

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u> 1c Effective date of plan <u>01/01/2004</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONWIDE CHILDREN'S HOSPITAL</u> <u>SUSANNE EBERSBACH</u> <u>700 CHILDRENS DRIVE COLUMBUS, OH 43205</u>	2b Employer Identification Number (EIN) <u>31-4379441</u> 2c Plan Sponsor's telephone number <u>614-355-4114</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	SUSANNE EBERSBACH
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 8612
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) 6221
a(2) Total number of active participants at the end of the plan year	6a(2) 6821
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 2727
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 9548
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 13
f Total. Add lines 6d and 6e	6f 9561
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 9414
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: 2F 2G 2L 2M 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	02635	148	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 1796	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

RYAN W. TITUS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

DONALD E. BROWN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

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

UNASSIGNED

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

DEAN T. KOLLER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50			3

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

ROBERT A. HYNEMAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
110			3

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

STEVE W. FISHER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
662			3

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

MARTIN J. ROESCH

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
926			3

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	4463559
5 Current value of plan's interest under this contract in separate accounts at year end	5	4791333

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

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

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

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

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

b Balance at the end of the previous year	7b	4551645
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	176574	
(4) Transferred from separate account	7c(4)	41299	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	217873
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4769518
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	271863
(2) Administration charge made by carrier	7e(2)	118
(3) Transferred to separate account	7e(3)	33220
(4) Other (specify below)	7e(4)	758
▶		

(5) Total deductions	7e(5)	305959
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4463559
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

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

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

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE1103	416	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 19947	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

EDWARD MOBLEY
7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
478			3

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

JOHN ROESCH
7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

Schedule A (Form 5500) 2015
v. 150123

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

DALE VAN VALKENBURG

7965 N HIGH STREET
STE 150
COLUMBUS, OH 73235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8369			3

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

GLENN LEWIS

7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

RANDY SHARP

2323 VICENTE CT
UNIT 206
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

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

MARSHA CROSBY

7965 N HIGH STREET
STE 150
COLUMBUS, OH 73235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8369			3

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

THOMAS CONNER

7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34			3

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

DALE LADERACH

7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1346			3

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

NICHOLAS DISALLE

7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47			3

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

KARL RUBIN

7965 N HIGH STREET
STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
533			3

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

VOYA FINANCIAL ADVISORS, INC CAREER

PO BOX 9270
DES MOINES, IA 50306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
674			3

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	6204147
5 Current value of plan's interest under this contract in separate accounts at year end	5	1300245328

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

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

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

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

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

b Balance at the end of the previous year	7b	5967478
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	234753	
(4) Transferred from separate account	7c(4)	1328197	
(5) Other (specify below)	7c(5)	211561	

(6) Total additions	7c(6)	1774511
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d Total of balance and additions (add lines 7b and 7c(6))	7d	7741989
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1118064	
(2) Administration charge made by carrier	7e(2)	5576	
(3) Transferred to separate account	7e(3)	113314	
(4) Other (specify below)	7e(4)	300888	

(5) Total deductions	7e(5)	1537842
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6204147
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	405903	3376	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	33314232
5 Current value of plan's interest under this contract in separate accounts at year end	5	62941107

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

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

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

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

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

b Balance at the end of the previous year	7b	30279446
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c Additions: (1) Contributions deposited during the year	7c(1)	1773799	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	897995	
(4) Transferred from separate account	7c(4)	3305686	
(5) Other (specify below)	7c(5)	15560	

(6) Total additions	7c(6)	5993040
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d Total of balance and additions (add lines 7b and 7c(6))	7d	36272486
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1362945	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	1595309	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	2958254
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	33314232
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441	

Part I	Service Provider Information (see instructions)
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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
TIAA
13-1624203

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
VOYA RETIREMENT INSURANCE AND ANNUI
74-0294708

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY
04-2647786

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

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

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

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

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

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

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORD KEEPER	9675	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

GBQ PARTNERS LLC

20-2122306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	0	Yes ☐ No ☒	Yes ☐ No ☒	20550	Yes ☐ No ☒

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

VOYA

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORD KEEPER	0	Yes ☐ No ☒	Yes ☐ No ☒	3064	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT C

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

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13002453</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

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

c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10235624</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) 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
		2015
		This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1183660	1039441
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	23095997	23238077
(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)	184134054	197769503
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	40798566	43981938
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	249212277	266028959

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	249212277	266028959
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	24619471	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	3058902	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27678373

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3774920	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3774920

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2403680	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2403680

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		29049613

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12215312	
(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)		12215312
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	17619	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17619
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12232931

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16816682
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GBQ PARTNERS

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

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

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624203</u> <u>51-6559589</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



Partners

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America - College Retirement Equities Fund, Fidelity Management Trust Company, Voya Retirement Insurance and Annuity Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity Plan
Page 2

