

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

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.	10/16/2017	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	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

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

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 9560
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6821 6a(2) 7532 6b 0 6c 3050 6d 10582 6e 9 6f 10591 6g 10443 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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) <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/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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	3437	01/01/2016	12/31/2016

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

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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
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(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	36304905
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	63717857

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**6d**

Specify nature of costs ▶

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**

33314232

c Additions: (1) Contributions deposited during the year**7c(1)**

1795180

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

1028937

(4) Transferred from separate account

7c(4)

4962215

(5) Other (specify below)

7c(5)

216635

▶

(6) Total additions

7c(6)

8002967

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

41317199

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1436428

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account

7e(3)

3575866

(4) Other (specify below)

7e(4)

0

▶

(5) Total deductions

7e(5)

5012294

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

36304905

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. Specify nature of costs.	10b	

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/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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	140	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1690	0

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

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

RYAN TITUS

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

DEAN KOLLER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
57			3

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

SHIRLEY MCALLISTER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

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

ROBERT HYNEMAN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101			3

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

ANDREW HOOP

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
195			3

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

STEVE FISHER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
314			3

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

MARTIN J. ROESCH

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
928			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** 4612095**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 5097508**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**6d**

Specify nature of costs ▶

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**

4463559

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)

177263

(4) Transferred from separate account

7c(4)

104724

(5) Other (specify below)

7c(5)

0

▶

(6) Total additions

7c(6)

281987

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

4745546

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

113234

(2) Administration charge made by carrier.....

7e(2)

123

(3) Transferred to separate account

7e(3)

20094

(4) Other (specify below)

7e(4)

0

▶

(5) Total deductions

7e(5)

133451

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

4612095

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. Specify nature of costs.	10b	

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/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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	371	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
20289	0

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

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

BELL DONNIE ADVISORS, INC. 10100 INNOVATION DR, STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1463	0		3

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

WALSH SAM ADVISORS, INC. 7965 N HIGH ST, 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	
33	0		3

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

RANKIN DAVID ADVISORS, INC.

VOYA
7965 N HIGH ST, 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	
318	0		3

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

VOYA FINANCIAL ADVISORS, INC.

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	
672	0		3

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

EDWARD MOBLEY

VOYA
7965 N HIGH ST, 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	
414	0		3

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

JOHN DALE E. ROESCH

VOYA
7965 N HIGH ST, 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	
28	0		3

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

DALE VAN VALKENBURG

VOYA
7965 N HIGH ST, 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	
15350	0		3

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

GLENN LEWIS

VOYA
7965 N HIGH ST, 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	0		3

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

NICHOLAS DISALLE

VOYA
7965 N HIGH ST, 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	
32	0		3

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

RANDY SHARP

VOYA
7965 N HIGH ST, 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	
28	0		3

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

MARSHA CROSBY

VOYA
7965 N HIGH ST, 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	
667	0		3

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

THOMAS CONNER

VOYA
7965 N HIGH ST, 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	
1	0		3

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

DALE LADERACH

VOYA
7965 N HIGH ST, 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	
699	0		3

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

KARL RUBIN

VOYA
7965 N HIGH ST, 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	
566	0		3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 6366748**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 13131786**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**6d**

Specify nature of costs ▶

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** 6204147**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

244348

(4) Transferred from separate account

7c(4)

843069

(5) Other (specify below)

7c(5)

52696

▶

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

1140113

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d**

7344260

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

505478

(2) Administration charge made by carrier.....

7e(2)

5095

(3) Transferred to separate account

7e(3)

50221

(4) Other (specify below)

7e(4)

416722

▶

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

977516

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

6366744

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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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)

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 ☒	16700	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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width:20%; padding: 5px; text-align: center; color: blue;">005</td> </tr> <tr style="background-color: #f2f2f2;"> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	005		
B Three-digit plan number (PN) ►	005				
C Plan or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

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

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13131786
--	--	--

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 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11705370
--	--	--

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)
-----------------	----------------------	---

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

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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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
---------------	--------------------------------------

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)	1039441	1067095
(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)	23238077	24837156
(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)	197769503	233108605
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	43981938	47283744
(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	266028959	306296600

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	266028959	306296600
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	27457600	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	3357806	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		30815406
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)	4705769	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4705769
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	14965397	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14965397

		(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		50486572

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10203762	
(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)		10203762
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)	15169	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15169
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10218931

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		40267641
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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o		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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	



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, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by 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, 2016 and 2015 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, 2016 is required by the DOL's 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 10, 2017

