

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 INC 403(B) TAX SHELTERED ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONWIDE CHILDREN'S HOSPITAL</u> <u>SUSANNE EBERSBACH</u> <u>700 CHILDREN'S DRIVE</u> <u>COLUMBUS, OH 43205</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4379441</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-355-4114</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4379441</u>	2c Plan Sponsor's telephone number <u>614-355-4114</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-4379441</u>					
2c Plan Sponsor's telephone number <u>614-355-4114</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2018	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2018	SUSANNE EBERSBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 10581
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 7523 6a(2) 7982 6b 0 6c 3421 6d 11403 6e 9 6f 11412 6g 11254 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ 3 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441

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

(a) Name of insurance carrier TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	405903	3508	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	45481414
5 Current value of plan's interest under this contract in separate accounts at year end	5	66672529

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

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

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

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

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

b Balance at the end of the previous year	7b	36304905
c Additions: (1) Contributions deposited during the year	7c(1)	2060984
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	1146061
(4) Transferred from separate account	7c(4)	9688533
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	12895578
d Total of balance and additions (add lines 7b and 7c(6))	7d	49200483
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1278318
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	2416184
(4) Other (specify below)	7e(4)	24567
▶		
(5) Total deductions	7e(5)	3719069
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	45481414

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	02635	139	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 2046	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid DEAN T KOLLER
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71			3

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

ROBERT A HYNEMAN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106			3

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

ANDREW L CROOP

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
201			3

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

SHIRLEY A MCALLISTER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
275			3

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

STEVE W FISHER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
343			3

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

MARTIN J ROESCH

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1049			3

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	4678687
5 Current value of plan's interest under this contract in separate accounts at year end	5	5948233

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

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

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

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

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

b Balance at the end of the previous year	7b	4612095
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	180555
(4) Transferred from separate account	7c(4)	13529
(5) Other (specify below)	7c(5)	0
▶		
(6) Total additions	7c(6)	194084
d Total of balance and additions (add lines 7b and 7c(6))	7d	4806179
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	127375
(2) Administration charge made by carrier	7e(2)	117
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0
▶		
(5) Total deductions	7e(5)	127492
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4678687

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441	

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

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE1103	341	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 20502	(b) Total amount of fees paid 5514

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
DAVID RANKIN VOYA 7965 N HIGH ST STE 150 COLUMBUS, OH 43235	

(b) Amount of sales and base commissions paid 163	Fees and other commissions paid		(e) Organization code 3
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			
RANDY SHARP VOYA 7965 N HIGH ST STE 150 COLUMBUS, OH 43235			

(b) Amount of sales and base commissions paid 32	Fees and other commissions paid		(e) Organization code 3
	(c) Amount	(d) Purpose	

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

KARL RUBIN

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
598			3

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

NICHOLAS DISALLE

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35			3

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

DALE LADERACH

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

GLENN LEWIS

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

THOMAS CONNER

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

DALE VAN VALKENBURG

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17225	129	SUPPLEMENTAL CASH	3

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

JOHN ROESCH

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32			3

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

EDWARD MOBLEY

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
364			3

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

VOYA FINANCIAL ADVISORS, INC

PO BOX 9270
DES MOINES, IA 50306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
769			3

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

SAM WALSH

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17	13	SUPPLEMENTAL CASH	3

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

JAMES BROWNING

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	2	SUPPLEMENTAL CASH	3

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

DONNIE BELL

10100 INNOVATION DRIVE STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1131	5370	SUPPLEMENTAL CASH	3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	6431078
5 Current value of plan's interest under this contract in separate accounts at year end	5	14827771

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

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

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

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

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

b Balance at the end of the previous year	7b	6366744
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c Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)		0
	(3) Interest credited during the year	7c(3)		248409
	(4) Transferred from separate account	7c(4)		424773
	(5) Other (specify below)	7c(5)		20463

(6) Total additions	7c(6)	693645
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d Total of balance and additions (add lines 7b and 7c(6))	7d	7060389
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	494393	
(2) Administration charge made by carrier	7e(2)	3736	
(3) Transferred to separate account	7e(3)	27201	
(4) Other (specify below)	7e(4)	103981	

(5) Total deductions	7e(5)	629311
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6431078
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GBQ PARTNERS LLC

230 WEST ST
STE 700
COLUMBUS, OH 43215

20-2122306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	0	Yes ☐ No ☒	Yes ☐ No ☒	25000	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

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

c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13297958</u>
---------------------------------------	-------------------------------	--