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
October 14, 2016

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD INST TG RTM 2040	\$ 24,514,846
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	20,704,107
	VANGUARD	VANGUARD INST TG RTM 2035	8,853,569
	VANGUARD	VANGUARD INST TG RTM 2025	8,623,860
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	7,989,742
	VANGUARD	VANGUARD INST TG RTM 2030	7,474,410
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	6,188,880
	VANGUARD	VANGUARD INST TG RTM 2020	5,650,410
	VANGUARD	VANGUARD TTL BD MKT INX FUND	3,373,279
	VANGUARD	VANGUARD SMALLCAP FUND	3,082,181
	VANGUARD	VANGUARD INST TG RTM 2045	3,005,441
	VANGUARD	VANGUARD INST TG RTM 2050	2,953,809
	INVESCO	INVESCO CHARTER INSTITUTIONAL	2,754,128
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,423,767
	VANGUARD	VANGUARD INST TG RTM 2015	2,092,205
	VANGUARD	VANGUARD INST TG RTM 2055	1,948,570
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	1,866,641
	VANGUARD	VANGUARD VALUE INDEX INST	1,710,019
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	1,646,014
	VANGUARD	VANGUARD INST TG RTM 2010	1,400,154
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	1,337,504
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,160,456
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,098,176
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,077,717
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	974,191
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	931,385
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	832,595
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	634,528
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	618,889
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	599,698
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	579,554
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	520,533
	DELAWARE	DELAWARE US GROWTH FUND INST	463,493
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	445,395
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	433,964
*	FIDELITY INVESTMENTS	SPARTAN INTL INDEX	412,278
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	390,574
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	368,428
*	FIDELITY INVESTMENTS	FID BALANCED	360,363
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	325,829
*	FIDELITY INVESTMENTS	FID PURITAN	313,904
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	311,734
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	311,263
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	307,534
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	295,468
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	293,795
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	292,105
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	288,715

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	274,959
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	268,246
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	260,026
*	FIDELITY INVESTMENTS	FID INTERMED BOND	236,330
	VANGUARD	VANGUARD INST TG RTM INC	233,086
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	227,438
	VANGUARD	VANGUARD WINDSOR II	214,192
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	210,285
	VANGUARD	VANGUARD INST TG RTM 2060	206,421
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	205,675
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	199,471
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	196,956
*	FIDELITY INVESTMENTS	FID OVERSEAS	193,319
*	FIDELITY INVESTMENTS	FID VALUE	192,265
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	191,009
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	188,673
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	187,425
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	172,952
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	169,076
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	163,734
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	151,224
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	147,029
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	146,149
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	145,216
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	144,744
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	140,417
*	FIDELITY INVESTMENTS	SPTN TOTAL MKT INDEX	138,558
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	137,926
*	FIDELITY INVESTMENTS	FID INTL GROWTH	137,497
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	136,853
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	129,710
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	125,861
*	FIDELITY INVESTMENTS	FID TOTAL BOND	122,058
*	FIDELITY INVESTMENTS	SPTN US BOND IDX ADV	120,710
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	118,221
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	106,796
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	99,547
*	FIDELITY INVESTMENTS	FID TREND	99,343
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	96,586
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	95,816
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	95,416
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	94,687
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	92,528
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	89,831
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	85,405
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	81,879
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	81,297
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	78,565

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	76,116
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	75,144
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	74,876
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	73,261
*	FIDELITY INVESTMENTS	FID SEL RETAILING	73,181
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	72,500
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	71,042
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	67,308
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	65,909
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	65,294
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	65,210
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	62,625
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	61,648
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	59,657
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	59,150
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	58,450
	VANGUARD	VANGUARD LT INV-GRADE FUND	55,249
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	55,020
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	53,649
*	FIDELITY INVESTMENTS	FID HIGH INCOME	52,913
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	52,858
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	49,070
	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	48,890
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	48,481
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	48,228
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	48,162
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	48,135
*	FIDELITY INVESTMENTS	SPTN INT TR INDX INV	47,897
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	46,956
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	46,589
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	45,512
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	45,373
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	42,567
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	41,130
*	FIDELITY INVESTMENTS	FID GNMA	37,914
*	FIDELITY INVESTMENTS	FID SEL LEISURE	37,434
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	36,867
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	36,485
*	FIDELITY INVESTMENTS	FIDELITY EMERG MRKTS	36,247
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	35,866
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	35,634
*	FIDELITY INVESTMENTS	FID SEL ELECTRONICS	35,337
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	34,653
*	FIDELITY INVESTMENTS	FID SEL GOLD	34,462
*	FIDELITY INVESTMENTS	FID INTL VALUE	34,068
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	33,372
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	33,348
*	FIDELITY INVESTMENTS	FID WORLDWIDE	33,116

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	32,918
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	31,139
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	30,860
*	FIDELITY INVESTMENTS	SPTN EXTND MKT INDEX	29,974
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	29,109
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	28,851
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	28,553
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,181
*	FIDELITY INVESTMENTS	FID SEL ENERGY	27,644
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	27,072
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	25,967
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	25,182
*	FIDELITY INVESTMENTS	SPTN LT TR IDX ADV	24,038
*	FIDELITY INVESTMENTS	FID JAPAN SMALL CO	20,976
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	20,876
*	FIDELITY INVESTMENTS	FID SEL BANKING	20,629
*	FIDELITY INVESTMENTS	FID SEL CONSTR/HOUSE	20,491
*	FIDELITY INVESTMENTS	FID SEL CONS DISCR	19,914
*	FIDELITY INVESTMENTS	FID INTL REAL ESTATE	19,900
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	18,221
	VANGUARD	VANGUARD LIFESTRATEGY MODERA	17,944
*	FIDELITY INVESTMENTS	FID SEL HTH CARE SVC	17,845
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	16,674
*	FIDELITY INVESTMENTS	FID FIDELITY	16,556
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	16,346
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	15,473
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	15,447
*	FIDELITY INVESTMENTS	SPTN MID CAP IDX ADV	15,430
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	15,218
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	14,660
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	14,646
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	14,300
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	13,635
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	12,221
*	FIDELITY INVESTMENTS	SPTN SM CAP IDX ADV	11,846
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	11,662
	VANGUARD	VANGUARD LONG-TERM TREASURY	11,195
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,273
*	FIDELITY INVESTMENTS	SPTN EM MKTS IDX ADV	10,124
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	10,096
*	FIDELITY INVESTMENTS	FID SEL AIR TRANSPRT	9,783
*	FIDELITY INVESTMENTS	FID MID CAP ENH INDX	9,775
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	9,629
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	9,465
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	8,803
*	FIDELITY INVESTMENTS	FID SEL TRANSPORT	8,666
*	FIDELITY INVESTMENTS	SPTN REAL ES IDX ADV	8,149
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	8,029

