

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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>11/01/1958</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, INC.</u> <u>700 CHILDRENS DRIVE</u> <u>COLUMBUS, OH 43205-2664</u>	2b	Employer Identification Number (EIN) <u>31-4379441</u>
		2c	Plan Sponsor's telephone number <u>614-722-2000</u>
		2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1110
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) 17 6a(2) 11 6b 516 6c 517 6d 1044 6e 46 6f 1090 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 11 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) ☐ 0 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>70451245</u>
b Actuarial value	2b <u>73427446</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>548</u> <u>50544263</u> <u>50544263</u>
b For terminated vested participants.....	<u>545</u> <u>15186405</u> <u>15186405</u>
c For active participants.....	<u>17</u> <u>5039341</u> <u>5039341</u>
d Total.....	<u>1110</u> <u>70770009</u> <u>70770009</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.93 %</u>
6 Target normal cost.....	6 <u>504909</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/09/2017</u>
	Signature of actuary	Date
<u>LORNA M. SPRINGER</u>	Type or print name of actuary	<u>17-07422</u>
		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	<u>216-937-4000</u>
		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	509128
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	509128
10	Interest on line 9 using prior year's actual return of 0.59%	0	3004
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.14%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	512132

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.03%
15	Adjusted funding target attainment percentage	15	103.75%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.62%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27 50	NONE	76506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50	NONE	42118	Yes ☒ No ☐	Yes ☒ No ☐	5875	Yes ☒ No ☐

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	16699	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)

PNC CAPITAL ADVISORS, LLC

27-0640560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	8960	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <hr/> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>31-4379441</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	161732	162939
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4623969	4151148
(2) U.S. Government securities	1c(2)	12694265	11925822
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	10405612	9781354
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	42565667	43380719
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	70451245 69401982
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	70451245 69401982

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9845
	(B) U.S. Government securities	2b(1)(B)	323846
	(C) Corporate debt instruments	2b(1)(C)	316200
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	320
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	650211
(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)	849175
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	849175
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27318685
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27231642
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	87043
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-253767
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-253767

		(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)		3521776
c Other income.....	2c		5310
d Total income. Add all income amounts in column (b) and enter total.....	2d		4859748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5319528	
(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)		5319528
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)	76506	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	25659	
(4) Other	2i(4)	487318	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		589483
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5909011

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1049263
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 3993398. (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 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>31-4379441</u>

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

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

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

Part III	Amendments
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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: <u>66.0</u> % Investment-Grade Debt: _____% High-Yield Debt: <u>34.0</u> % 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
Pension Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 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 JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of or for the year ended December 31, 2016 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

GBQ Partners LLC

Columbus, Ohio
October 10, 2017

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	2016	2015
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 4,151,148	\$ 4,623,969
U.S. Government and agency obligations	11,925,822	12,694,265
Fixed income obligations	9,781,354	10,405,612
Mutual funds	43,380,719	42,565,667
	<u>69,239,043</u>	<u>70,289,513</u>
Interest receivable	162,939	161,732
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 69,401,982</u>	<u>\$ 70,451,245</u>

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2016 and 2015

	2016	2015
Additions to Net Assets Attributed to:		
Interest and dividend income	\$ 1,501,210	\$ 1,568,800
Net appreciation in fair value of investments	3,355,052	-
Total additions	4,856,262	1,568,800
Deductions from Net Assets Attributed to:		
Benefits paid to participants	5,320,546	5,234,626
Net depreciation in fair value of investments	-	1,071,828
Administrative fees	584,979	456,675
Total deductions	5,905,525	6,763,129
Net decrease	(1,049,263)	(5,194,329)
Net Assets Available for Benefits:		
Beginning of year	70,451,245	75,645,574
End of year	\$ 69,401,982	\$ 70,451,245

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Plan Description

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

General

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

Pension Benefits

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

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

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2016 and 2015

Plan Description (continued)

Pension Benefits (continued)

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

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

Death and Disability Benefits

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

Summary of Significant Accounting Policies

Basis of Accounting

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

Actuarial Present Value of Accumulated Plan Benefits

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2016 and 2015 were (a) life expectancy of participants (the RP-2014 Mortality Tables for employees and annuitants, for males and females, adjusted back to 2006 with Scale MP-2014 and then projected forward generationally using Scale MP-2015 for 2016 and the RP-2014 Mortality Tables for employees and annuitants, for males and females, projected generationally using Scale MP-2014 for 2015), (b) retirement age assumptions (the assumed average retirement age was 65 for both 2016 and 2015), (c) no salary increase assumptions due to the plan being frozen and (d) investment return. The valuation included assumed average rates of return of 7.00% for 2016 and 2015. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

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

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

Funding Policy

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Plan Termination

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

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

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

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2016 and 2015

Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2016 and 2015 and for the years then ended is presented below:

	2016	2015
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 48,858,149	\$ 48,092,383
Terminated participants with benefits deferred	14,280,937	14,884,863
Other participants	<u>4,770,961</u>	<u>6,735,399</u>
	<u>\$ 67,910,047</u>	<u>\$ 69,712,645</u>
Actuarial present value of accumulated plan benefits at the beginning of year	<u>\$ 69,712,645</u>	\$ 66,212,445
(Decrease) increase during the year attributed to:		
Benefits paid	(5,230,290)	(4,974,157)
Additional benefits earned, including experience gains and losses	4,555,220	4,394,888
Change of assumptions	<u>(1,127,528)</u>	<u>4,079,469</u>
Net (decrease)/increase	<u>(1,802,598)</u>	<u>3,500,200</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 67,910,047</u>	<u>\$ 69,712,645</u>

Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2016	2015
Cash and cash equivalents	\$ 4,151,148	\$ 4,623,969
U.S. Government and agency obligations	11,925,822	12,694,265
Fixed income obligations	9,781,354	10,405,612
Mutual funds	<u>43,380,719</u>	<u>42,565,667</u>
	<u>\$ 69,239,043</u>	<u>\$ 70,289,513</u>

The trustee also certified the completeness and accuracy of \$3,355,052 and \$(1,071,828) of net appreciation (depreciation) in fair value of investments and \$1,501,210 and \$1,568,800 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2016 and 2015, respectively.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Fair Value Measurements

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2016 and 2015

Fair Value Measurements (continued)

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

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

Assets at Fair Value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 4,151,148	\$ -	\$ -	\$ 4,151,148
U.S. Government and agency obligations	-	11,925,822	-	11,925,822
Fixed income obligations	-	9,781,354	-	9,781,354
Mutual funds	<u>43,380,719</u>	<u>-</u>	<u>-</u>	<u>43,380,719</u>
Total assets at fair value	<u>\$ 47,531,867</u>	<u>\$ 21,707,176</u>	<u>\$ -</u>	<u>\$ 69,239,043</u>

Assets at Fair Value as of December 31, 2015:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 4,623,969	\$ -	\$ -	\$ 4,623,969
U.S. Government and agency obligations	-	12,694,265	-	12,694,265
Fixed income obligations	-	10,405,612	-	10,405,612
Mutual funds	<u>42,565,667</u>	<u>-</u>	<u>-</u>	<u>42,565,667</u>
Total assets at fair value	<u>\$ 47,189,636</u>	<u>\$ 23,099,877</u>	<u>\$ -</u>	<u>\$ 70,289,513</u>

Tax Status

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements December 31, 2016 and 2015

Tax Status (continued)

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.

Party-in-Interest Transactions

Certain Plan investments are shares of a money market fund managed by JPMorgan Chase Bank, N.A. (JPMorgan). The Plan also holds corporate bonds issued by JPMorgan Chase and Co. JPMorgan is the trustee as defined in the plan agreement, and therefore, these transactions qualify as party-in-interest. Trustee fees paid to JPMorgan during 2016 and 2015 were approximately \$38,000 and \$35,000, respectively.

During 2016 and 2015, PNC Wealth Management and Huntington National Bank provided investment advisory management services to the Plan. Fees paid by the Plan during 2016 and 2015 for investment advisory management services were approximately \$26,000 and \$28,000, respectively.

During 2016 and 2015, the Plan paid fees of approximately \$77,000 and \$60,000, respectively, to Willis Towers Watson. Willis Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying 2016 statement of net assets available for benefits.