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, 2016

(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	\$ 29,312,514
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	27,661,402
	VANGUARD	VANGUARD INST TG RTM 2035	11,174,939
	VANGUARD	VANGUARD INST TG RTM 2025	10,676,166
	VANGUARD	VANGUARD INST TG RTM 2030	10,106,429
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	9,869,057
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	7,471,360
	VANGUARD	VANGUARD INST TG RTM 2020	6,597,091
	VANGUARD	VANGUARD INST TG RTM 2045	5,147,700
	VANGUARD	VANGUARD INST TG RTM 2050	5,132,321
	VANGUARD	VANGUARD TTL BD MKT INX FUND	4,456,942
	VANGUARD	VANGUARD SMALL-CAP IDX INST	4,190,197
	VANGUARD	VANGUARD INST TG RTM 2055	3,999,589
	JP MORGAN	JPMORGAN US EQUITY R5	3,556,555
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	2,935,050
	VANGUARD	VANGUARD VALUE INDEX INST	2,705,003
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,072,692
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,013,960
	VANGUARD	VANGUARD INST TG RTM 2015	1,959,787
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,875,925
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	1,740,679
	VANGUARD	VANGUARD INST TG RTM 2010	1,565,802
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,175,141
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,148,626
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	946,576
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	941,238
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	870,549
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	659,330
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	654,979
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	625,031
	VANGUARD	VANGUARD INST TG RTM 2060	587,889
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	563,191
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	546,473
	DELAWARE	DELAWARE US GROWTH FUND INST	515,962
*	FIDELITY INVESTMENTS	FID TOT MKT IDX PR	493,622
*	FIDELITY INVESTMENTS	FID INTL INDEX PR	466,104
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	444,772
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	406,818
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	391,093
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	388,999
*	FIDELITY INVESTMENTS	FID BALANCED	385,680
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	369,597
	VANGUARD	VANGUARD INST TG RTM INC	334,990
*	FIDELITY INVESTMENTS	FID PURITAN	329,268
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	315,974
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	302,045
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	294,886
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	242,177

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, 2016

(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>		
	VANGUARD	VANGUARD WINDSOR II	236,834
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	234,700
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	227,266
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	218,151
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	215,258
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	212,677
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	206,855
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	205,599
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	188,271
*	FIDELITY INVESTMENTS	FID INTERMED BOND	187,336
*	FIDELITY INVESTMENTS	FID OVERSEAS	186,637
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	183,288
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	182,861
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	175,154
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	168,738
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	165,337
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	161,649
*	FIDELITY INVESTMENTS	FID US BOND IDX PR	161,013
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	156,024
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	144,961
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	143,828
*	FIDELITY INVESTMENTS	FID TOTAL BOND	143,659
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	141,780
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	137,856
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	133,728
*	FIDELITY INVESTMENTS	FID INTL GROWTH	133,494
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	127,088
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	126,949
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	125,829
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	121,960
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	107,817
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	106,303
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	105,974
*	FIDELITY INVESTMENTS	FID TREND	103,860
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	100,432
*	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	100,036
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	99,782
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	94,438
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	94,223
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	93,930
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	91,864
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	90,997
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	89,124
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	85,164
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	81,086
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	80,985
*	FIDELITY INVESTMENTS	FID GNMA	80,667
*	FIDELITY INVESTMENTS	FID INT TR IDX PR	78,858
*	FIDELITY INVESTMENTS	FID LT TR IDX PR	78,495
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	77,006
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	76,357

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, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID SEL SEMICONDUCT	75,945
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	75,901
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	75,845
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	73,878
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	73,403
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	71,091
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	70,615
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	69,398
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	69,169
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	65,973
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	62,983
*	FIDELITY INVESTMENTS	FID HIGH INCOME	61,365
*	FIDELITY INVESTMENTS	FID SEL GOLD	60,071
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	59,653
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	59,573
*	VANGUARD	VANGUARD LT INV-GRADE FUND	58,969
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	58,301
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	58,174
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	57,157
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	56,394
*	FIDELITY INVESTMENTS	FID CORPORATE BOND	53,421
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	53,012
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	51,463
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	51,435
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	51,322
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	51,223
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	50,091
*	FIDELITY INVESTMENTS	FID SEL RETAILING	49,306
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	48,341
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	48,249
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	46,853
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	46,609
*	FIDELITY INVESTMENTS	FID SEL ENERGY	43,721
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	42,719
*	FIDELITY INVESTMENTS	FID EMERG MKTS DISC	42,639
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	41,935
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	41,063
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	39,824
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	38,691
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	38,092
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	37,413
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	35,755
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	33,697
*	FIDELITY INVESTMENTS	FID INTL VALUE	33,547
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	33,312
*	FIDELITY INVESTMENTS	FID WORLDWIDE	32,911
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	31,762
*	FIDELITY INVESTMENTS	FID VALUE	31,434
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	30,067
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	29,341
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	29,221