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID CANADA	7,877
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	6,606
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	4,981
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	4,710
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	4,657
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MONEY MARKET I FUND	4,563
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	4,489
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	4,443
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	4,136
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	3,688
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,584
*	FIDELITY INVESTMENTS	FID JAPAN	3,442
*	FIDELITY INVESTMENTS	SPTN ST TR INDX INV	3,433
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	2,664
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,975
*	FIDELITY INVESTMENTS	FID INTL BOND	1,821
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	1,791
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	1,663
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	1,504
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	1,326
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,189
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	1,104
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,029
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	803
*	FIDELITY INVESTMENTS	FID CHINA REGION	706
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	623
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	296
*	FIDELITY INVESTMENTS	FID EUROPE	171
			145,064,019
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	20,495,667
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	8,932,970
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	5,944,920
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	5,512,290
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,716,973
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,274,202
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	2,759,124
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	1,069,338
			52,705,484
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY**	21,049,618
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	2,347,072
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	772,973
			24,169,663

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	6,011,855
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,719,245
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	744,314
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	170,690
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	14,320
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,282
			10,667,706
	<i>Pooled Separate Accounts:</i>		
*	TEACHERS INSURANCE AND ANNUITY ASSOCIATION	TIAA REAL ESTATE ACCOUNT	10,235,624
*	VOYA FINANCIAL	VOYA Growth and Income Port - I	2,239,437
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port -Init	1,687,385
*	VOYA FINANCIAL	Voya Large Cap Growth Portfolio Inst	1,071,339
*	VOYA FINANCIAL	Voya Index Plus LargeCap Port - I	963,093
*	VOYA FINANCIAL	Voya Oppenheimer Global Port -Init	861,909
*	VOYA FINANCIAL	Voya Balanced Portfolio, Inc. - I	552,899
*	VOYA FINANCIAL	Voya Invesco Equity&Inc Port-Init	564,248
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio -I	511,435
*	VOYA FINANCIAL	Voya Index Plus MidCap Port - I	506,316
*	VOYA FINANCIAL	Voya Small Company Port - I	452,860
*	FIDELITY INVESTMENTS	Fidelity VIP Equity-Inc Port -Init	385,782
*	VOYA FINANCIAL	Voya T. Rowe Price Grwth Eq Port-I	369,734
*	VOYA FINANCIAL	Voya Intermediate Bond Port - I	359,414
*	VOYA FINANCIAL	Voya T. Rowe Price Diver MidCap Gr-I	323,921
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port-I	305,235
*	VOYA FINANCIAL	Voya Strategic Alloc Mod Port-I	138,256
	AMERICAN FUNDS	American Funds EuroPacific R4	120,704
	AMERICAN FUNDS	American Funds Growth Fnd R4	108,605
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio	99,147
*	VOYA FINANCIAL	Voya Index Plus SmallCap Port - I	97,631
*	VOYA FINANCIAL	Voya Large Cap Value Port - I	90,942
	LORD ABBETT	Lord Abbett Mid-Cap Value Port-VC	72,177
*	VOYA FINANCIAL	Voya Baron Growth Port-Svc	71,142
	OPPENHEIMER FUNDS	Oppenheimer Developing Mkts Fund -A	68,983
*	VOYA FINANCIAL	Voya Invesco Comstock Port -Svc	66,927
*	VOYA FINANCIAL	Voya Global Value Advantage Port I	50,458
*	VOYA FINANCIAL	Voya International Index Port -I	46,067
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	45,474
	AMERICAN FUNDS	American Funds Washington Mutual R4	44,992
*	VOYA FINANCIAL	Voya Russell Large Cap Index Port. Inst.	44,091
	BLACKROCK	BlackRock Hth Sci Opport Port Inv A	43,600
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio	39,159
*	VOYA FINANCIAL	Voya T. Rowe Price Capital Appr -Svc	67,028
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	34,439
	FRANKLIN TEMPLETON	Templeton Global Bond Fund -A	34,370
*	VOYA FINANCIAL	Voya High Yield Portfolio - I	33,004
*	VOYA FINANCIAL	Voya FMR Diversified MidCap Port-Svc	32,499
*	VOYA FINANCIAL	Voya Clarion Glb Real Est Prt-Inst	31,363