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

Subsequent Event – Date of Management's Evaluation

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

SUPPLEMENTARY INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 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	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	JPMorgan US Government Money Market Fund Institutional Class	Money Market Fund	\$ 4,151,148	\$ 4,151,148
			<u>4,151,148</u>	<u>4,151,148</u>
	U.S. Government and Agency Obligations:			
	UNITED STATES TREAS BDS	\$100,000 2.25% due August 15, 2046	99,117	84,082
	UNITED STATES TREAS BDS	\$500,000, 2.750%, due November 15, 2042	541,729	472,245
	UNITED STATES TREAS BDS	\$250,000, 4.500%, due February 15, 2036	232,422	316,328
	UNITED STATES TREAS BDS	\$250,000, 5.375%, due February 15, 2031	273,672	332,970
	UNITED STATES TREAS BDS	\$254,312.5, 0.625%, due January 15, 2026	259,887	256,545
	UNITED STATES TREAS NTS	\$200,000, .750%, due August 15, 2019	199,344	196,922
	UNITED STATES TREAS NTS	\$20,000, 1%, due June 30, 2019	19,997	19,844
	UNITED STATES TREAS NTS	\$90,000, 1%, due November 30, 2019	89,834	88,917
	UNITED STATES TREAS NTS	\$35,000, 1.25%, due October 31, 2019	34,806	34,851
	UNITED STATES TREAS NTS	\$10,000, 1.250%, due January 31, 2019	10,071	10,006
	UNITED STATES TREAS NTS	\$55,000, 1.250%, due January 31, 2020	55,318	54,596
	UNITED STATES TREAS NTS	\$80,000, 1.50%, due October 31, 2019	80,366	80,194
	UNITED STATES TREAS NTS	\$30,000, 1.500%, due December 31, 2018	30,239	30,175
	UNITED STATES TREAS NTS	\$90,000, 1.625%, due December 31, 2019	89,935	90,443
	UNITED STATES TREAS NTS	\$240,000, 1.625%, due August 15, 2022	242,465	234,055
	UNITED STATES TREAS NTS	\$185,000, 1.750%, due October 31, 2020	185,334	185,368
	UNITED STATES TREAS NTS	\$225,000, 2.000%, due February 28, 2021	232,109	226,793
	UNITED STATES TREAS NTS	\$40,000, 2.000%, due July 31, 2020	41,738	40,517
	UNITED STATES TREAS NTS	\$600,000, 2.000%, due August 15, 2025	597,094	581,202
	UNITED STATES TREAS NTS	\$215,000, 2.125%, due May 15, 2025	221,131	210,767
	UNITED STATES TREAS NTS	\$375,000, 2.125%, due August 15, 2021	391,362	378,559
	UNITED STATES TREAS NTS	\$100,000, 2.125%, due September 30, 2021	100,711	100,887
	UNITED STATES TREAS NTS	\$90,000, 2.250%, due November 15, 2024	92,329	89,448
	UNITED STATES TREAS NTS	\$50,000, 2.375%, due June 30, 2018	50,535	50,967
	UNITED STATES TREAS NTS	\$110,000, 2.375%, due August 15, 2024	113,470	110,512
	UNITED STATES TREAS NTS	\$535,000, 2.500%, due May 15, 2024	536,938	543,004
	UNITED STATES TREAS NTS	\$75,000, 2.500%, due August 15, 2023	79,377	76,330
	UNITED STATES TREAS NTS	\$335,000, 2.50%, due August 15, 2020	351,663	346,383
	UNITED STATES TREAS NTS	\$160,000, 2.625%, due November 15, 2020	167,991	165,374
	UNITED STATES TREAS NTS	\$200,000, 4.250%, due November 15, 2017	202,625	205,782
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$1,000,000, 1.750%, due September 18, 2019	1,006,460	1,009,720
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$550,000, 4.250%, due April 16, 2018	553,612	571,434
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.550%, due June 08, 2020	504,315	544,615
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.625%, due March 21, 2017	479,575	504,880
	FEDERAL HOME LN BKS CONS BD	\$550,000, 2.125%, due June 10, 2022	554,729	550,055
	FEDERAL HOME LN BKS CONS BD	\$500,000, 2.750%, due June 08, 2018	527,240	511,165
	FEDERAL HOME LN BKS CONS BD	\$200,000, 3.000%, due March 18, 2020	204,318	208,250
	FEDERAL HOME LN BKS CONS BD	\$500,000, 3.125%, due March 09, 2018	514,225	511,960
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.750%, due March 10, 2023	248,093	283,673
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.750%, due June 08, 2018	249,360	262,813
	FEDERAL HOME LN MTG CORP REFERENCE	\$300,000, 1.250%, due October 02, 2019	289,071	298,245
	FEDERAL HOME LN MTG CORP REFERENCE	\$250,000, 2.375%, due January 13, 2022	246,633	254,103
	FEDERAL HOME LN MTG CORP REFERENCE	\$250,000, 3.750%, due March 27, 2019	255,893	263,360
	INTERNATIONAL BK FOR RECON & DEV	\$55,000, 1.375, due September 20, 2021	54,913	53,263
	FEDERAL NATL MTG ASSN	\$70,000, 1.250%, due August 17, 2021	69,717	67,653
	FEDERAL NATL MTG ASSN	\$35,000, 1.875%, due September 24, 2026	34,778	32,156
	FEDERAL NATL MTG ASSN	\$64,852.72, 3.50%, due July 1, 2043	68,176	66,837
	FEDERAL NATL MTG ASSN	\$30,277.4, 3.500%, due February 1, 2046	31,824	31,056
	FEDERAL NATL MTG ASSN	\$67,034.76, 3.00%, due June 1, 2046	69,295	66,667
	FEDERAL NATL MTG ASSN	\$83,574.74, 2.500%, due October 1, 2031	85,507	83,781
	FEDERAL NATL MTG ASSN	\$63,217.09, 4.000%, due December 1, 2045	67,741	66,500
	FEDERAL NATL MTG ASSN	\$67,738.46, 3.000%, due January 1, 2031	70,945	69,573
	Total U.S. Government and Agency Obligations		<u>11,810,029</u>	<u>11,925,822</u>

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)****December 31, 2016**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate Obligations:			
	ABBOT LABS SR NT	\$200,000, 2.550%, due March 15, 2022	202,286	195,470
	ABBIVE INC SR NT	\$20,000, 3.2%, Due May 14, 2026	19,924	19,029
	AETNA INC NEW SR NT	\$40,000, 1.500%, due November 15, 2017	39,571	39,968
	AMER CAMPUS COMNTYS OPER LP GTD NT	\$30,000, 3.750%, due April 15, 2023	29,841	30,268
	AMERICAN EXPRESS CO SUB NT	\$30,000, Variable, due December 5, 2024	29,492	30,125
	AMERICAN INTL GROUP INC NT	\$30,000, 2.300%, due July 16, 2019	29,757	30,142
	AMERIPRISE FINL INC SR NT	\$100,000, 2.8750%, due September 15, 2026	100,468	95,440
	AMERIPRISE FINL INC SR NT	\$20,000, 3.700%, due October 15, 2024	21,247	20,436
	AMERISOURCEBERGEN CORP SR NT	\$200,000, 3.500%, due November 15, 2021	201,518	205,878
	ANHEUSER BUSCH INBEV FIN INC NT	\$30,000, 5.375%, due January 15, 2020	32,951	32,721
	ANHEUSER BUSCH INBEV FIN INC NT	25,000, 3.65%, due February 1, 2026	24,958	25,380
	APPLE INC NT	\$35,000, 2.400%, due May 3, 2023	34,950	34,080
	APPLE INC NT	\$100,000, 3.450%, due May 6, 2024	102,040	103,004
	ASSURANT INC SR NT	\$20,000, 2.500%, due March 15, 2018	20,027	20,209
	AT&T INC GLOBAL NT	\$215,000, 3.900%, due March 11, 2024	222,836	217,397
	AT&T INC GLOBAL NT	\$5,000, 4.45%, due April 1, 2024	5,515	5,212
	AT&T INC GLOBAL NT	\$25,000, 4.600%, due February 15, 2021	27,500	26,442
	AVALONBAY CMNTYS INC MEDIUM TERM NTS	\$20,000, 2.900%, due October 15, 2026	19,990	18,927
	BA CR CARD TR 2015-2 NT CL A	\$45,000, 1.360%, due September 15, 2020	44,995	44,979
	BANK AMER CORP SR NT	\$10,000, 2.503%, due October 21, 2022	10,000	9,671
	BANK AMER CORP	\$10,000, 4.200%, due August 26, 2024	9,991	10,187
	BANK AMER CORP MEDIUM TERM NT	\$15,000, 4.000%, due April 1, 2024	15,255	15,470
	BANK AMER CORP GLOBAL NT	\$20,000, 5.625%, due July 1, 2020	22,421	21,991
	BANK NEW YORK INC MEDIUM TERM SR NTS	\$100,000, 5.450%, due May 15, 2019	101,416	107,896
	BB&T BRH BKG & TR CO GLOBAL BK MEDIUM TERM NT	\$100,000, 2.850%, due April 1, 2021	99,789	101,531
	BB&T CORP SR MEDIUM TERM NTS TRANCHE	\$25,000, 6.850%, due April 30, 2019	30,691	27,708
	BB&T CORP SUB MEDIUM TERM NTS	\$10,000, 3.95%, due March 22, 2022	10,584	10,476
	BERKSHIRE HATHAWAY INC DEL SR NT	\$15,000, 3.125%, due March 15, 2026	14,986	14,903
	BERKSHIRE HATHAWAY INC DEL SR NT	\$20,000, 3.500%, due February 1, 2025	20,721	20,396
	BMW VEH OWNER TR 2016-A ASSET BACKED	\$35,000, 1.16%, due November 25, 2020	35,000	34,660
	CAPTIAL ONE BK USA NATL ASSN NT	\$200,000, 3.375%, due February 15, 2023	200,112	198,122
	CAPITAL ONE MULTI-ASSET EXECUTION	\$45,000, 1.34%, due April 15, 2022	45,000	44,502
	CAPITAL ONE MULTI-ASSET EXECUTION	\$60,000, 1.480%, due July 15, 2020	60,113	60,124
	CAPITAL ONE MULTI-ASSET EXECUTION	\$65,000, 1.390%, due January 15, 2021	64,991	64,969
	CATERPILLAR FINL SVCS CORP MEDIUM	\$35,000, 2.00%, due March 5, 2020	34,536	34,692
	CELGENE CORP SR NT	\$100,000, 2.30%, due August 15, 2018	100,495	100,611
	CHASE ISSUANCE TR CHASEDERIES 2015-2	\$105,000, 1.590%, due February 18, 2020	105,664	105,299
	CHEVRON CORP NEW NT	\$15,000, 2.411%, due March 3, 2022	14,642	14,871
	CISCO SYS INC SR NT	\$200,000, 4.950%, due February 15, 2019	201,190	213,798
	CISCO SYS INC SR NT	\$20,000, Var rate, due February 21, 2018	20,000	20,115
	CITIBANK CR CARD ISSUANCE TR	\$100,000, 1.750%, due November 19, 2021	99,995	99,560
	CITIGROUP INC SR NT	\$20,000, 2.05%, due December 7, 2018	19,952	19,998
	CITIGROUP INC SUB NT	\$30,000, 4.450%, due September 29, 2027	31,058	30,476
	COCA COLA CO NT	\$100,000, 2.875%, due October 27, 2025	101,670	98,682
	COLGATE PALMOLIVE CO MEDIUM TERM NTS	\$200,000, 2.625%, due May 01, 2017	209,974	201,078
	CONOCOPHILLIPS CO GTD NT	\$15,000, 2.875%, due November 15, 2021	15,168	15,114
	CVS HEALTH CORP SR NT	\$35,000, 3.50%, due July 20, 2022	37,160	35,962
	CYTEC INDS INC SR NT	\$20,000, 3.950%, due May 1, 2025	20,165	18,931
	DEERE JOHN CAP CORP MEDIUM TERM NTS	\$45,000, Variable, due January 8, 2019	45,000	45,267
	DEERE JOHN CAP CORP MEDIUM TERM NTS	\$10,000, 2.450%, due September 11, 2020	9,994	10,042