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, 2016

(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	FIDELITY EMERG MRKTS	28,569
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,345
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	27,517
*	FIDELITY INVESTMENTS	FID EXT MKT IDX PR	26,932
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	26,741
*	FIDELITY INVESTMENTS	FID GLOBAL EQ INCOME	25,534
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	22,443
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	22,209
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	21,646
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	19,257
*	FIDELITY INVESTMENTS	FID SEL LEISURE	19,132
	VANGUARD	VANGUARD LIFESTRATEGY MODERATE	18,982
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	18,681
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	18,574
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	17,802
*	FIDELITY INVESTMENTS	FID MID CAP IDX PR	17,563
*	FIDELITY INVESTMENTS	FID FIDELITY	17,328
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	17,092
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	16,467
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	16,345
*	FIDELITY INVESTMENTS	FID REAL EST IDX PR	15,762
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	15,175
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	15,092
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	15,074
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	14,974
*	FIDELITY INVESTMENTS	FID SM CAP IDX PR	14,403
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	14,105
*	FIDELITY INVESTMENTS	FID MID CAP ENH INDX	13,843
*	FIDELITY INVESTMENTS	FID SEL BANKING	13,532
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	13,102
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	12,915
*	FIDELITY INVESTMENTS	FID EM MKTS IDX PR	12,338
	VANGUARD	VANGUARD LONG-TERM TREASURY	11,212
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	11,187
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	11,113
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	10,706
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,542
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	10,414
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	10,251
*	FIDELITY INVESTMENTS	FID SEL CONSTR/HOUSE	10,015
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	9,874
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	9,713
*	FIDELITY INVESTMENTS	FID CANADA	9,461
*	FIDELITY INVESTMENTS	FID TOTAL EMERG MKTS	9,445
*	FIDELITY INVESTMENTS	FID INTL ENH INDEX	8,354
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	7,439
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	5,273
*	FIDELITY INVESTMENTS	FID SEL HTH CARE SVC	5,033
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	4,969
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	4,932
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MONEY MARKET I FUND	4,471

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, 2016

(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	GLOBAL REAL ESTATE FUND	3,734
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,629
*	FIDELITY INVESTMENTS	FID JAPAN	3,533
*	FIDELITY INVESTMENTS	FID ST TR IDX PR	3,463
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	3,272
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	3,097
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	1,989
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,975
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	1,906
*	FIDELITY INVESTMENTS	FID INTL BOND	1,846
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	1,773
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	1,388
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	1,251
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,235
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,038
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	807
*	FIDELITY INVESTMENTS	FID CHINA REGION	669
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	643
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	317
			181,096,118
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	20,629,853
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	8,281,720
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	5,675,979
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	6,074,098
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,498,218
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,249,222
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	2,569,643
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	1,033,754
			52,012,487
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	21,755,743
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	2,651,476
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	1,717,302
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	788,832
			26,913,353

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, 2016

(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**	6,168,058
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,863,727
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	748,368
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	176,449
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	14,888
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,349
			10,978,839
	<i>Pooled Separate Accounts:</i>		
*	TIAA	TIAA REAL ESTATE ACCOUNT	11,705,370
*	VOYA FINANCIAL	Voya Growth and Income Port I	2,308,765
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port I	1,689,914
*	VOYA FINANCIAL	Voya Large Cap Growth Port Inst	979,681
*	VOYA FINANCIAL	Voya Index Plus LargeCap Portfolio I	906,733
*	VOYA FINANCIAL	VY Oppenhr Global Port I	811,163
*	VOYA FINANCIAL	VY Invesco Eqty & Inc Port I	603,443
*	VOYA FINANCIAL	Voya Balanced Portfolio I	579,200
*	VOYA FINANCIAL	Voya Index Plus MidCap Portfolio I	561,563
*	VOYA FINANCIAL	Voya Small Company Portfolio I	518,027
*	FIDELITY INVESTMENTS	Fidelity VIP Eqty-Income Port I	438,215
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio I	384,605
*	VOYA FINANCIAL	VY TRowePrice Divr MdCp Gr Pt I	337,393
*	VOYA FINANCIAL	VY TRowePrice Grwth Eqty Port I	334,501
*	VOYA FINANCIAL	Voya Intermediate Bond Port I	326,072
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port I	316,446
*	VOYA FINANCIAL	Voya Strategic Alloc Moderate Port I	145,152
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio Srv	105,084
*	VOYA FINANCIAL	Voya Index Plus SmallCap Portfolio I	104,365
*	AMERICAN FUNDS	American Funds Growth Fnd R4	100,918
*	VOYA FINANCIAL	VY TRowePrice Captl Apprec Pt Srv	96,899
*	AMERICAN FUNDS	American Funds EuroPacific R4	90,991
*	VOYA FINANCIAL	Voya Russell Lrg Cap Index Port I	88,729
*	LORD ABBETT	Lord Abbett Ser Fd Md Cp Stk Prt VC	82,957
*	VOYA FINANCIAL	Voya Large Cap Value Port Inst	81,877
*	VOYA FINANCIAL	VY Invesco Comstock Port Srv	77,278
*	AMERICAN FUNDS	American Funds Wash Mtual R4	75,979
*	VOYA FINANCIAL	VY Baron Growth Port Srv	74,086
*	OPPENHEIMER FUNDS	Oppenheimer Developing Markets Fnd A	68,852
*	VOYA FINANCIAL	Voya Global Equity Portfolio I	52,807
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port I	51,207
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port I	48,909
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	48,173
*	BLACKROCK	BlackRock Hlth Sci Opport Port Inv A	47,333
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio I	46,124
*	AMERICAN FUNDS	American Funds Fdmntl Inv R4	44,974
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio Srv	41,076
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	39,210
*	VOYA FINANCIAL	VY FMR Diversified Md Cp Port Srv	35,993
*	VOYA FINANCIAL	VY Clarion Global RI Est Prt Inst	31,243
	WELLS FARGO	WellsFargo Spec Sm Cp Val Fd A	30,867
	FRANKLIN TEMPLETON	Templeton Global Bond Fund A	29,421