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	Voya Money Market Portfolio - I	28,329
	WELLS FARGO	Wells Fargo Adv Spec Small Cap Value Fund	26,556
	INVESCO	Invesco V.I. Core Equity Fd-Series I	26,417
	PIMCO	PIMCO VIT Real Return Port -Admin Cl	24,092
*	VOYA FINANCIAL	Voya Strategic Alloc Consv Port - I	20,359
*	VOYA FINANCIAL	Voya Global Bond Port - I	19,411
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port. Inst.	18,664
	AMERICAN FUNDS	American Funds Fundamental Inv R4	17,585
*	VOYA FINANCIAL	Voya Templeton Foreign Eq Port -Init	17,248
	INVESCO	Invesco V.I. American Franchise Fund	14,877
	CALVERT	Calvert VP SRI Balanced Portfolio	13,247
	AMERICAN FUNDS	American Funds Nw Prspctv R4	13,005
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio I	12,874
*	VOYA FINANCIAL	Voya Clarion Real Estate Port Srv	12,636
	PIONEER	Pioneer High Yield VCT Port -I	11,750
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	11,634
*	VOYA FINANCIAL	Voya Pioneer High Yield Port -Init	10,569
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port - I	9,694
*	VOYA FINANCIAL	Voya T. Rowe Price Equity Inc -Svc	8,046
	AMERICAN CENTURY	American Century Inflat-Adj Bd Inv	7,848
*	VOYA FINANCIAL	Voya Invesco Growth & Inc-Svc	6,134
	WANGER	Wanger Select	6,091
*	VOYA FINANCIAL	Columbia Mid Cap Value Fund A	5,455
	OPPENHEIMER FUNDS	Oppenheimer Main Street Small Cap/VA	5,051
*	VOYA FINANCIAL	Voya JPMorgan Emerg Mkts Eq Port-Svc	4,612
	WANGER	Wanger USA	4,456
	AMERICAN FUNDS	American Funds Smallcap R4	4,084
	ARIEL FUND	Ariel Fund	1,701
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	1,698
	JANUS WORLDWIDE	Janus Aspen Balanced Portfolio-Inst	1,637
	LAZARD	Lazard U.S. Mid Cap Equity Port Opn	452
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio -I	91
*	VOYA FINANCIAL	Voya JPMorgan Mid Cap Val Port -Svc	84
*	VOYA FINANCIAL	Janus Aspen Global Research Port - Inst	1
			<u>23,238,077</u>
*	TIAA-CREF	TIAA STABLE VALUE FUND**	9,144,569
	Cash		413,460
	Cash Held as Collateral for Plan Loans		<u>625,981</u>
			<u>\$ 266,028,959</u>

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.

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

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

• December 31, 2015 and 2014
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CONTENTS

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



Partners

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America - College Retirement Equities Fund, Fidelity Management Trust Company, Voya Retirement Insurance and Annuity Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity Plan
Page 2

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
October 14, 2016

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments, at fair value:		
Registered investment companies	\$ 145,064,019	\$ 126,679,237
Variable annuity contracts	52,705,484	57,454,817
Insurance company general account	24,169,663	23,311,084
Pooled separate accounts	23,238,077	23,095,997
Stable value fund	9,144,569	6,968,358
Cash held as collateral for Plan loans	625,981	718,465
Cash	413,460	465,195
Total investments, at fair value	255,361,253	238,693,153
Investments, at contract value:		
Guaranteed investment contracts	10,667,706	10,519,124
NET ASSETS AVAILABLE FOR BENEFITS	\$ 266,028,959	\$ 249,212,277

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2015 and 2014

	2015	2014
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	\$ 3,774,920	\$ 4,813,384
Net appreciation in fair value of investments	-	11,100,817
Total investment income	3,774,920	15,914,201
Contributions:		
Employee	24,619,471	21,712,073
Rollover	3,058,903	4,167,846
Total contributions	27,678,374	25,879,919
Total additions	31,453,294	41,794,120
Deductions from Net Assets Attributed to:		
Net depreciation in fair value of investments	2,403,680	-
Benefits paid to participants	12,232,932	11,696,817
Total deductions	14,636,612	11,696,817
Net increase	16,816,682	30,097,303
Net Assets Available for Benefits:		
Beginning of year	249,212,277	219,114,974
End of year	\$ 266,028,959	\$ 249,212,277

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014



Plan Description

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

General

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

Contributions

Each year, participants may contribute any percentage of compensation provided that their salary deferral contributions do not exceed federal limits. Participants who have attained age 50 or 15 years of service before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

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

Participant Accounts

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

Vesting

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Plan Description (continued)

Investment Options

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

Payment of Benefits

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

Plan Loans to Participants

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

Administrative Costs

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014



Summary of Significant Accounting Policies

Basis of Accounting

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

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investments contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For additional disclosure regarding fair value of investments, see the *Fair Value Measurements* footnote herein.

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

Payment of Benefits

Benefits are recorded when paid.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement*, under Topic 820 – *Disclosure for Investment of Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2015-07). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share as the practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using NAV per share practical expedient. Investments that calculate NAV per share (or its equivalent), but for which that practical expedient is not applied, will continue to be included in the fair value hierarchy along with the related required disclosures. ASU 2015-07 is effective for fiscal years beginning after December 15, 2015 and is to be applied retrospectively, with early adoption permitted. The Plan has elected to early adopt ASU 2015-07.

In July 2015, the FASB issued ASU 2015-12, *Amendments to Plan Accounting*, under Topics 960, 962 and 965 (ASU 2015-12). Part I of ASU 2015-12 clarifies that contract value is the only required measurement for fully benefit responsive investment contracts (FBRICs) and clarifies that indirect investments in FBRICs through investment companies should no longer be reflected as FBRICs and therefore, should be reported at fair value. The amendments in Part II of ASU 2015-12 require plans to disaggregate their investments measured using fair value only by general type, either on the financial statements or in the notes to the financial statements. Part II also eliminates the requirement to disclose the net appreciation (depreciation) in fair value of investments by general type and the requirements to disclose individual investments that represent 5% or more of net assets available for benefits. The amendments in Part III of ASU 2015-12 are not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Early adoption is permitted and should be applied retrospectively. The Plan has elected early adoption of ASU 2015-12, which had no impact on the statements of net assets available for benefits or statements of changes in net assets available for benefits.