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441

PLAN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued) December 31, 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	(d) Cost	(e) Current Value
	Corporate Obligations: (continued)			
	DISCOVERY COMMUNICATION LLC GTD SR	\$25,000, 4.90%, due March 11, 2026	24,908	26,326
	DOMINION RES INC VA NEW SR NT 2015	\$10,000, 1.90%, due June 15, 2018	10,076	10,005
	DR PEPPER SNAPPLE GROUP INC SR NT	\$20,000, 2.55% due September 15, 2026	19,947	18,521
	DUKE ENERGY CORP NEW SR NT	\$30,000, 5.05% due September 15, 2019	32,584	32,341
	DUKE ENERGY CORP NEW SR NT	\$100,000, 3.950%, due October 15, 2023	102,719	104,888
	EBAY INC NT	\$100,000, 3.250%, due October 15, 2020	100,690	102,351
	ENERGY TRANSFER PARTNERS L P SR NT	\$35,000, 4.050%, due March 15, 2025	33,188	34,647
	EQT CORP SR NT	\$25,000, 4.875%, due November 15, 2021	27,251	26,685
	EXELON GENERATION CO LLC SR NT	\$15,000, 4.000%, due October 1, 2020	15,809	15,589
	FEDEX CORP NT	\$100,000, 4.000%, due January 15, 2024	101,803	105,407
	FIDELITY NATL INFORMATION SVCS INC	\$20,000, 3.00%, due August 15, 2026	19,972	18,779
	FIFTH THIRD AUTO TR 2015-1 NT CL A-3	\$75,000, 1.420%, due March 16, 2020	74,988	75,045
	FLUOR CORP NEW SR NT	\$200,000, 3.375%, due September 15, 2021	217,746	205,132
	FORD CR AUTO OWNER TR 2015-A NT	\$21,762.58, 1.28%, due September 15, 2019	21,761	21,771
	FORD MTR CO DEL NT	\$20,000, 4.346%, due December 8, 2026	20,000	20,210
	GENERAL ELEC CAP CORP MEDIUM TERM	\$15,000, 4.650%, due October 17, 2021	16,554	16,454
	GENERAL DYNAMICS CORP NT	\$25,000, 1.875%, due August 15, 2023	24,829	23,768
	GE CAP CR CARD MASTER NT TR	\$135,000, 1.360%, due August 17, 2020	134,948	135,076
	GILEAD SCIENCES INC SR NT	\$200,000, 3.700%, due April 1, 2024	208,092	205,286
	GOLDMAN SACHS GROUP INC SR NT	\$30,000, 5.750%, due January 24, 2022	34,893	33,727
	GS MTG SECS TR 2011-GC5 MTG PASS THRU CTF CL A-2	\$1,272, 2.999%, due August 10, 2016	1,294	1,271
	HASBRO INC NT	\$10,000, 6.300%, due September 15, 2017	11,606	10,331
	HONDA AUTO RECIEVABLES 2016-2 OWNER TRUSY ASSET BACKED NT	\$10,000, 1.390%, due April 15, 2020	10,038	9,985
	HONDA AUTO RECIEVABLES 2016-3 OWNER TRUSY ASSET BACKED NT	\$20,000, 1.330%, due November 18, 2022	19,995	19,742
	HONDA AUTO RECIEVABLES 2015-4 OWNER TRUSY ASSET BACKED NT	\$15,000, 1.230%, due September 23, 2019	14,998	14,963
	HOST HOTELS & RESORTS L P SR NT	\$25,000, 3.750%, due October 15, 2023	24,274	24,543
	HUNT J B TRANS SVCS INC GTD SR NT	\$100,000, 2.400%, due March 15, 2019	100,099	100,280
	HYUNDAI AUTO REC TR 2013- B NT	\$19486.91, 1.010%, due March 15, 2017	19,495	19,484
	HYUNDAI AUTO REC TR 2015- A NT	\$21,367.4, 1.050%, due April 15, 2019	21,364	21,356
	INTEL CORP SR NT	\$200,000, 2.700%, due December 15, 2022	200,016	200,902
	INTERCONTINENTAL EXCHANGE INC SR NT	\$15,000, 2.750%, due December 1, 2020	14,983	15,098
	JOHN DEERE OWNER TR 2016 ASSET BACKED NT	\$20,000, 1.36%, due April 15, 2020	19,997	19,948
	JOHN DEERE OWNER TR 2014 -B ASSET BACKED NT	\$25,289.85, 1.070%, due November 15, 2017	25,292	25,288
	JOHNSON & JOHNSON NT	\$20,000, 2.45%, due March 1, 2026	19,972	19,129
	JPMORGAN CHASE & CO SUB NT	\$20,000, 4.125%, due December 15, 2026	21,246	20,413
*	JPMORGAN CHASE & CO SUB NT	\$20,000, 3.375%, due May 1, 2023	19,977	19,928
*	JPMORGAN CHASE & CO NT	\$100,000, 3.875%, due February 1, 2024	103,457	103,638
*	JPMORGAN CHASE & CO NT	\$20,000, 4.625%, due May 10, 2021	22,524	21,535
*	JPMORGAN CHASE & CO SR NT	\$85,000, 6.000%, due January 15, 2018	84,356	88,666
	KEYCORP MEDIUM TERM ST NTS	\$20,000, 2.90%, due September 15, 2020	20,601	20,237
	KEYCORP MEDIUM TERM ST NTS	\$100,000, 2.300%, due December 13, 2018	100,587	100,596
	KIMCO RLTY CORP NT	\$100,000, 3.125%, due June 1, 2023	99,454	99,005
	KINDER MORGAN ENERGRY PARTNERS SR NT	\$25,000, 4.150%, due March 1, 2022	25,973	25,653
	KLA-TENCOR CORP SR NT	\$20,000, 4.125%, due November 1, 2021	20,103	20,856
	KRAFT FOODS GROUP INC NT	\$20,000, 3.500%, due June 6, 2022	21,396	20,339