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, 2016

(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>		
	INVESCO	Invesco V.I. Core Equity Fund SI	28,757
*	VOYA FINANCIAL	Voya Govt Money Market Portfolio I	28,006
	PIMCO	PIMCO VIT Real Return Portfolio Adm	25,289
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	22,650
	AMERICAN FUNDS	American Funds Nw Prspctv R4	21,300
*	VOYA FINANCIAL	Voya High Yield Portfolio Srv	19,888
	INVESCO	Invesco V.I. American Franchise Fd I	15,022
	CALVERT	Calvert VP SRI Balanced Portfolio	14,107
*	VOYA FINANCIAL	VY Clarion Real Estate Port Srv	13,271
*	VOYA FINANCIAL	VY Pioneer High Yield Portfolio I	11,926
*	VOYA FINANCIAL	VY Invesco Grw & Inc Port Srv	11,857
*	VOYA FINANCIAL	Voya Strategic Alloc Conserv Port I	9,826
*	VOYA FINANCIAL	Voya Global Bond Port I	9,817
*	VOYA FINANCIAL	VY Templeton Foreign Eqty Port I	8,786
	WANGER	Wanger Select	6,817
*	VOYA FINANCIAL	Ivy Science and Technology Fund Y	6,235
*	VOYA FINANCIAL	Voya International Index Port I	5,486
	OPPENHEIMER FUNDS	Oppenheimer Main St Sm Cap F/VA	5,460
*	VOYA FINANCIAL	VY JPMorgan Emrg Mkts Eq Port Srv	5,124
*	VOYA FINANCIAL	VY TRowePrice Eqty Income Pt Srv	4,572
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio I	4,509
*	VOYA FINANCIAL	Voya SmallCap Opportunities Prt I	4,455
	WANGER	Wanger International	4,446
	WANGER	Wanger USA	2,298
	ARIEL FUND	Ariel Fund Investor	2,015
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	1,871
	JANUS WORLDWIDE	Janus Hndrsn Balanced Port Inst	1,690
*	VOYA FINANCIAL	VY JPMorgan Mid Cap Val Port Srv	80
	JANUS WORLDWIDE	Janus Hndrsn GI Research Prt Inst	1
			24,837,156
*	TIAA-CREF	TIAA STABLE VALUE FUND	9,391,552
	<i>Money Market Funds</i>		
*	FIDELITY INVESTMENTS	FMMT RETIRE GOV II	209,188
*	FIDELITY INVESTMENTS	FID RET GOVT MM	147,300
*	FIDELITY INVESTMENTS	FID GOV CASH RESERVE	116,644
*	FIDELITY INVESTMENTS	FID GOVT MMRK PRM	70,794
*	FIDELITY INVESTMENTS	FID TREASURY ONLY MM	12,438
			556,364
	<i>Cash Held as Collateral for Plan Loans</i>		510,731
			\$ 306,296,600

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.