Guaranteed Investment Contracts

The Plan holds fully benefit-responsive guaranteed investment contracts (the Fixed Account and Fixed Account Plus, collectively, (the "Contracts")) with Voya. The Contracts totaled \$6,204,147 and \$5,967,479 at December 31, 2015 and 2014, respectively. Additionally, the Plan holds various fixed investment options (the Fixed Options) with VALIC, which also qualify as fully benefit-responsive. The Fixed Options totaled \$4,463,559 and \$4,551,645 at December 31, 2015 and 2014, respectively.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Guaranteed Investment Contracts (continued)

Voya and VALIC maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and are charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rates are based on formulas established by the contract issuers but may not be less than 3.0% for the Fixed Account Plus and 4.0% for the Fixed Account for the Voya Contract and from 1.0% to 4.5% for the various VALIC Fixed Options. The crediting rates are reviewed on a quarterly basis for resetting. The guaranteed investment contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates.

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Voya and VALIC, represents contributions made under the contracts, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuers' ability to meet its financial obligations. The issuers' ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or (5) premature termination of the contract. No events are probably of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation or (4) a material amendment to the agreement without the consent of the issuer.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Insurance Company General Accounts

The Plan has entered into a fixed rate annuity contract (TIAA Traditional Annuity) and a fixed rate group annuity contract (Stable Value Fund), both issued by TIAA-CREF. Both contracts provide a guarantee of principal and a guaranteed minimum rate of interest between 1% and 3% with the potential for additional interest, if declared by TIAA. The TIAA Traditional Annuity contract contains liquidity restrictions on the redemption of the accumulations, which could impact the value realized upon exiting the contract. Contracts contain liquidity restrictions on the redemption of the fixed rate annuity contract. The Stable Value Fund contains a restriction that direct transfers to competing funds in a plan's investment lineup are prohibited and transfers may be made to a competing fund following a 90-day waiting period after being transferred to a noncompeting fund. Additionally, transfers into the Stable Value Fund may not be made for 30 days following a transfer out. Plan sponsors choosing to terminate a plan's investment in the Stable Value Contract will receive contract value in, at most, two years.

Information Prepared and Certified by the Custodians (Unaudited)

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

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

	2015	2014
Insurance Company General Account	\$ 24,169,663	\$ 23,311,084
Guaranteed Investment Contracts	10,667,706	10,519,124
Registered Investment Companies	145,064,019	126,679,237
Variable Annuity Contracts	52,705,484	57,454,817
Pooled Separate Accounts	23,238,077	23,095,997
Stable Value Fund	9,144,569	6,968,358
Cash	413,460	465,195
Cash Held as Collateral for Plan Loans	<u>625,981</u>	<u>718,465</u>
Total	<u>\$ 266,028,959</u>	<u>\$ 249,212,277</u>

The custodians also certified to the completeness and accuracy of \$(2,403,680) and \$11,100,817 of net (depreciation) appreciation in fair value of investments and \$3,774,920 and \$4,813,384 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2015 and 2014, respectively.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Fair Value Measurements

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

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

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, 2015 and 2014.

*Registered Investment
Companies:*

Valued at the net asset value of shares held by the Plan at year-end.

*Variable Annuity
Contracts:*

Valued at the net asset value (NAV) provided by the administrator of the fund. Issues and redemptions of units are recorded upon receipt of unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based primarily on market quotations or prices obtained from independent pricing sources who may employ various pricing methods including matrix pricing. For this fund, there are no unfunded commitments and participants can transact daily. The only redemption restriction is that participants are not permitted to make electronic transfers back into the same account through a purchase or exchange for 90 calendar days, if a purchase, sale or repurchase within that account is made within a sixty-day period.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Fair Value Measurements (continued)

<i>Insurance Company General Account:</i>	Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers, if any.
<i>Pooled Separate Accounts:</i>	<p><i>TIAA-CREF:</i> Valued at the NAV provided by the administrator of the fund. Issues and redemptions of units are recorded upon receipt of the unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based principally on the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals. Any securities held in the account are valued using independent pricing sources. For this fund, there are no unfunded commitments and participants can transact daily; however participant transfers out of this account are limited to one per calendar quarter per participant.</p> <p><i>Voya:</i> Valued at "Accumulation Unit Value," which is first valued at \$10.00 for a new fund and then determined on a daily basis based on the net asset value of shares in the underlying fund.</p>
<i>Stable Value Fund:</i>	Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers, if any.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Fair Value Measurements (continued)

Investments at Fair Value as of December 31, 2015:

	Level 1	Level 2	Level 3	Total
<i>Investments in the Fair Value Hierarchy:</i>				
Registered Investment Companies	\$ 145,064,019	\$ -	\$ -	\$ 145,064,019
Insurance Company General Accounts	772,973	-	23,396,690	24,169,663
Pooled Separate Accounts	-	13,002,453	-	13,002,453
Stable Value Fund	-	-	9,144,569	9,144,569
Cash Held as Collateral for Plan Loans	625,981	-	-	625,981
Cash	413,460	-	-	413,460
<i>Investments Measured at Net Asset Value:</i>				
Variable Annuity Contracts*	-	-	-	52,705,484
Pooled Separate Account*	-	-	-	<u>10,235,624</u>
Total investments at fair value	<u>\$ 146,876,433</u>	<u>\$ 13,002,453</u>	<u>\$ 32,541,259</u>	<u>\$ 255,361,253</u>