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)****December 31, 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	(d) Cost	(e) Current Value
	Corporate Obligations: (continued)			
	KROGER CO SR NT	\$100,000, 3.850%, due August 1, 2023	100,147	103,839
	KROGER CO SR NT	\$100,000, 3.850%, due August 1, 2023	101,364	104,351
	LACLEDE GAS CO 1st MTG BD	\$100,000, 2.000%, due August 15, 2018	99,027	99,807
	LOWES COS INC NT	\$35,000, variable, due September 10, 2019	34,819	35,086
	MARRIOTT INTL INC NEW NT SER R	\$20,000, 3.125%, due June 15, 2026	19,978	18,931
	MASTERCARD INC NT	\$230,000, 3.375%, due April 1, 2024	233,313	236,576
	MCCORMICK & CO INC SR NT	\$100,000, 3.900%, due July 15, 2021	104,834	104,985
	MCDONALDS CORP MEDIUM TERM NTS	\$100,000, 3.500%, due July 15, 2020	103,644	103,983
	MERCEDES-BENZ AUTO RECEIVABLES TR 2016-1 ASSET BACKE	\$20,000, 1.26% due February 16, 2021	19,998	19,839
	MERCEDES-BENZ AUTO RECEIVABLES TR 2015-1 ASSETBACKE	\$9,393.07, 0.820%, due June 15, 2018	9,393	9,390
	METLIFE INC SR NT SER D	\$15,000, Variable, due September 15, 2023	15,561	16,142
	MICROSOFT CORP NT	\$30,000, 2.375%, due February 12, 2022	29,757	29,879
	MORGAN STANLEY SR NT	\$20,000, 2.650%, due January 27, 2020	19,982	20,094
	MORGAN STANLEY SUB NT	\$5,000, 4.100%, due May 22, 2023	5,149	5,133
	MORGAN STANLEY SR NT	\$30,000, 2.375%, due July 23, 2019	30,408	30,086
	NISSAN AUTO LEASE TR 2013-A AST BCKD NT	\$30,000, 1.370%, due May 15, 2020	29,996	29,954
	NORTHROP GRUMMAN CORP SR NT	\$100,000, 3.250%, due August 1, 2023	96,812	101,945
	OMNICOM GROUP INC SR NT	\$100,000, 4.450%, due August 15, 2020	104,863	106,371
	ORACLE CORP NT	\$20,000, 2.500%, due May 15, 2022	19,625	19,861
	ORACLE CORP NT	\$215,000, 2.65%, due July 15, 2026	219,342	204,080
	ORACLE CORP NT	\$20,000, 2.500%, due October 15, 2022	19,717	19,786
	PACCAR FINL CORP MEDIUM TERM SR NTS	\$25,000, Variable, due December 6, 2018	25,076	25,160
	PARKER-HANNIFIN CORP MEDIUM TERM NTS	\$100,000, 3.500%, due September 15, 2022	101,538	104,078
	PFIZER INC NT	\$100,000, 2.75%, due June 3, 2026	103,262	97,084
	PNC FDG CORP SR NT	\$100,000, 4.375%, due August 11, 2020	102,890	106,486
	PRICELINE GROUP INC SR NT	\$25,000, 3.60%, due June 1, 2026	24,949	24,725
	PRUDENTIAL FINL INC MEDIUM TERM NTS	\$25,000, 4.500%, due November 16, 2021	27,577	27,035
	PSEG PWR LLC SR NT	\$100,000, 2.45%, due November 15, 2018	100,217	100,703
	PUBLIC SVC ELEC GAS CO SECD MEDIUM	\$100,000, 3.500%, due August 15, 2020	102,801	103,847
	QUALCOMM INC NT	\$200,000, 3.450%, due May 20, 2025	199,246	203,504
	REALTY INCOME CORP NT	\$15,000, 3.250%, due October 15, 2022	14,297	15,121
	Schwab Charles Corp New SR NT	\$100,000, 3.450%, due February 13, 2026	103,964	100,885
	Schwab Charles Corp New SR NT	\$200,000, 4.450%, due July 22, 2020	209,786	213,790
	SIMON PPTY GROUP L P NT	\$200,000, 5.650%, due February 1, 2020	201,478	218,784
	SOUTHERN CALIF EDISON CO 1st & REF	\$20,000, 3.500%, due October 1, 2023	20,048	20,785
	ST JUDE MED INC SR NT	\$100,000, 3.250%, due April 15, 2023	98,007	99,383
	STATE STR CORP SR NT	\$100,000, 2.65%, due May 19, 2026	101,815	94,843
	TARGET CORP NT	\$100,000, 2.900%, due January 15, 2022	99,989	101,903
	TOYOTA MTR CR CORP MED TERM NTS	\$20,000, Variable, due May 16, 2017	20,013	20,003
	TOYOTA AUTO REC 2015-C OWNER	\$65,000, 1.340%, due June 17, 2019	65,160	65,003
	U S BANCORP MEDIUM TERM NTS	\$15,000, 2.950%, due July 15, 2022	14,635	15,089

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441

PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Corporate Obligations: (continued)			
	UNION PAC CORP NT	\$100,000, 2.75%, due March 1, 2026	99,291	97,512
	UNIONBANCAL CORP SR NT	\$15,000, 3.500%, due June 18, 2022	15,307	15,336
	VALERO ENERGY CORP NEW SR NT	\$25,000, 3.40%, due September 15, 2026	24,929	23,950
	VENTAS RLTY LTD PARTNERSHIP SR NT	\$25,000, 3.500%, due February 1, 2025	25,088	24,613
	VERIZON COMMUNICATIONS INC NT	\$20,000, 5.150%, due September 15, 2023	23,033	22,115
	VIRGINIA ELEC & PWR CO SR NT 2016	\$35,000, 3.15%, due January 15, 2026	34,997	34,748
	VISA INC SR NT	\$25,000, 2.800%, due December 14, 2022	24,999	25,140
	VOLKSWAGON AUTO LN ENHANCED	\$8,436.42, 0.910%, due October 22, 2018	8,435	8,425
	VOLKSWAGON AUTO LEASE TR 2015-A NT	\$35,954.08, 1.330%, due December 20, 2017	35,964	35,957
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	\$30,000, 2.550%, due December 7, 2020	30,575	30,034
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	\$20,000, 4.100%, due June 3, 2026	20,616	20,264
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	\$100,000, 4.125%, due August 15, 2023	101,564	103,472
	WISCONSIN PWR & LT CO DEB	\$100,000, 4.600%, due June 15, 2020	101,369	106,519
	XCEL ENERGY INC SR NT	\$35,000, 4.700%, due May 15, 2020	38,134	37,223
	XILINX INC SR NT	\$15,000, 3.000%, due March 15, 2021	14,893	15,188
	Total corporate obligations		9,057,125	9,056,228
	Municipal Obligations:			
	CATHOLIC HEALTH INITIATIVES BD	\$20,000, 1.600%, due November 1, 2017	19,994	20,088
	Total municipal obligations		19,994	20,088
	Foreign Obligations:			
	ACTAVIS FDG SCS GTD NT	\$15,000, 3.450%, due March 15, 2022	14,948	15,225
	BANK MONTREAL MEDIUM TERM SR NTS	\$85,000, Variable, due July 14, 2017	84,904	85,031
	BANK NOVA SCOTIA GTD COVERED BD	\$70,000, 2.125%, due September 11, 2019	70,927	70,356
	CARNIVAL CORP GTD SR NT	\$20,000, 3.95%, due October 15, 2020	21,559	21,092
	CREDIT SUISSE AG MEDIUM TERM SUB NTS	\$20,000, 5.40%, due January 14, 2020	21,644	21,443
	DEUTSCHE BK AG GLOBAL MEDIUM TERM	\$10,000, 2.850%, due May 10, 2019	10,000	9,958
	DEUTSCHE BK AG GLOBAL MEDIUM TERM	\$25,000, 2.950%, due August 20, 2020	24,957	24,611
	HSBC HLDGS PLC SR NT	\$35,000, 5.100%, due April 5, 2021	38,774	37,825
	INVESCO FIN PLC SR NT	\$100,000, 4.000%, due January 30, 2024	104,484	104,198
	NEXEN INC NT	\$25,000, 6.200%, due July 30, 2019	29,941	27,175
	PETROLEOS MEXICANOS GTD NT	\$15,000, 6.00%, due March 5, 2020	16,634	15,821
	QUEBEC PROV CDA GLOBAL NT	\$25,000, 2.50%, due April 20, 2026	24,925	24,063
	ROYAL BK CDA GTD BD	\$20,000, 1.200%, due September 19, 2017	19,998	19,973
	ROYAL BK CDA GLOABAL MEDIUM TERM SR	\$45,000, Variable, due July 29, 2019	45,000	44,974
	ROYAL BK CDA BD	\$25,000, 1.875%, due February 5, 2020	24,997	24,877
	SANTANDER UK PLC NT	\$30,000, 2.35%, due September 10, 2019	30,180	30,019
	SHIRE ACQUISITIONS INVTS IRELAND DAC	\$20,000, 2.40%, due September 23, 2021	19,978	19,320
	TEVA PHARMACEUTICALS FIN CO B V SR NT	\$35,000, 2.950%, due December 18, 2022	33,266	33,726
	TORONTO DOMINION BK SR MEDIUM TERM	\$30,000, 2.125%, due July 2, 2019	29,963	30,075
	VODAFONE GROUP PLZ NEW NT	\$20,000, 5.625%, due February 27, 2017	20,364	20,115
	WESTPAC BKG CORP NT	\$25,000, 2.250%, due July 30, 2018	24,926	25,161
	Total foreign obligations		712,369	705,038