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• **Financial Statements**
• with Supplemental Information
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• **Nationwide Children's**
• **Hospital, Inc. 403(b)**
• **Tax-Sheltered Annuity**
• **Plan**
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• December 31, 2016 and 2015
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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)	19



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, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by 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, 2016 and 2015 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, 2016 is required by the DOL's 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 10, 2017

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
Assets		
Investments, at fair value:		
Registered investment companies	\$ 181,096,118	\$ 145,064,019
Variable annuity contracts	52,012,487	52,705,484
Insurance company general account	26,913,353	24,169,663
Pooled separate accounts	24,837,156	23,238,077
Stable value fund	9,391,552	9,144,569
Cash held as collateral for Plan loans	510,731	625,981
Money market funds	556,364	413,460
Total investments, at fair value	295,317,761	255,361,253
Investments, at contract value:		
Guaranteed investment contracts	10,978,839	10,667,706
NET ASSETS AVAILABLE FOR BENEFITS	\$ 306,296,600	\$ 266,028,959

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, 2016 and 2015

	2016	2015
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	\$ 4,705,769	\$ 3,774,920
Net appreciation in fair value of investments	14,965,397	-
Total investment income	19,671,166	3,774,920
Contributions:		
Employee	27,457,600	24,619,471
Rollover	3,357,806	3,058,903
Total contributions	30,815,406	27,678,374
Total additions	50,486,572	31,453,294
Deductions from Net Assets Attributed to:		
Net depreciation in fair value of investments	-	2,403,680
Benefits paid to participants	10,218,931	12,232,932
Total deductions	10,218,931	14,636,612
Net increase	40,267,641	16,816,682
Net Assets Available for Benefits:		
Beginning of year	266,028,959	249,212,277
End of year	\$ 306,296,600	\$ 266,028,959

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, 2016 and 2015

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, 2016 and 2015

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, 2016 and 2015

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.

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 \$6,366,744 and \$6,204,147 at December 31, 2016 and 2015, 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 \$4,612,095 and \$4,463,559 at December 31, 2016 and 2015, respectively.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2016 and 2015

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 interest 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 probable 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, 2016 and 2015

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.

	2016	2015
Insurance Company General Account	\$ 26,913,353	\$ 24,169,663
Guaranteed Investment Contracts	10,978,839	10,667,706
Registered Investment Companies	181,096,118	145,064,019
Variable Annuity Contracts	52,012,487	52,705,484
Pooled Separate Accounts	24,837,156	23,238,077
Stable Value Fund	9,391,552	9,144,569
Money Market Funds	556,364	413,460
Cash Held as Collateral for Plan Loans	<u>251,335</u>	<u>315,132</u>
Total	<u>\$ 306,037,204</u>	<u>\$ 265,718,110</u>

The custodians also certified to the completeness and accuracy of \$14,965,397 and \$(2,403,680) of net appreciation (depreciation) in fair value of investments and \$4,705,769 and \$3,774,920 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2016 and 2015, respectively.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2016 and 2015

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, 2016 and 2015.

*Registered Investment
Companies and Money
Market Funds:*

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, 2016 and 2015

Fair Value Measurements (continued)

*Insurance Company
General Account:*

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.

*Pooled Separate
Accounts:*

TIAA-CREF: 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.

Voya: 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.

Stable Value Fund:

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, 2016 and 2015. 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, 2016 and 2015

Fair Value Measurements (continued)

Investments at Fair Value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
<i>Investments in the Fair Value Hierarchy:</i>				
Registered Investment Companies	\$ 181,096,118	\$ -	\$ -	\$ 181,096,118
Insurance Company General Accounts	788,832	-	26,124,521	26,913,353
Pooled Separate Accounts	-	13,131,786	-	13,131,786
Stable Value Fund	-	-	9,391,552	9,391,552
Cash Held as Collateral for Plan Loans	510,731	-	-	510,731
Money Market Funds	556,364	-	-	556,364
<i>Investments Measured at Net Asset Value:</i>				
Variable Annuity Contracts*	-	-	-	52,012,487
Pooled Separate Account*	-	-	-	<u>11,705,370</u>
Total investments at fair value	<u>\$ 182,952,045</u>	<u>\$ 13,131,786</u>	<u>\$ 35,516,073</u>	<u>\$ 295,317,761</u>

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
Money Market Funds	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>

* 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, 2016 and 2015

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, 2016:

	Insurance Company General Account	Stable Value Fund
Balance, beginning of year	\$ 23,396,690	\$ 9,144,569
Realized gains	214,442	67,893
Gains relating to instruments still held at reporting date	502,887	100,079
Purchases	4,137,783	2,809,206
Sales	<u>(2,127,281)</u>	<u>(2,730,195)</u>
Balance, end of year	<u>\$ 26,124,521</u>	<u>\$ 9,391,552</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, 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>

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2016 and 2015

Fair Value Measurements (continued)

Level 3 Gains and Losses (continued)

Gains and losses (realized and unrealized) are included in changes in net assets for the periods above and are recorded in net appreciation (depreciation) 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, 2016 and 2015 by custodian:

	2016	2015
Voya	\$ 259,396	\$ 310,849
VALIC	89,404	119,460
Fidelity	<u>161,931</u>	<u>195,672</u>
Total cash held as collateral for Plan loans	<u>\$ 510,731</u>	<u>\$ 625,981</u>

At December 31, 2016 and 2015, the amount of collateralized loans held by TIAA-CREF are \$3,904,147 and \$3,763,911, 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, 2016 and 2015



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.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, 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 2016 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.