Investments at Fair Value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
<i>Investments in the Fair Value Hierarchy:</i>				
Registered Investment Companies	\$ 126,679,237	\$ -	\$ -	\$ 126,679,237
Insurance Company General Accounts	728,320	-	22,582,764	23,311,084
Pooled separate accounts	-	14,305,996	-	14,305,996
Stable Value Fund	-	-	6,968,358	6,968,358
Cash Held as Collateral for Plan Loans	718,465	-	-	718,465
Cash	465,195	-	-	465,195
<i>Investments Measured at Net Asset Value:</i>				
Variable Annuity Contracts*	-	-	-	57,454,817
Pooled Separate Account*	-	-	-	<u>8,790,001</u>
Total investments at fair value	<u>\$ 128,591,217</u>	<u>\$ 14,305,996</u>	<u>\$ 29,551,122</u>	<u>\$ 238,693,153</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

	Insurance Company General Account	Stable Value Fund
Balance, beginning of year	\$ 22,582,764	\$ 6,968,358
Realized gains	243,257	10,157
Gains relating to instruments still held at reporting date	434,765	125,562
Purchases	2,378,390	2,643,580
Sales	<u>(2,242,486)</u>	<u>(603,088)</u>
Balance, end of year	<u>\$ 23,396,690</u>	<u>\$ 9,144,569</u>

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

	Insurance Company General Account	Stable Value Fund
Balance, beginning of year	\$ 22,724,867	\$ 3,149,744
Realized gains	237,783	5,941
Gains relating to instruments still held at reporting date	436,174	66,460
Purchases	1,650,617	4,227,279
Sales	<u>(2,466,677)</u>	<u>(481,066)</u>
Balance, end of year	<u>\$ 22,582,764</u>	<u>\$ 6,968,358</u>

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014

Fair Value Measurements (continued)

Level 3 Gains and Losses (continued)

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

Plan Loan Collateral Balances

The following table sets forth the Plan loan collateral fund balances held in cash at December 31, 2015 and 2014 by custodian:

	2015	2014
Voya	\$ 310,849	\$ 372,323
VALIC	119,460	132,565
Fidelity	<u>195,672</u>	<u>213,577</u>
Total cash held as collateral for Plan loans	<u>\$ 625,981</u>	<u>\$ 718,465</u>

At December 31, 2015 and 2014, the amount of collateralized loans held by TIAA-CREF are \$3,763,911 and \$3,073,632, respectively. The balances are included in the insurance company general account balance on the accompanying Statements of Net Assets Available for Benefits.

Plan Termination

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

Party-in-Interest Transactions

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2015 and 2014



Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2015 statement of net assets available for benefits.

Subsequent Events - Date of Management's Evaluation

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

SUPPLEMENTAL INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 PLAN # 005
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD INST TG RTM 2040	\$ 24,514,846
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	20,704,107
	VANGUARD	VANGUARD INST TG RTM 2035	8,853,569
	VANGUARD	VANGUARD INST TG RTM 2025	8,623,860
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	7,989,742
	VANGUARD	VANGUARD INST TG RTM 2030	7,474,410
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	6,188,880
	VANGUARD	VANGUARD INST TG RTM 2020	5,650,410
	VANGUARD	VANGUARD TTL BD MKT INX FUND	3,373,279
	VANGUARD	VANGUARD SMALLCAP FUND	3,082,181
	VANGUARD	VANGUARD INST TG RTM 2045	3,005,441
	VANGUARD	VANGUARD INST TG RTM 2050	2,953,809
	INVESCO	INVESCO CHARTER INSTITUTIONAL	2,754,128
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,423,767
	VANGUARD	VANGUARD INST TG RTM 2015	2,092,205
	VANGUARD	VANGUARD INST TG RTM 2055	1,948,570
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	1,866,641
	VANGUARD	VANGUARD VALUE INDEX INST	1,710,019
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	1,646,014
	VANGUARD	VANGUARD INST TG RTM 2010	1,400,154
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	1,337,504
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,160,456
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,098,176
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,077,717
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	974,191
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	931,385
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	832,595
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	634,528
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	618,889
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	599,698
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	579,554
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	520,533
	DELAWARE	DELAWARE US GROWTH FUND INST	463,493
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	445,395
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	433,964
*	FIDELITY INVESTMENTS	SPARTAN INTL INDEX	412,278
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	390,574
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	368,428
*	FIDELITY INVESTMENTS	FID BALANCED	360,363
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	325,829
*	FIDELITY INVESTMENTS	FID PURITAN	313,904
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	311,734
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	311,263
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	307,534
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	295,468
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	293,795
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	292,105
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	288,715

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	274,959
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	268,246
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	260,026
*	FIDELITY INVESTMENTS	FID INTERMED BOND	236,330
	VANGUARD	VANGUARD INST TG RTM INC	233,086
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	227,438
	VANGUARD	VANGUARD WINDSOR II	214,192
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	210,285
	VANGUARD	VANGUARD INST TG RTM 2060	206,421
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	205,675
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	199,471
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	196,956
*	FIDELITY INVESTMENTS	FID OVERSEAS	193,319
*	FIDELITY INVESTMENTS	FID VALUE	192,265
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	191,009
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	188,673
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	187,425
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	172,952
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	169,076
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	163,734
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	151,224
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	147,029
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	146,149
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	145,216
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	144,744
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	140,417
*	FIDELITY INVESTMENTS	SPTN TOTAL MKT INDEX	138,558
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	137,926
*	FIDELITY INVESTMENTS	FID INTL GROWTH	137,497
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	136,853
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	129,710
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	125,861
*	FIDELITY INVESTMENTS	FID TOTAL BOND	122,058
*	FIDELITY INVESTMENTS	SPTN US BOND IDX ADV	120,710
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	118,221
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	106,796
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	99,547
*	FIDELITY INVESTMENTS	FID TREND	99,343
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	96,586
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	95,816
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	95,416
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	94,687
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	92,528
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	89,831
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	85,405
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	81,879
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	81,297
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	78,565

