	19,904	20,220
	TORONTO DOMINION BK SR MEDIUM TERM	$30,000, 2.125%, due July 2, 2019	29,963	29,859
	VODAFONE GROUP PLC NEW NT	$15,000, 1.500%, due February 19, 2018	14,931	14,729
	WESTPAC BKG CORP NT	$25,000, 2.250%, due July 30, 2018	24,926	25,366
	Total foreign obligations		513,916	513,614

See Independent Auditor's Report.

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	(d) Cost	(e) Current Value
	Mutual Funds:			
	CAUSEWAY CAP MGMT TRINTL VALUE FD			
	INSTL CL	205,579 shares	2,636,607	3,040,511
	FIDELITY INTL DISCOVERY FD	83,803 shares	2,073,234	3,183,677
	VANGUARD INSTL INDEX FD			
	INSTL PLUS SHS	145,249 shares	10,672,855	27,405,589
	VANGUARD SMALL CAP INDEX FD ADMIRAL	124,242 shares	6,642,663	6,941,377
	VANGUARD INDEX TR			
	MID CAPITALIZATION STK PORT INSTL CL	134,410 shares	1,677,120	4,541,723
	Total Mutual Funds		23,702,479	45,112,877
			$ 52,424,949	$ 74,488,536

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2014

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2014	(3,591,345)	7	(3,591,345)	(601,044)
2	Shortfall	01/01/2013	(6,388,293)	6	(5,632,337)	(1,066,155)
3	Shortfall	01/01/2012	3,675,449	5	2,647,521	582,286
4	Shortfall	01/01/2011	9,558,973	4	5,856,477	1,572,732
5	Shortfall	01/01/2010	3,970,258	3	1,910,726	668,163
Total					1,191,042	1,155,982

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2014