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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, 2016

(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	\$ 29,312,514
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	27,661,402
	VANGUARD	VANGUARD INST TG RTM 2035	11,174,939
	VANGUARD	VANGUARD INST TG RTM 2025	10,676,166
	VANGUARD	VANGUARD INST TG RTM 2030	10,106,429
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	9,869,057
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	7,471,360
	VANGUARD	VANGUARD INST TG RTM 2020	6,597,091
	VANGUARD	VANGUARD INST TG RTM 2045	5,147,700
	VANGUARD	VANGUARD INST TG RTM 2050	5,132,321
	VANGUARD	VANGUARD TTL BD MKT INX FUND	4,456,942
	VANGUARD	VANGUARD SMALL-CAP IDX INST	4,190,197
	VANGUARD	VANGUARD INST TG RTM 2055	3,999,589
	JP MORGAN	JPMORGAN US EQUITY R5	3,556,555
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	2,935,050
	VANGUARD	VANGUARD VALUE INDEX INST	2,705,003
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,072,692
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,013,960
	VANGUARD	VANGUARD INST TG RTM 2015	1,959,787
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,875,925
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	1,740,679
	VANGUARD	VANGUARD INST TG RTM 2010	1,565,802
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,175,141
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,148,626
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	946,576
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	941,238
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	870,549
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	659,330
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	654,979
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	625,031
	VANGUARD	VANGUARD INST TG RTM 2060	587,889
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	563,191
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	546,473
	DELAWARE	DELAWARE US GROWTH FUND INST	515,962
*	FIDELITY INVESTMENTS	FID TOT MKT IDX PR	493,622
*	FIDELITY INVESTMENTS	FID INTL INDEX PR	466,104
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	444,772
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	406,818
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	391,093
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	388,999
*	FIDELITY INVESTMENTS	FID BALANCED	385,680
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	369,597
	VANGUARD	VANGUARD INST TG RTM INC	334,990
*	FIDELITY INVESTMENTS	FID PURITAN	329,268
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	315,974
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	302,045
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	294,886
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	242,177

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, 2016

(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>		
	VANGUARD	VANGUARD WINDSOR II	236,834
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	234,700
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	227,266
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	218,151
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	215,258
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	212,677
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	206,855
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	205,599
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	188,271
*	FIDELITY INVESTMENTS	FID INTERMED BOND	187,336
*	FIDELITY INVESTMENTS	FID OVERSEAS	186,637
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	183,288
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	182,861
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	175,154
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	168,738
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	165,337
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	161,649
*	FIDELITY INVESTMENTS	FID US BOND IDX PR	161,013
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	156,024
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	144,961
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	143,828
*	FIDELITY INVESTMENTS	FID TOTAL BOND	143,659
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	141,780
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	137,856
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	133,728
*	FIDELITY INVESTMENTS	FID INTL GROWTH	133,494
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	127,088
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	126,949
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	125,829
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	121,960
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	107,817
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	106,303
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	105,974
*	FIDELITY INVESTMENTS	FID TREND	103,860
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	100,432
*	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	100,036
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	99,782
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	94,438
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	94,223
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	93,930
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	91,864
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	90,997
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	89,124
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	85,164
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	81,086
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	80,985
*	FIDELITY INVESTMENTS	FID GNMA	80,667
*	FIDELITY INVESTMENTS	FID INT TR IDX PR	78,858
*	FIDELITY INVESTMENTS	FID LT TR IDX PR	78,495
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	77,006
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	76,357

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, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID SEL SEMICONDUCT	75,945
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	75,901
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	75,845
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	73,878
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	73,403
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	71,091
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	70,615
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	69,398
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	69,169
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	65,973
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	62,983
*	FIDELITY INVESTMENTS	FID HIGH INCOME	61,365
*	FIDELITY INVESTMENTS	FID SEL GOLD	60,071
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	59,653
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	59,573
*	VANGUARD	VANGUARD LT INV-GRADE FUND	58,969
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	58,301
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	58,174
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	57,157
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	56,394
*	FIDELITY INVESTMENTS	FID CORPORATE BOND	53,421
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	53,012
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	51,463
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	51,435
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	51,322
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	51,223
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	50,091
*	FIDELITY INVESTMENTS	FID SEL RETAILING	49,306
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	48,341
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	48,249
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	46,853
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	46,609
*	FIDELITY INVESTMENTS	FID SEL ENERGY	43,721
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	42,719
*	FIDELITY INVESTMENTS	FID EMERG MKTS DISC	42,639
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	41,935
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	41,063
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	39,824
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	38,691
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	38,092
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	37,413
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	35,755
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	33,697
*	FIDELITY INVESTMENTS	FID INTL VALUE	33,547
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	33,312
*	FIDELITY INVESTMENTS	FID WORLDWIDE	32,911
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	31,762
*	FIDELITY INVESTMENTS	FID VALUE	31,434
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	30,067
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	29,341
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	29,221