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)****December 31, 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	(d) Cost	(e) Current Value
	Mutual Funds: CAUSEWAY CAP MGMT TRINTL VALUE FD INSTL CL FIDELITY INTL DISCOVERY FD VANGUARD SMALL CAP INDEX FD ADMIRAL VANGUARD INSTL INDEX FD INSTL PLUS SHS VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL Total Mutual Funds	215,391.95 Shares 77,163.12 Shares 110,986.06 Shares 128,650.42 Shares 124,996.13 Shares	2,800,523 1,908,967 5,942,130 9,453,193 1,637,625 <u>21,742,438</u>	2,987,486 2,814,911 6,855,609 26,224,102 4,498,611 <u>43,380,719</u>
			<u>\$ 47,493,103</u>	<u>\$ 69,239,043</u>

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441 PLAN # 001****Schedule H, Line 4j - Schedule of Reportable Transactions****For the Year Ended December 31, 2016**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</i>						
JPMorgan Liquid Assets*	Money Market Fund					
	247 Purchases	\$ 6,556,430	\$ -	\$ 6,556,430	\$ 6,556,430	\$ -
	96 Sales	-	11,120,368	11,120,368	11,120,368	-
JPMorgan US Government Money Market Institutional*	Money Market Fund					
	169 Purchases	11,168,048	-	11,168,048	11,168,048	-
	70 Sales	-	7,016,892	7,016,892	7,016,892	-

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

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

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441/ 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.34%
■ Second segment rate	5.91%	4.03%
■ Third segment rate	6.65%	5.06%
■ Effective interest rate	5.93%	4.08%

Annual rates of increase

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

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant. Participation in this plan is frozen.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA.)
Termination	None

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Disability

None

Retirement

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

Percentage assumed to retire during the year		
Age	Males	Females
63-69	25%	25%
70	100%	100%

Benefit commencement date:

- Preretirement death benefit Death of the active participant
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment

Form of payment

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

Percent married

100% of participants are assumed married.

Spouse age

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

Covered pay

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

Plan-related expenses

The amount included this year for plan-related expenses is \$504,909, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

Timing of benefit payments

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441/ 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date January 1, 2016

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2015 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p>
Participant data	Employee data was supplied by the plan sponsor as of the valuation date.
Benefits not valued	We believe we have reflected all significant plan provisions in this valuation.

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year with an estimate of any change in upcoming PBGC premium.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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Source of Prescribed Methods

Funding methods	The methods used for funding purposes, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation	<ul style="list-style-type: none">■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2014 to September 2015 and reflect the interest rate corridors of HATFA.■ The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.■ The assumed plan-related expenses included in the target normal cost were changed from \$418,862 for 2015 to \$504,909 for 2016. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.
Change in methods since prior valuation	None

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441 PLAN # 001****Schedule H, Line 4j - Schedule of Reportable Transactions****For the Year Ended December 31, 2016**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</i>						
JPMorgan Liquid Assets*	Money Market Fund					
	247 Purchases	\$ 6,556,430	\$ -	\$ 6,556,430	\$ 6,556,430	\$ -
	96 Sales	-	11,120,368	11,120,368	11,120,368	-
JPMorgan US Government Money Market Institutional*	Money Market Fund					
	169 Purchases	11,168,048	-	11,168,048	11,168,048	-
	70 Sales	-	7,016,892	7,016,892	7,016,892	-

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

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

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

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

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

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value			2a	70,451,245
b Actuarial value			2b	73,427,446
3 Funding target/participant count breakdown				
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	548	50,544,263	50,544,263	
b For terminated vested participants	545	15,186,405	15,186,405	
c For active participants	17	5,039,341	5,039,341	
d Total	1,110	70,770,009	70,770,009	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b	
5 Effective interest rate			5	5.93%
6 Target normal cost			6	504,909

Statement by Enrolled Actuary

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

SIGN HERE	Lorna M. Springer Signature of actuary Lorna M. Springer Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 Address of the firm	<div style="text-align: center;"> </div> <div style="text-align: center;"> Date 1707422 Most recent enrollment number 216-937-4000 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2016
v. 160205

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	504,909										
b Excess assets, if applicable, but not greater than line 31a	31b	504,909										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441/001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2016
Enrolled Actuary	Lorna M. Springer
Enrollment Number	17-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2016

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

x	q_x^r	l_x	${}_x-62p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x^r * l_x / l_{62}$
63	0.25	1,000,000	1.000000	0.250000	15.750000
64	0.25	750,000	0.750000	0.187500	12.000000
65	0.25	562,500	0.562500	0.140625	9.140625
66	0.25	421,875	0.421875	0.105469	6.960938
67	0.25	316,406	0.316406	0.079102	5.299805
68	0.25	237,305	0.237305	0.059326	4.034180
69	0.25	177,979	0.177979	0.044495	3.070129
70	1.00	133,484	0.133484	0.133484	9.343872

Average age at retirement 65.599548

Rounded for Schedule SB line 22 66

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441/ 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | September |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate | 4.43% | 1.34% |
| ■ Second segment rate | 5.91% | 4.03% |
| ■ Third segment rate | 6.65% | 5.06% |
| ■ Effective interest rate | 5.93% | 4.08% |

Annual rates of increase

- | | |
|-------------------------------------|-----|
| ■ Compensation | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Statutory limits on compensation | N/A |

Demographic Assumptions

- | | |
|---------------------------------|--|
| Inclusion date | The valuation date coincident with or next following the date on which the employee becomes a participant. Participation in this plan is frozen. |
| New or rehired employees | It was assumed there will be no new or rehired employees. |
| Mortality | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA.) |
| Termination | None |

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Disability

None

Retirement

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

Percentage assumed to retire during the year		
Age	Males	Females
63-69	25%	25%
70	100%	100%

Benefit commencement date:

- Preretirement death benefit Death of the active participant
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment

Form of payment

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

Percent married

100% of participants are assumed married.

Spouse age

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

Covered pay

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

Plan-related expenses

The amount included this year for plan-related expenses is \$504,909, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

Timing of benefit payments

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441/ 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date January 1, 2016

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2015 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p>
Participant data	Employee data was supplied by the plan sponsor as of the valuation date.
Benefits not valued	We believe we have reflected all significant plan provisions in this valuation.

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year with an estimate of any change in upcoming PBGC premium.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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Source of Prescribed Methods

Funding methods	The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation	<ul style="list-style-type: none">■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2014 to September 2015 and reflect the interest rate corridors of HATFA.■ The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.■ The assumed plan-related expenses included in the target normal cost were changed from \$418,862 for 2015 to \$504,909 for 2016. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.
Change in methods since prior valuation	None

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

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

Definitions

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

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

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement following the attainment of: i) age 55 and the completion of 10 Years of Credited Service, or ii) age 60 and the completion of 20 Years of Credited Service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service

Benefits Paid Upon the Following Events

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441/ 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

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

Maximum on benefits and pay

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441/ 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

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

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441/ 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441/001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2016
Enrolled Actuary	Lorna M. Springer
Enrollment Number	17-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2016

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

x	q_x^r	l_x	${}_x-62p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x^r * l_x / l_{62}$
63	0.25	1,000,000	1.000000	0.250000	15.750000
64	0.25	750,000	0.750000	0.187500	12.000000
65	0.25	562,500	0.562500	0.140625	9.140625
66	0.25	421,875	0.421875	0.105469	6.960938
67	0.25	316,406	0.316406	0.079102	5.299805
68	0.25	237,305	0.237305	0.059326	4.034180
69	0.25	177,979	0.177979	0.044495	3.070129
70	1.00	133,484	0.133484	0.133484	9.343872

Average age at retirement 65.599548

Rounded for Schedule SB line 22 66

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441/ 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

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

Definitions

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

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

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement following the attainment of: i) age 55 and the completion of 10 Years of Credited Service, or ii) age 60 and the completion of 20 Years of Credited Service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service

Benefits Paid Upon the Following Events

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/ 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

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

Maximum on benefits and pay

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441/ 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2016