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	76,116
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	75,144
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	74,876
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	73,261
*	FIDELITY INVESTMENTS	FID SEL RETAILING	73,181
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	72,500
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	71,042
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	67,308
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	65,909
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	65,294
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	65,210
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	62,625
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	61,648
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	59,657
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	59,150
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	58,450
	VANGUARD	VANGUARD LT INV-GRADE FUND	55,249
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	55,020
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	53,649
*	FIDELITY INVESTMENTS	FID HIGH INCOME	52,913
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	52,858
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	49,070
	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	48,890
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	48,481
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	48,228
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	48,162
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	48,135
*	FIDELITY INVESTMENTS	SPTN INT TR INDX INV	47,897
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	46,956
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	46,589
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	45,512
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	45,373
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	42,567
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	41,130
*	FIDELITY INVESTMENTS	FID GNMA	37,914
*	FIDELITY INVESTMENTS	FID SEL LEISURE	37,434
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	36,867
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	36,485
*	FIDELITY INVESTMENTS	FIDELITY EMERG MRKTS	36,247
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	35,866
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	35,634
*	FIDELITY INVESTMENTS	FID SEL ELECTRONICS	35,337
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	34,653
*	FIDELITY INVESTMENTS	FID SEL GOLD	34,462
*	FIDELITY INVESTMENTS	FID INTL VALUE	34,068
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	33,372
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	33,348
*	FIDELITY INVESTMENTS	FID WORLDWIDE	33,116

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	32,918
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	31,139
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	30,860
*	FIDELITY INVESTMENTS	SPTN EXTND MKT INDEX	29,974
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	29,109
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	28,851
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	28,553
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,181
*	FIDELITY INVESTMENTS	FID SEL ENERGY	27,644
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	27,072
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	25,967
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	25,182
*	FIDELITY INVESTMENTS	SPTN LT TR IDX ADV	24,038
*	FIDELITY INVESTMENTS	FID JAPAN SMALL CO	20,976
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	20,876
*	FIDELITY INVESTMENTS	FID SEL BANKING	20,629
*	FIDELITY INVESTMENTS	FID SEL CONSTR/HOUSE	20,491
*	FIDELITY INVESTMENTS	FID SEL CONS DISCR	19,914
*	FIDELITY INVESTMENTS	FID INTL REAL ESTATE	19,900
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	18,221
	VANGUARD	VANGUARD LIFESTRATEGY MODERA	17,944
*	FIDELITY INVESTMENTS	FID SEL HTH CARE SVC	17,845
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	16,674
*	FIDELITY INVESTMENTS	FID FIDELITY	16,556
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	16,346
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	15,473
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	15,447
*	FIDELITY INVESTMENTS	SPTN MID CAP IDX ADV	15,430
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	15,218
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	14,660
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	14,646
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	14,300
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	13,635
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	12,221
*	FIDELITY INVESTMENTS	SPTN SM CAP IDX ADV	11,846
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	11,662
	VANGUARD	VANGUARD LONG-TERM TREASURY	11,195
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,273
*	FIDELITY INVESTMENTS	SPTN EM MKTS IDX ADV	10,124
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	10,096
*	FIDELITY INVESTMENTS	FID SEL AIR TRANSPRT	9,783
*	FIDELITY INVESTMENTS	FID MID CAP ENH INDX	9,775
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	9,629
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	9,465
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	8,803
*	FIDELITY INVESTMENTS	FID SEL TRANSPORT	8,666
*	FIDELITY INVESTMENTS	SPTN REAL ES IDX ADV	8,149
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	8,029

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID CANADA	7,877
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	6,606
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	4,981
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	4,710
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	4,657
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MONEY MARKET I FUND	4,563
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	4,489
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	4,443
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	4,136
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	3,688
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,584
*	FIDELITY INVESTMENTS	FID JAPAN	3,442
*	FIDELITY INVESTMENTS	SPTN ST TR INDX INV	3,433
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	2,664
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,975
*	FIDELITY INVESTMENTS	FID INTL BOND	1,821
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	1,791
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	1,663
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	1,504
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	1,326
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,189
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	1,104
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,029
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	803
*	FIDELITY INVESTMENTS	FID CHINA REGION	706
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	623
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	296
*	FIDELITY INVESTMENTS	FID EUROPE	171
			145,064,019
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	20,495,667
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	8,932,970
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	5,944,920
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	5,512,290
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,716,973
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,274,202
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	2,759,124
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	1,069,338
			52,705,484
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY**	21,049,618
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	2,347,072
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	772,973
			24,169,663