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, 2016

(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	FIDELITY EMERG MRKTS	28,569
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,345
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	27,517
*	FIDELITY INVESTMENTS	FID EXT MKT IDX PR	26,932
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	26,741
*	FIDELITY INVESTMENTS	FID GLOBAL EQ INCOME	25,534
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	22,443
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	22,209
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	21,646
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	19,257
*	FIDELITY INVESTMENTS	FID SEL LEISURE	19,132
	VANGUARD	VANGUARD LIFESTRATEGY MODERATE	18,982
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	18,681
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	18,574
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	17,802
*	FIDELITY INVESTMENTS	FID MID CAP IDX PR	17,563
*	FIDELITY INVESTMENTS	FID FIDELITY	17,328
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	17,092
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	16,467
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	16,345
*	FIDELITY INVESTMENTS	FID REAL EST IDX PR	15,762
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	15,175
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	15,092
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	15,074
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	14,974
*	FIDELITY INVESTMENTS	FID SM CAP IDX PR	14,403
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	14,105
*	FIDELITY INVESTMENTS	FID MID CAP ENH INDX	13,843
*	FIDELITY INVESTMENTS	FID SEL BANKING	13,532
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	13,102
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	12,915
*	FIDELITY INVESTMENTS	FID EM MKTS IDX PR	12,338
	VANGUARD	VANGUARD LONG-TERM TREASURY	11,212
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	11,187
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	11,113
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	10,706
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,542
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	10,414
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	10,251
*	FIDELITY INVESTMENTS	FID SEL CONSTR/HOUSE	10,015
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	9,874
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	9,713
*	FIDELITY INVESTMENTS	FID CANADA	9,461
*	FIDELITY INVESTMENTS	FID TOTAL EMERG MKTS	9,445
*	FIDELITY INVESTMENTS	FID INTL ENH INDEX	8,354
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	7,439
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	5,273
*	FIDELITY INVESTMENTS	FID SEL HTH CARE SVC	5,033
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	4,969
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	4,932
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MONEY MARKET I FUND	4,471

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, 2016

(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	GLOBAL REAL ESTATE FUND	3,734
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,629
*	FIDELITY INVESTMENTS	FID JAPAN	3,533
*	FIDELITY INVESTMENTS	FID ST TR IDX PR	3,463
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	3,272
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	3,097
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	1,989
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,975
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	1,906
*	FIDELITY INVESTMENTS	FID INTL BOND	1,846
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	1,773
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	1,388
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	1,251
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,235
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,038
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	807
*	FIDELITY INVESTMENTS	FID CHINA REGION	669
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	643
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	317
			181,096,118
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	20,629,853
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	8,281,720
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	5,675,979
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	6,074,098
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,498,218
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,249,222
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	2,569,643
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	1,033,754
			52,012,487
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	21,755,743
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	2,651,476
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	1,717,302
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	788,832
			26,913,353