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

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

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14827771</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-4379441</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)			
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1067095		934328
(2) U.S. Government securities.....	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts.....	1c(9)			
(10) Value of interest in pooled separate accounts.....	1c(10)	24837156		28125729
(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)	233108605		298187791
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	47283744		56591179
(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	306296600 383839027
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	306296600 383839027

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)	29785218
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	5533195
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	35318413
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	6703382
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	6703382
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	45196254
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	45196254

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		87218049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9669831	
(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)		9669831
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5791	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5791
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9675622

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		77542427
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GBQ PARTNERS

(2) EIN: 20-2122306

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL		D Employer Identification Number (EIN) 31-4379441
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203 51-6559589		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America - College Retirement Equities Fund, Fidelity Management Trust Company, Voya Institutional Trust Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
September 25, 2018

NATIONWIDE CHILDREN'S HOSPITAL INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 - PLAN # 005
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	\$ 38,365,879
	VANGUARD	VANGUARD INST TG RTM 2040	38,171,392
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	15,942,963
	VANGUARD	VANGUARD INST TG RTM 2035	14,346,799
	VANGUARD	VANGUARD INST TG RTM 2030	13,129,870
	VANGUARD	VANGUARD INST TG RTM 2025	12,883,211
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	9,762,815
	VANGUARD	VANGUARD INST TG RTM 2050	8,979,480
	VANGUARD	VANGUARD INST TG RTM 2045	8,382,194
	VANGUARD	VANGUARD INST TG RTM 2020	7,444,904
	VANGUARD	VANGUARD INST TG RTM 2055	7,246,847
	VANGUARD	VANGUARD SMALL-CAP IDX INST	6,844,902
	VANGUARD	VANGUARD TTL BD MKT INX FUND	5,342,841
	VANGUARD	VANGUARD INST TG RTM 2015	4,654,851
	JP MORGAN	JPMORGAN US EQUITY R5	4,572,184
	VANGUARD	VANGUARD VALUE INDEX INST	4,082,751
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	2,943,549
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,770,361
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,578,314
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	2,285,115
	VANGUARD	VANGUARD INST TG RTM INC	1,809,684
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,647,942
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,459,202
	VANGUARD	VANGUARD INST TG RTM 2060	1,413,969
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,363,121
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	1,270,461
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	1,079,206
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	1,040,322
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	1,016,712
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	771,453
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	760,295
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	733,191
	DELAWARE	DELAWARE US GROWTH FUND INST	696,779
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	665,859
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	624,197
*	FIDELITY INVESTMENTS	FID TOT MKT IDX PR	578,370
*	FIDELITY INVESTMENTS	FID BALANCED	507,253
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	488,130
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	452,161
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	440,694
*	FIDELITY INVESTMENTS	FID PURITAN	440,395
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	422,390
*	FIDELITY INVESTMENTS	FID MID CAP IDX PR	400,136
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	373,696
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	371,767
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	341,393
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	341,234
	VANGUARD	VANGUARD WINDSOR II	272,891

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	266,836
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	266,506
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	263,159
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	259,235
	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	254,941
*	FIDELITY INVESTMENTS	FID OVERSEAS	246,285
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	239,144
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	227,284
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	220,513
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	216,945
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	216,330
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	209,242
*	FIDELITY INVESTMENTS	FID INTL INDEX PR	197,914
*	FIDELITY INVESTMENTS	FID INTERMED BOND	193,822
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	191,519
*	FIDELITY INVESTMENTS	FID US BOND IDX PR	188,434
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	187,374
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	186,752
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	184,892
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	172,698
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	170,066
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	168,936
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	166,567
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	158,917
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	155,041
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	152,197
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	151,135
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	143,070
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	135,153
*	FIDELITY INVESTMENTS	FID TREND	134,381
*	FIDELITY INVESTMENTS	FID INTL GROWTH	133,521
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	131,578
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	128,148
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	124,615
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	122,959
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	122,815
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	122,079
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	120,399
*	FIDELITY INVESTMENTS	FID SEL SEMICONDUCT	119,592
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	117,041
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	116,853
*	FIDELITY INVESTMENTS	FID TOTAL BOND	116,149
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	111,983
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	109,788
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	108,237
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	100,460
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	95,667
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	95,079
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	88,346
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	86,901
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	85,832