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441

PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	JPMorgan US Government Money Market Fund Institutional Class	Money Market Fund	\$ 4,151,148	\$ 4,151,148
			<u>4,151,148</u>	<u>4,151,148</u>
	U.S. Government and Agency Obligations:			
	UNITED STATES TREAS BDS	\$100,000 2.25% due August 15, 2046	99,117	84,082
	UNITED STATES TREAS BDS	\$500,000, 2.750%, due November 15, 2042	541,729	472,245
	UNITED STATES TREAS BDS	\$250,000, 4.500%, due February 15, 2036	232,422	316,328
	UNITED STATES TREAS BDS	\$250,000, 5.375%, due February 15, 2031	273,672	332,970
	UNITED STATES TREAS BDS	\$254,312.5, 0.625%, due January 15, 2026	259,887	256,545
	UNITED STATES TREAS NTS	\$200,000, .750%, due August 15, 2019	199,344	196,922
	UNITED STATES TREAS NTS	\$20,000, 1%, due June 30, 2019	19,997	19,844
	UNITED STATES TREAS NTS	\$90,000, 1%, due November 30, 2019	89,834	88,917
	UNITED STATES TREAS NTS	\$35,000, 1.25%, due October 31, 2019	34,806	34,851
	UNITED STATES TREAS NTS	\$10,000, 1.250%, due January 31, 2019	10,071	10,006
	UNITED STATES TREAS NTS	\$55,000, 1.250%, due January 31, 2020	55,318	54,596
	UNITED STATES TREAS NTS	\$80,000, 1.50%, due October 31, 2019	80,366	80,194
	UNITED STATES TREAS NTS	\$30,000, 1.500%, due December 31, 2018	30,239	30,175
	UNITED STATES TREAS NTS	\$90,000, 1.625%, due December 31, 2019	89,935	90,443
	UNITED STATES TREAS NTS	\$240,000, 1.625%, due August 15, 2022	242,465	234,055
	UNITED STATES TREAS NTS	\$185,000, 1.750%, due October 31, 2020	185,334	185,368
	UNITED STATES TREAS NTS	\$225,000, 2.000%, due February 28, 2021	232,109	226,793
	UNITED STATES TREAS NTS	\$40,000, 2.000%, due July 31, 2020	41,738	40,517
	UNITED STATES TREAS NTS	\$600,000, 2.000%, due August 15, 2025	597,094	581,202
	UNITED STATES TREAS NTS	\$215,000, 2.125%, due May 15, 2025	221,131	210,767
	UNITED STATES TREAS NTS	\$375,000, 2.125%, due August 15, 2021	391,362	378,559
	UNITED STATES TREAS NTS	\$100,000, 2.125%, due September 30, 2021	100,711	100,887
	UNITED STATES TREAS NTS	\$90,000, 2.250%, due November 15, 2024	92,329	89,448
	UNITED STATES TREAS NTS	\$50,000, 2.375%, due June 30, 2018	50,535	50,967
	UNITED STATES TREAS NTS	\$110,000, 2.375%, due August 15, 2024	113,470	110,512
	UNITED STATES TREAS NTS	\$535,000, 2.500%, due May 15, 2024	536,938	543,004
	UNITED STATES TREAS NTS	\$75,000, 2.500%, due August 15, 2023	79,377	76,330
	UNITED STATES TREAS NTS	\$335,000, 2.50%, due August 15, 2020	351,663	346,383
	UNITED STATES TREAS NTS	\$160,000, 2.625%, due November 15, 2020	167,991	165,374
	UNITED STATES TREAS NTS	\$200,000, 4.250%, due November 15, 2017	202,625	205,782
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$1,000,000, 1.750%, due September 18, 2019	1,006,460	1,009,720
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$550,000, 4.250%, due April 16, 2018	553,612	571,434
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.550%, due June 08, 2020	504,315	544,615
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	\$500,000, 4.625%, due March 21, 2017	479,575	504,880
	FEDERAL HOME LN BKS CONS BD	\$550,000, 2.125%, due June 10, 2022	554,729	550,055
	FEDERAL HOME LN BKS CONS BD	\$500,000, 2.750%, due June 08, 2018	527,240	511,165
	FEDERAL HOME LN BKS CONS BD	\$200,000, 3.000%, due March 18, 2020	204,318	208,250
	FEDERAL HOME LN BKS CONS BD	\$500,000, 3.125%, due March 09, 2018	514,225	511,960
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.750%, due March 10, 2023	248,093	283,673
	FEDERAL HOME LN BKS CONS BD	\$250,000, 4.750%, due June 08, 2018	249,360	262,813
	FEDERAL HOME LN MTG CORP REFERENCE	\$300,000, 1.250%, due October 02, 2019	289,071	298,245
	FEDERAL HOME LN MTG CORP REFERENCE	\$250,000, 2.375%, due January 13, 2022	246,633	254,103
	FEDERAL HOME LN MTG CORP REFERENCE	\$250,000, 3.750%, due March 27, 2019	255,893	263,360
	INTERNATIONAL BK FOR RECON & DEV	\$55,000, 1.375, due September 20, 2021	54,913	53,263
	FEDERAL NATL MTG ASSN	\$70,000, 1.250%, due August 17, 2021	69,717	67,653
	FEDERAL NATL MTG ASSN	\$35,000, 1.875%, due September 24, 2026	34,778	32,156
	FEDERAL NATL MTG ASSN	\$64,852.72, 3.50%, due July 1, 2043	68,176	66,837
	FEDERAL NATL MTG ASSN	\$30,277.4, 3.500%, due February 1, 2046	31,824	31,056
	FEDERAL NATL MTG ASSN	\$67,034.76, 3.00%, due June 1, 2046	69,295	66,667
	FEDERAL NATL MTG ASSN	\$83,574.74, 2.500%, due October 1, 2031	85,507	83,781
	FEDERAL NATL MTG ASSN	\$63,217.09, 4.000%, due December 1, 2045	67,741	66,500
	FEDERAL NATL MTG ASSN	\$67,738.46, 3.000%, due January 1, 2031	70,945	69,573
	Total U.S. Government and Agency Obligations		<u>11,810,029</u>	<u>11,925,822</u>

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)****December 31, 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	(d) Cost	(e) Current Value
	Corporate Obligations:			
	ABBOT LABS SR NT	\$200,000, 2.550%, due March 15, 2022	202,286	195,470
	ABBIVE INC SR NT	\$20,000, 3.2%, Due May 14, 2026	19,924	19,029
	AETNA INC NEW SR NT	\$40,000, 1.500%, due November 15, 2017	39,571	39,968
	AMER CAMPUS COMNTYS OPER LP GTD NT	\$30,000, 3.750%, due April 15, 2023	29,841	30,268
	AMERICAN EXPRESS CO SUB NT	\$30,000, Variable, due December 5, 2024	29,492	30,125
	AMERICAN INTL GROUP INC NT	\$30,000, 2.300%, due July 16, 2019	29,757	30,142
	AMERIPRISE FINL INC SR NT	\$100,000, 2.8750%, due September 15, 2026	100,468	95,440
	AMERIPRISE FINL INC SR NT	\$20,000, 3.700%, due October 15, 2024	21,247	20,436
	AMERISOURCEBERGEN CORP SR NT	\$200,000, 3.500%, due November 15, 2021	201,518	205,878
	ANHEUSER BUSCH INBEV FIN INC NT	\$30,000, 5.375%, due January 15, 2020	32,951	32,721
	ANHEUSER BUSCH INBEV FIN INC NT	25,000, 3.65%, due February 1, 2026	24,958	25,380
	APPLE INC NT	\$35,000, 2.400%, due May 3, 2023	34,950	34,080
	APPLE INC NT	\$100,000, 3.450%, due May 6, 2024	102,040	103,004
	ASSURANT INC SR NT	\$20,000, 2.500%, due March 15, 2018	20,027	20,209
	AT&T INC GLOBAL NT	\$215,000, 3.900%, due March 11, 2024	222,836	217,397
	AT&T INC GLOBAL NT	\$5,000, 4.45%, due April 1, 2024	5,515	5,212
	AT&T INC GLOBAL NT	\$25,000, 4.600%, due February 15, 2021	27,500	26,442
	AVALONBAY CMNTYS INC MEDIUM TERM NTS	\$20,000, 2.900%, due October 15, 2026	19,990	18,927
	BA CR CARD TR 2015-2 NT CL A	\$45,000, 1.360%, due September 15, 2020	44,995	44,979
	BANK AMER CORP SR NT	\$10,000, 2.503%, due October 21, 2022	10,000	9,671
	BANK AMER CORP	\$10,000, 4.200%, due August 26, 2024	9,991	10,187
	BANK AMER CORP MEDIUM TERM NT	\$15,000, 4.000%, due April 1, 2024	15,255	15,470
	BANK AMER CORP GLOBAL NT	\$20,000, 5.625%, due July 1, 2020	22,421	21,991
	BANK NEW YORK INC MEDIUM TERM SR NTS	\$100,000, 5.450%, due May 15, 2019	101,416	107,896
	BB&T BRH BKG & TR CO GLOBAL BK MEDIUM TERM NT	\$100,000, 2.850%, due April 1, 2021	99,789	101,531
	BB&T CORP SR MEDIUM TERM NTS TRANCHE	\$25,000, 6.850%, due April 30, 2019	30,691	27,708
	BB&T CORP SUB MEDIUM TERM NTS	\$10,000, 3.95%, due March 22, 2022	10,584	10,476
	BERKSHIRE HATHAWAY INC DEL SR NT	\$15,000, 3.125%, due March 15, 2026	14,986	14,903
	BERKSHIRE HATHAWAY INC DEL SR NT	\$20,000, 3.500%, due February 1, 2025	20,721	20,396
	BMW VEH OWNER TR 2016-A ASSET BACKED	\$35,000, 1.16%, due November 25, 2020	35,000	34,660
	CAPTIAL ONE BK USA NATL ASSN NT	\$200,000, 3.375%, due February 15, 2023	200,112	198,122
	CAPITAL ONE MULTI-ASSET EXECUTION	\$45,000, 1.34%, due April 15, 2022	45,000	44,502
	CAPITAL ONE MULTI-ASSET EXECUTION	\$60,000, 1.480%, due July 15, 2020	60,113	60,124
	CAPITAL ONE MULTI-ASSET EXECUTION	\$65,000, 1.390%, due January 15, 2021	64,991	64,969
	CATERPILLAR FINL SVCS CORP MEDIUM	\$35,000, 2.00%, due March 5, 2020	34,536	34,692
	CELGENE CORP SR NT	\$100,000, 2.30%, due August 15, 2018	100,495	100,611
	CHASE ISSUANCE TR CHASEDERIES 2015-2	\$105,000, 1.590%, due February 18, 2020	105,664	105,299
	CHEVRON CORP NEW NT	\$15,000, 2.411%, due March 3, 2022	14,642	14,871
	CISCO SYS INC SR NT	\$200,000, 4.950%, due February 15, 2019	201,190	213,798
	CISCO SYS INC SR NT	\$20,000, Var rate, due February 21, 2018	20,000	20,115
	CITIBANK CR CARD ISSUANCE TR	\$100,000, 1.750%, due November 19, 2021	99,995	99,560
	CITIGROUP INC SR NT	\$20,000, 2.05%, due December 7, 2018	19,952	19,998
	CITIGROUP INC SUB NT	\$30,000, 4.450%, due September 29, 2027	31,058	30,476
	COCA COLA CO NT	\$100,000, 2.875%, due October 27, 2025	101,670	98,682
	COLGATE PALMOLIVE CO MEDIUM TERM NTS	\$200,000, 2.625%, due May 01, 2017	209,974	201,078
	CONOCOPHILLIPS CO GTD NT	\$15,000, 2.875%, due November 15, 2021	15,168	15,114
	CVS HEALTH CORP SR NT	\$35,000, 3.50%, due July 20, 2022	37,160	35,962
	CYTEC INDS INC SR NT	\$20,000, 3.950%, due May 1, 2025	20,165	18,931
	DEERE JOHN CAP CORP MEDIUM TERM NTS	\$45,000, Variable, due January 8, 2019	45,000	45,267
	DEERE JOHN CAP CORP MEDIUM TERM NTS	\$10,000, 2.450%, due September 11, 2020	9,994	10,042