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, 2016

(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**	6,168,058
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,863,727
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	748,368
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	176,449
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	14,888
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,349
			10,978,839
	<i>Pooled Separate Accounts:</i>		
*	TIAA	TIAA REAL ESTATE ACCOUNT	11,705,370
*	VOYA FINANCIAL	Voya Growth and Income Port I	2,308,765
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port I	1,689,914
*	VOYA FINANCIAL	Voya Large Cap Growth Port Inst	979,681
*	VOYA FINANCIAL	Voya Index Plus LargeCap Portfolio I	906,733
*	VOYA FINANCIAL	VY Oppenhr Global Port I	811,163
*	VOYA FINANCIAL	VY Invesco Eqty & Inc Port I	603,443
*	VOYA FINANCIAL	Voya Balanced Portfolio I	579,200
*	VOYA FINANCIAL	Voya Index Plus MidCap Portfolio I	561,563
*	VOYA FINANCIAL	Voya Small Company Portfolio I	518,027
*	FIDELITY INVESTMENTS	Fidelity VIP Eqty-Income Port I	438,215
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio I	384,605
*	VOYA FINANCIAL	VY TRowePrice Divr MdCp Gr Pt I	337,393
*	VOYA FINANCIAL	VY TRowePrice Grwth Eqty Port I	334,501
*	VOYA FINANCIAL	Voya Intermediate Bond Port I	326,072
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port I	316,446
*	VOYA FINANCIAL	Voya Strategic Alloc Moderate Port I	145,152
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio Srv	105,084
*	VOYA FINANCIAL	Voya Index Plus SmallCap Portfolio I	104,365
*	AMERICAN FUNDS	American Funds Growth Fnd R4	100,918
*	VOYA FINANCIAL	VY TRowePrice Captl Apprec Pt Srv	96,899
*	AMERICAN FUNDS	American Funds EuroPacific R4	90,991
*	VOYA FINANCIAL	Voya Russell Lrg Cap Index Port I	88,729
*	LORD ABBETT	Lord Abbett Ser Fd Md Cp Stk Prt VC	82,957
*	VOYA FINANCIAL	Voya Large Cap Value Port Inst	81,877
*	VOYA FINANCIAL	VY Invesco Comstock Port Srv	77,278
*	AMERICAN FUNDS	American Funds Wash Mtual R4	75,979
*	VOYA FINANCIAL	VY Baron Growth Port Srv	74,086
*	OPPENHEIMER FUNDS	Oppenheimer Developing Markets Fnd A	68,852
*	VOYA FINANCIAL	Voya Global Equity Portfolio I	52,807
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port I	51,207
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port I	48,909
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	48,173
*	BLACKROCK	BlackRock Hlth Sci Opport Port Inv A	47,333
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio I	46,124
*	AMERICAN FUNDS	American Funds Fdmntl Inv R4	44,974
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio Srv	41,076
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	39,210
*	VOYA FINANCIAL	VY FMR Diversified Md Cp Port Srv	35,993
*	VOYA FINANCIAL	VY Clarion Global RI Est Prt Inst	31,243
	WELLS FARGO	WellsFargo Spec Sm Cp Val Fd A	30,867
	FRANKLIN TEMPLETON	Templeton Global Bond Fund A	29,421

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, 2016

(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>		
	INVESCO	Invesco V.I. Core Equity Fund SI	28,757
*	VOYA FINANCIAL	Voya Govt Money Market Portfolio I	28,006
	PIMCO	PIMCO VIT Real Return Portfolio Adm	25,289
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	22,650
	AMERICAN FUNDS	American Funds Nw Prspctv R4	21,300
*	VOYA FINANCIAL	Voya High Yield Portfolio Srv	19,888
	INVESCO	Invesco V.I. American Franchise Fd I	15,022
	CALVERT	Calvert VP SRI Balanced Portfolio	14,107
*	VOYA FINANCIAL	VY Clarion Real Estate Port Srv	13,271
*	VOYA FINANCIAL	VY Pioneer High Yield Portfolio I	11,926
*	VOYA FINANCIAL	VY Invesco Grw & Inc Port Srv	11,857
*	VOYA FINANCIAL	Voya Strategic Alloc Conserv Port I	9,826
*	VOYA FINANCIAL	Voya Global Bond Port I	9,817
*	VOYA FINANCIAL	VY Templeton Foreign Eqty Port I	8,786
	WANGER	Wanger Select	6,817
*	VOYA FINANCIAL	Ivy Science and Technology Fund Y	6,235
*	VOYA FINANCIAL	Voya International Index Port I	5,486
	OPPENHEIMER FUNDS	Oppenheimer Main St Sm Cap F/VA	5,460
*	VOYA FINANCIAL	VY JPMorgan Emrg Mkts Eq Port Srv	5,124
*	VOYA FINANCIAL	VY TRowePrice Eqty Income Pt Srv	4,572
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio I	4,509
*	VOYA FINANCIAL	Voya SmallCap Opportunities Prt I	4,455
	WANGER	Wanger International	4,446
	WANGER	Wanger USA	2,298
	ARIEL FUND	Ariel Fund Investor	2,015
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	1,871
	JANUS WORLDWIDE	Janus Hndrsn Balanced Port Inst	1,690
*	VOYA FINANCIAL	VY JPMorgan Mid Cap Val Port Srv	80
	JANUS WORLDWIDE	Janus Hndrsn GI Research Prt Inst	1
			24,837,156
*	TIAA-CREF	TIAA STABLE VALUE FUND	9,391,552
	<i>Money Market Funds</i>		
*	FIDELITY INVESTMENTS	FMMT RETIRE GOV II	209,188
*	FIDELITY INVESTMENTS	FID RET GOVT MM	147,300
*	FIDELITY INVESTMENTS	FID GOV CASH RESERVE	116,644
*	FIDELITY INVESTMENTS	FID GOVT MMRK PRM	70,794
*	FIDELITY INVESTMENTS	FID TREASURY ONLY MM	12,438
			556,364
	<i>Cash Held as Collateral for Plan Loans</i>		510,731
			\$ 306,296,600

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.