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	6,011,855
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,719,245
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	744,314
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	170,690
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	14,320
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,282
			<u>10,667,706</u>
	<i>Pooled Separate Accounts:</i>		
*	TEACHERS INSURANCE AND ANNUITY ASSOCIATION	TIAA REAL ESTATE ACCOUNT	10,235,624
*	VOYA FINANCIAL	VOYA Growth and Income Port - I	2,239,437
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port -Init	1,687,385
*	VOYA FINANCIAL	Voya Large Cap Growth Portfolio Inst	1,071,339
*	VOYA FINANCIAL	Voya Index Plus LargeCap Port - I	963,093
*	VOYA FINANCIAL	Voya Oppenheimer Global Port -Init	861,909
*	VOYA FINANCIAL	Voya Balanced Portfolio, Inc. - I	552,899
*	VOYA FINANCIAL	Voya Invesco Equity&Inc Port-Init	564,248
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio -I	511,435
*	VOYA FINANCIAL	Voya Index Plus MidCap Port - I	506,316
*	VOYA FINANCIAL	Voya Small Company Port - I	452,860
*	FIDELITY INVESTMENTS	Fidelity VIP Equity-Inc Port -Init	385,782
*	VOYA FINANCIAL	Voya T. Rowe Price Grwth Eq Port-I	369,734
*	VOYA FINANCIAL	Voya Intermediate Bond Port - I	359,414
*	VOYA FINANCIAL	Voya T. Rowe Price Diver MidCap Gr-I	323,921
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port-I	305,235
*	VOYA FINANCIAL	Voya Strategic Alloc Mod Port-I	138,256
	AMERICAN FUNDS	American Funds EuroPacific R4	120,704
	AMERICAN FUNDS	American Funds Growth Fnd R4	108,605
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio	99,147
*	VOYA FINANCIAL	Voya Index Plus SmallCap Port - I	97,631
*	VOYA FINANCIAL	Voya Large Cap Value Port - I	90,942
	LORD ABBETT	Lord Abbett Mid-Cap Value Port-VC	72,177
*	VOYA FINANCIAL	Voya Baron Growth Port-Svc	71,142
	OPPENHEIMER FUNDS	Oppenheimer Developing Mkts Fund -A	68,983
*	VOYA FINANCIAL	Voya Invesco Comstock Port -Svc	66,927
*	VOYA FINANCIAL	Voya Global Value Advantage Port I	50,458
*	VOYA FINANCIAL	Voya International Index Port -I	46,067
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	45,474
	AMERICAN FUNDS	American Funds Washington Mutual R4	44,992
*	VOYA FINANCIAL	Voya Russell Large Cap Index Port. Inst.	44,091
	BLACKROCK	BlackRock Hth Sci Opport Port Inv A	43,600
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio	39,159
*	VOYA FINANCIAL	Voya T. Rowe Price Capital Appr -Svc	67,028
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	34,439
	FRANKLIN TEMPLETON	Templeton Global Bond Fund -A	34,370
*	VOYA FINANCIAL	Voya High Yield Portfolio - I	33,004
*	VOYA FINANCIAL	Voya FMR Diversified MidCap Port-Svc	32,499
*	VOYA FINANCIAL	Voya Clarion Glb Real Est Prt-Inst	31,363

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	Voya Money Market Portfolio - I	28,329
	WELLS FARGO	Wells Fargo Adv Spec Small Cap Value Fund	26,556
	INVESCO	Invesco V.I. Core Equity Fd-Series I	26,417
	PIMCO	PIMCO VIT Real Return Port -Admin Cl	24,092
*	VOYA FINANCIAL	Voya Strategic Alloc Consv Port - I	20,359
*	VOYA FINANCIAL	Voya Global Bond Port - I	19,411
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port. Inst.	18,664
	AMERICAN FUNDS	American Funds Fundamental Inv R4	17,585
*	VOYA FINANCIAL	Voya Templeton Foreign Eq Port -Init	17,248
	INVESCO	Invesco V.I. American Franchise Fund	14,877
	CALVERT	Calvert VP SRI Balanced Portfolio	13,247
	AMERICAN FUNDS	American Funds Nw Prspctv R4	13,005
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio I	12,874
*	VOYA FINANCIAL	Voya Clarion Real Estate Port Srv	12,636
	PIONEER	Pioneer High Yield VCT Port -I	11,750
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	11,634
*	VOYA FINANCIAL	Voya Pioneer High Yield Port -Init	10,569
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port - I	9,694
*	VOYA FINANCIAL	Voya T. Rowe Price Equity Inc -Svc	8,046
	AMERICAN CENTURY	American Century Inflat-Adj Bd Inv	7,848
*	VOYA FINANCIAL	Voya Invesco Growth & Inc-Svc	6,134
	WANGER	Wanger Select	6,091
*	VOYA FINANCIAL	Columbia Mid Cap Value Fund A	5,455
	OPPENHEIMER FUNDS	Oppenheimer Main Street Small Cap/VA	5,051
*	VOYA FINANCIAL	Voya JPMorgan Emerg Mkts Eq Port-Svc	4,612
	WANGER	Wanger USA	4,456
	AMERICAN FUNDS	American Funds Smallcap R4	4,084
	ARIEL FUND	Ariel Fund	1,701
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	1,698
	JANUS WORLDWIDE	Janus Aspen Balanced Portfolio-Inst	1,637
	LAZARD	Lazard U.S. Mid Cap Equity Port Opn	452
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio -I	91
*	VOYA FINANCIAL	Voya JPMorgan Mid Cap Val Port -Svc	84
*	VOYA FINANCIAL	Janus Aspen Global Research Port - Inst	1
			<u>23,238,077</u>
*	TIAA-CREF	TIAA STABLE VALUE FUND**	9,144,569
	Cash		413,460
	Cash Held as Collateral for Plan Loans		<u>625,981</u>
			<u>\$ 266,028,959</u>

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.