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)****December 31, 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	(d) Cost	(e) Current Value
	Corporate Obligations: (continued)			
	DISCOVERY COMMUNICATION LLC GTD SR	\$25,000, 4.90%, due March 11, 2026	24,908	26,326
	DOMINION RES INC VA NEW SR NT 2015	\$10,000, 1.90%, due June 15, 2018	10,076	10,005
	DR PEPPER SNAPPLE GROUP INC SR NT	\$20,000, 2.55% due September 15, 2026	19,947	18,521
	DUKE ENERGY CORP NEW SR NT	\$30,000, 5.05% due September 15, 2019	32,584	32,341
	DUKE ENERGY CORP NEW SR NT	\$100,000, 3.950%, due October 15, 2023	102,719	104,888
	EBAY INC NT	\$100,000, 3.250%, due October 15, 2020	100,690	102,351
	ENERGY TRANSFER PARTNERS L P SR NT	\$35,000, 4.050%, due March 15, 2025	33,188	34,647
	EQT CORP SR NT	\$25,000, 4.875%, due November 15, 2021	27,251	26,685
	EXELON GENERATION CO LLC SR NT	\$15,000, 4.000%, due October 1, 2020	15,809	15,589
	FEDEX CORP NT	\$100,000, 4.000%, due January 15, 2024	101,803	105,407
	FIDELITY NATL INFORMATION SVCS INC	\$20,000, 3.00%, due August 15, 2026	19,972	18,779
	FIFTH THIRD AUTO TR 2015-1 NT CL A-3	\$75,000, 1.420%, due March 16, 2020	74,988	75,045
	FLUOR CORP NEW SR NT	\$200,000, 3.375%, due September 15, 2021	217,746	205,132
	FORD CR AUTO OWNER TR 2015-A NT	\$21,762.58, 1.28%, due September 15, 2019	21,761	21,771
	FORD MTR CO DEL NT	\$20,000, 4.346%, due December 8, 2026	20,000	20,210
	GENERAL ELEC CAP CORP MEDIUM TERM	\$15,000, 4.650%, due October 17, 2021	16,554	16,454
	GENERAL DYNAMICS CORP NT	\$25,000, 1.875%, due August 15, 2023	24,829	23,768
	GE CAP CR CARD MASTER NT TR	\$135,000, 1.360%, due August 17, 2020	134,948	135,076
	GILEAD SCIENCES INC SR NT	\$200,000, 3.700%, due April 1, 2024	208,092	205,286
	GOLDMAN SACHS GROUP INC SR NT	\$30,000, 5.750%, due January 24, 2022	34,893	33,727
	GS MTG SECS TR 2011-GC5 MTG PASS THRU CTF CL A-2	\$1,272, 2.999%, due August 10, 2016	1,294	1,271
	HASBRO INC NT	\$10,000, 6.300%, due September 15, 2017	11,606	10,331
	HONDA AUTO RECIEVABLES 2016-2 OWNER TRUSY ASSET BACKED NT	\$10,000, 1.390%, due April 15, 2020	10,038	9,985
	HONDA AUTO RECIEVABLES 2016-3 OWNER TRUSY ASSET BACKED NT	\$20,000, 1.330%, due November 18, 2022	19,995	19,742
	HONDA AUTO RECIEVABLES 2015-4 OWNER TRUSY ASSET BACKED NT	\$15,000, 1.230%, due September 23, 2019	14,998	14,963
	HOST HOTELS & RESORTS L P SR NT	\$25,000, 3.750%, due October 15, 2023	24,274	24,543
	HUNT J B TRANS SVCS INC GTD SR NT	\$100,000, 2.400%, due March 15, 2019	100,099	100,280
	HYUNDAI AUTO REC TR 2013- B NT	\$19486.91, 1.010%, due March 15, 2017	19,495	19,484
	HYUNDAI AUTO REC TR 2015- A NT	\$21,367.4, 1.050%, due April 15, 2019	21,364	21,356
	INTEL CORP SR NT	\$200,000, 2.700%, due December 15, 2022	200,016	200,902
	INTERCONTINENTAL EXCHANGE INC SR NT	\$15,000, 2.750%, due December 1, 2020	14,983	15,098
	JOHN DEERE OWNER TR 2016 ASSET BACKED NT	\$20,000, 1.36%, due April 15, 2020	19,997	19,948
	JOHN DEERE OWNER TR 2014 -B ASSET BACKED NT	\$25,289.85, 1.070%, due November 15, 2017	25,292	25,288
	JOHNSON & JOHNSON NT	\$20,000, 2.45%, due March 1, 2026	19,972	19,129
	JPMORGAN CHASE & CO SUB NT	\$20,000, 4.125%, due December 15, 2026	21,246	20,413
*	JPMORGAN CHASE & CO SUB NT	\$20,000, 3.375%, due May 1, 2023	19,977	19,928
*	JPMORGAN CHASE & CO NT	\$100,000, 3.875%, due February 1, 2024	103,457	103,638
*	JPMORGAN CHASE & CO NT	\$20,000, 4.625%, due May 10, 2021	22,524	21,535
*	JPMORGAN CHASE & CO SR NT	\$85,000, 6.000%, due January 15, 2018	84,356	88,666
	KEYCORP MEDIUM TERM ST NTS	\$20,000, 2.90%, due September 15, 2020	20,601	20,237
	KEYCORP MEDIUM TERM ST NTS	\$100,000, 2.300%, due December 13, 2018	100,587	100,596
	KIMCO RLTY CORP NT	\$100,000, 3.125%, due June 1, 2023	99,454	99,005
	KINDER MORGAN ENERGRY PARTNERS SR NT	\$25,000, 4.150%, due March 1, 2022	25,973	25,653
	KLA-TENCOR CORP SR NT	\$20,000, 4.125%, due November 1, 2021	20,103	20,856
	KRAFT FOODS GROUP INC NT	\$20,000, 3.500%, due June 6, 2022	21,396	20,339