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	84,451
*	FIDELITY INVESTMENTS	FID GNMA	81,363
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	81,108
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	80,947
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	80,306
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	76,496
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	75,370
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	75,175
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	71,269
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	70,042
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	69,674
*	FIDELITY INVESTMENTS	FID HIGH INCOME	69,558
*	FIDELITY INVESTMENTS	FID EMERG MKTS DISC	68,126
*	FIDELITY INVESTMENTS	FID SEL RETAILING	67,726
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	65,744
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	65,351
	VANGUARD	VANGUARD LT INV-GRADE FUND	65,344
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	59,602
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	57,919
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	57,826
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	57,065
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	54,914
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	54,310
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	53,313
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	51,560
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	51,523
*	FIDELITY INVESTMENTS	FID INT TR IDX PR	50,831
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	49,356
*	FIDELITY INVESTMENTS	FID SEL GOLD	49,330
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	47,812
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	47,700
*	FIDELITY INVESTMENTS	FIDELITY EMERG MRKTS	46,434
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	46,296
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	46,187
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	45,726
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	44,911
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	44,488
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	43,865
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	43,572
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	43,462
*	FIDELITY INVESTMENTS	FID WORLDWIDE	42,633
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	42,609
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	42,221
*	FIDELITY INVESTMENTS	FID SEL LEISURE	42,169
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	42,115
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	41,808
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	41,200
*	FIDELITY INVESTMENTS	FID INTL VALUE	40,135
*	FIDELITY INVESTMENTS	FID MID CAP IDX PR	40,067
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	35,885
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	33,803

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	33,754
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	32,615
*	FIDELITY INVESTMENTS	FID TOTAL EMERG MKTS	32,522
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	32,452
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	32,216
*	FIDELITY INVESTMENTS	FID EM MKTS IDX PR	32,145
*	FIDELITY INVESTMENTS	FID EXT MKT IDX PR	31,830
*	FIDELITY INVESTMENTS	FID GLOBAL EQ INCOME	31,165
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	31,044
*	FIDELITY INVESTMENTS	FID SEL ENERGY	31,038
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	30,174
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,505
*	FIDELITY INVESTMENTS	FID CHINA REGION	27,898
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	26,979
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	24,952
*	FIDELITY INVESTMENTS	FID LT TR IDX PR	23,599
*	FIDELITY INVESTMENTS	FID VALUE	23,567
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	23,106
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	23,073
*	FIDELITY INVESTMENTS	FID SM CAP IDX PR	22,990
*	FIDELITY INVESTMENTS	FID SEL INDUSTRIALS	22,458
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	21,875
	VANGUARD	VANGUARD LIFESTRATEGY MODERATE	21,565
*	FIDELITY INVESTMENTS	FID FIDELITY	21,431
*	FIDELITY INVESTMENTS	FID REAL EST IDX PR	20,631
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	20,193
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	20,007
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	19,919
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	19,499
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	19,192
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	17,932
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	17,882
	STRATEGIC ADVISERS	SA VALUE MULTI MGR	17,330
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	16,912
*	FIDELITY INVESTMENTS	FID MID CAP ENH INDX	16,391
*	FIDELITY INVESTMENTS	FID SEL BANKING	15,248
*	FIDELITY INVESTMENTS	FID EUROPE	14,682
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	13,317
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	12,773
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	12,602
*	FIDELITY INVESTMENTS	FID SEL CONSTR/HOUSE	12,517
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	12,299
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	12,227
*	FIDELITY INVESTMENTS	FID INTL REAL ESTATE	12,113
*	FIDELITY INVESTMENTS	FID SEL MATERIALS	12,067
	VANGUARD	VANGUARD LONG-TERM TREASURY	12,049
*	FIDELITY INVESTMENTS	FID JAPAN SM CO	12,037
*	FIDELITY INVESTMENTS	FID SEL WIRELESS	11,955
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	11,278
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	11,274
*	FIDELITY INVESTMENTS	FID CANADA	10,826

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL INC.

403(b) TAX-SHELTERED ANNUITY PLAN

EIN # 31-4379441 - PLAN # 005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID INTL ENH INDEX	10,658
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	10,403
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	10,121
*	FIDELITY INVESTMENTS	FID SEL HTH CARE SVC	9,272
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	6,377
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	5,899
*	FIDELITY INVESTMENTS	FID SEL ENV ALT ENGY	5,765
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	5,276
*	FIDELITY INVESTMENTS	FID JAPAN	4,598
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT MONEY MARKET FUND	4,395
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	4,208
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,719
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	3,564
*	FIDELITY INVESTMENTS	FID ST TR IDX PR	3,486
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	3,327
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	2,704
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	2,673
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,990
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	1,650
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,612
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	1,411
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	1,100
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,048
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	763
*	VANGUARD	VANGUARD INST TG RTM 2065	611
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	333
			244,813,220
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	23,494,402
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	9,876,598
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	6,390,876
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,388,211
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,427,493
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	2,448,316
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	2,379,260
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	969,415
			53,374,571
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	22,544,331
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	4,939,063
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	3,200,774
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	827,639
			31,511,807
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	6,250,431
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,908,185
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	770,502
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	157,834
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	15,479
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,334
			11,109,765