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441

PLAN # 001

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

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate Obligations: (continued)			
	KROGER CO SR NT	\$100,000, 3.850%, due August 1, 2023	100,147	103,839
	KROGER CO SR NT	\$100,000, 3.850%, due August 1, 2023	101,364	104,351
	LACLEDE GAS CO 1st MTG BD	\$100,000, 2.000%, due August 15, 2018	99,027	99,807
	LOWES COS INC NT	\$35,000, variable, due September 10, 2019	34,819	35,086
	MARRIOTT INTL INC NEW NT SER R	\$20,000, 3.125%, due June 15, 2026	19,978	18,931
	MASTERCARD INC NT	\$230,000, 3.375%, due April 1, 2024	233,313	236,576
	MCCORMICK & CO INC SR NT	\$100,000, 3.900%, due July 15, 2021	104,834	104,985
	MCDONALDS CORP MEDIUM TERM NTS	\$100,000, 3.500%, due July 15, 2020	103,644	103,983
	MERCEDES-BENZ AUTO RECEIVABLES TR 2016-1 ASSET BACKE	\$20,000, 1.26% due February 16, 2021	19,998	19,839
	MERCEDES-BENZ AUTO RECEIVABLES TR 2015-1 ASSETBACKE	\$9,393.07, 0.820%, due June 15, 2018	9,393	9,390
	METLIFE INC SR NT SER D	\$15,000, Variable, due September 15, 2023	15,561	16,142
	MICROSOFT CORP NT	\$30,000, 2.375%, due February 12, 2022	29,757	29,879
	MORGAN STANLEY SR NT	\$20,000, 2.650%, due January 27, 2020	19,982	20,094
	MORGAN STANLEY SUB NT	\$5,000, 4.100%, due May 22, 2023	5,149	5,133
	MORGAN STANLEY SR NT	\$30,000, 2.375%, due July 23, 2019	30,408	30,086
	NISSAN AUTO LEASE TR 2013-A AST BCKD NT	\$30,000, 1.370%, due May 15, 2020	29,996	29,954
	NORTHROP GRUMMAN CORP SR NT	\$100,000, 3.250%, due August 1, 2023	96,812	101,945
	OMNICOM GROUP INC SR NT	\$100,000, 4.450%, due August 15, 2020	104,863	106,371
	ORACLE CORP NT	\$20,000, 2.500%, due May 15, 2022	19,625	19,861
	ORACLE CORP NT	\$215,000, 2.65%, due July 15, 2026	219,342	204,080
	ORACLE CORP NT	\$20,000, 2.500%, due October 15, 2022	19,717	19,786
	PACCAR FINL CORP MEDIUM TERM SR NTS	\$25,000, Variable, due December 6, 2018	25,076	25,160
	PARKER-HANNIFIN CORP MEDIUM TERM NTS	\$100,000, 3.500%, due September 15, 2022	101,538	104,078
	PFIZER INC NT	\$100,000, 2.75%, due June 3, 2026	103,262	97,084
	PNC FDG CORP SR NT	\$100,000, 4.375%, due August 11, 2020	102,890	106,486
	PRICELINE GROUP INC SR NT	\$25,000, 3.60%, due June 1, 2026	24,949	24,725
	PRUDENTIAL FINL INC MEDIUM TERM NTS	\$25,000, 4.500%, due November 16, 2021	27,577	27,035
	PSEG PWR LLC SR NT	\$100,000, 2.45%, due November 15, 2018	100,217	100,703
	PUBLIC SVC ELEC GAS CO SECD MEDIUM	\$100,000, 3.500%, due August 15, 2020	102,801	103,847
	QUALCOMM INC NT	\$200,000, 3.450%, due May 20, 2025	199,246	203,504
	REALTY INCOME CORP NT	\$15,000, 3.250%, due October 15, 2022	14,297	15,121
	SCHWAB CHARLES CORP NEW SR NT	\$100,000, 3.450%, due February 13, 2026	103,964	100,885
	SCHWAB CHARLES CORP NEW SR NT	\$200,000, 4.450%, due July 22, 2020	209,786	213,790
	SIMON PPTY GROUP L P NT	\$200,000, 5.650%, due February 1, 2020	201,478	218,784
	SOUTHERN CALIF EDISON CO 1st & REF	\$20,000, 3.500%, due October 1, 2023	20,048	20,785
	ST JUDE MED INC SR NT	\$100,000, 3.250%, due April 15, 2023	98,007	99,383
	STATE STR CORP SR NT	\$100,000, 2.65%, due May 19, 2026	101,815	94,843
	TARGET CORP NT	\$100,000, 2.900%, due January 15, 2022	99,989	101,903
	TOYOTA MTR CR CORP MED TERM NTS	\$20,000, Variable, due May 16, 2017	20,013	20,003
	TOYOTA AUTO REC 2015-C OWNER	\$65,000, 1.340%, due June 17, 2019	65,160	65,003
	U S BANCORP MEDIUM TERM NTS	\$15,000, 2.950%, due July 15, 2022	14,635	15,089

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441

PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Corporate Obligations: (continued)			
	UNION PAC CORP NT	\$100,000, 2.75%, due March 1, 2026	99,291	97,512
	UNIONBANCAL CORP SR NT	\$15,000, 3.500%, due June 18, 2022	15,307	15,336
	VALERO ENERGY CORP NEW SR NT	\$25,000, 3.40%, due September 15, 2026	24,929	23,950
	VENTAS RLTY LTD PARTNERSHIP SR NT	\$25,000, 3.500%, due February 1, 2025	25,088	24,613
	VERIZON COMMUNICATIONS INC NT	\$20,000, 5.150%, due September 15, 2023	23,033	22,115
	VIRGINIA ELEC & PWR CO SR NT 2016	\$35,000, 3.15%, due January 15, 2026	34,997	34,748
	VISA INC SR NT	\$25,000, 2.800%, due December 14, 2022	24,999	25,140
	VOLKSWAGON AUTO LN ENHANCED	\$8,436.42, 0.910%, due October 22, 2018	8,435	8,425
	VOLKSWAGON AUTO LEASE TR 2015-A NT	\$35,954.08, 1.330%, due December 20, 2017	35,964	35,957
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	\$30,000, 2.550%, due December 7, 2020	30,575	30,034
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	\$20,000, 4.100%, due June 3, 2026	20,616	20,264
	WELLS FARGO & CO NEW MEDIUM TERM SR NTS	\$100,000, 4.125%, due August 15, 2023	101,564	103,472
	WISCONSIN PWR & LT CO DEB	\$100,000, 4.600%, due June 15, 2020	101,369	106,519
	XCEL ENERGY INC SR NT	\$35,000, 4.700%, due May 15, 2020	38,134	37,223
	XILINX INC SR NT	\$15,000, 3.000%, due March 15, 2021	14,893	15,188
	Total corporate obligations		9,057,125	9,056,228
	Municipal Obligations:			
	CATHOLIC HEALTH INITIATIVES BD	\$20,000, 1.600%, due November 1, 2017	19,994	20,088
	Total municipal obligations		19,994	20,088
	Foreign Obligations:			
	ACTAVIS FDG SCS GTD NT	\$15,000, 3.450%, due March 15, 2022	14,948	15,225
	BANK MONTREAL MEDIUM TERM SR NTS	\$85,000, Variable, due July 14, 2017	84,904	85,031
	BANK NOVA SCOTIA GTD COVERED BD	\$70,000, 2.125%, due September 11, 2019	70,927	70,356
	CARNIVAL CORP GTD SR NT	\$20,000, 3.95%, due October 15, 2020	21,559	21,092
	CREDIT SUISSE AG MEDIUM TERM SUB NTS	\$20,000, 5.40%, due January 14, 2020	21,644	21,443
	DEUTSCHE BK AG GLOBAL MEDIUM TERM	\$10,000, 2.850%, due May 10, 2019	10,000	9,958
	DEUTSCHE BK AG GLOBAL MEDIUM TERM	\$25,000, 2.950%, due August 20, 2020	24,957	24,611
	HSBC HLDGS PLC SR NT	\$35,000, 5.100%, due April 5, 2021	38,774	37,825
	INVESCO FIN PLC SR NT	\$100,000, 4.000%, due January 30, 2024	104,484	104,198
	NEXEN INC NT	\$25,000, 6.200%, due July 30, 2019	29,941	27,175
	PETROLEOS MEXICANOS GTD NT	\$15,000, 6.00%, due March 5, 2020	16,634	15,821
	QUEBEC PROV CDA GLOBAL NT	\$25,000, 2.50%, due April 20, 2026	24,925	24,063
	ROYAL BK CDA GTD BD	\$20,000, 1.200%, due September 19, 2017	19,998	19,973
	ROYAL BK CDA GLOABAL MEDIUM TERM SR	\$45,000, Variable, due July 29, 2019	45,000	44,974
	ROYAL BK CDA BD	\$25,000, 1.875%, due February 5, 2020	24,997	24,877
	SANTANDER UK PLC NT	\$30,000, 2.35%, due September 10, 2019	30,180	30,019
	SHIRE ACQUISITIONS INVTS IRELAND DAC	\$20,000, 2.40%, due September 23, 2021	19,978	19,320
	TEVA PHARMACEUTICALS FIN CO B V SR NT	\$35,000, 2.950%, due December 18, 2022	33,266	33,726
	TORONTO DOMINION BK SR MEDIUM TERM	\$30,000, 2.125%, due July 2, 2019	29,963	30,075
	VODAFONE GROUP PLZ NEW NT	\$20,000, 5.625%, due February 27, 2017	20,364	20,115
	WESTPAC BKG CORP NT	\$25,000, 2.250%, due July 30, 2018	24,926	25,161
	Total foreign obligations		712,369	705,038

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**EIN # 31-4379441****PLAN # 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)****December 31, 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	(d) Cost	(e) Current Value
	Mutual Funds: CAUSEWAY CAP MGMT TRINTL VALUE FD INSTL CL FIDELITY INTL DISCOVERY FD VANGUARD SMALL CAP INDEX FD ADMIRAL VANGUARD INSTL INDEX FD INSTL PLUS SHS VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL Total Mutual Funds	215,391.95 Shares 77,163.12 Shares 110,986.06 Shares 128,650.42 Shares 124,996.13 Shares	2,800,523 1,908,967 5,942,130 9,453,193 1,637,625 <u>21,742,438</u>	2,987,486 2,814,911 6,855,609 26,224,102 4,498,611 <u>43,380,719</u>
			<u>\$ 47,493,103</u>	<u>\$ 69,239,043</u>

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.