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Pooled Separate Accounts:</i>		
*	TIAA	TIAA REAL ESTATE ACCOUNT	13,297,958
*	VOYA FINANCIAL	Voya Growth and Income Port I	2,502,253
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port I	1,861,502
*	VOYA FINANCIAL	Voya Large Cap Growth Port Inst	1,241,959
*	VOYA FINANCIAL	VY Oppenhr Global Port I	1,028,961
*	VOYA FINANCIAL	Voya Index Plus LargeCap Portfolio I	1,040,950
*	VOYA FINANCIAL	Voya Balanced Portfolio I	646,382
*	VOYA FINANCIAL	VY Invesco Eqty & Inc Port I	641,437
*	VOYA FINANCIAL	Voya Index Plus MidCap Portfolio I	594,539
*	VOYA FINANCIAL	Voya Small Company Portfolio I	522,960
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio I	499,850
*	FIDELITY INVESTMENTS	Fidelity VIP Eqty-Income Port I	447,301
*	VOYA FINANCIAL	VY TRowePrice Grwth Eqty Port I	429,555
*	VOYA FINANCIAL	VY TRowePrice Divr MdCp Gr Pt I	398,250
*	VOYA FINANCIAL	Voya Intermediate Bond Port I	368,728
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port I	360,482
*	VOYA FINANCIAL	Voya Strategic Alloc Moderate Port I	149,019
*	AMERICAN FUNDS	American Funds EuroPacific R4	123,375
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio Srv	121,128
*	AMERICAN FUNDS	American Funds Growth Fnd R4	120,220
*	VOYA FINANCIAL	Voya Index Plus SmallCap Portfolio I	104,514
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	102,541
*	VOYA FINANCIAL	VY Baron Growth Port Srv	91,224
*	AMERICAN FUNDS	American Funds Wash Mtual R4	90,119
*	VOYA FINANCIAL	Voya Large Cap Value Port Inst	89,289
*	VOYA FINANCIAL	VY Invesco Comstock Port Srv	83,873
	LORD ABBETT	Lord Abbett Ser Fd Md Cp Stk Prt VC	83,707
	OPPENHEIMER FUNDS	Oppenheimer Developing Markets Fnd A	83,543
*	VOYA FINANCIAL	VY TRowePrice Captl Apprec Pt Srv	118,693
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	63,404
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port I	59,943
*	VOYA FINANCIAL	Voya Global Equity Portfolio I	58,767
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port I	58,347
	BLACKROCK	BlackRock Hlth Sci Opport Port Inv A	58,345
	AMERICAN FUNDS	American Funds Fdmntl Inv R4	54,755
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio Srv	48,445
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio I	47,008
*	VOYA FINANCIAL	VY Clarion Global RI Est Prt Inst	34,172
	WELLS FARGO	WellsFargo Spec Sm Cp Val Fd A	33,850
	INVESCO	Invesco V.I. Core Equity Fund SI	31,118
	FRANKLIN TEMPLETON	Templeton Global Bond Fund A	30,075
*	VOYA FINANCIAL	Voya Govt Money Market Portfolio I	27,807
	AMERICAN FUNDS	American Funds Nw Prspctv R4	27,385
	PIMCO	PIMCO VIT Real Return Portfolio Adm	26,150
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	25,843
*	VOYA FINANCIAL	Voya High Yield Portfolio Srv	21,124
	INVESCO	Invesco V.I. American Franchise Fd I	18,835
	CALVERT	Calvert VP SRI Balanced Portfolio	15,600
*	VOYA FINANCIAL	VY Clarion Real Estate Port Srv	14,051
*	VOYA FINANCIAL	VY Invesco Grw & Inc Port Srv	13,336
*	VOYA FINANCIAL	VY Pioneer High Yield Portfolio I	12,643

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL INC.
403(b) TAX-SHELTERED ANNUITY PLAN
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	Voya Strategic Alloc Conserv Port I	10,718
*	VOYA FINANCIAL	Voya Global Bond Port I	10,623
*	VOYA FINANCIAL	VY Templeton Foreign Eqty Port I	10,612
	WANGER	Wanger Select	8,527
*	VOYA FINANCIAL	Ivy Science and Technology Fund Y	8,177
*	VOYA FINANCIAL	VY JPMorgan Emrg Mkts Eq Port Srv	7,220
*	VOYA FINANCIAL	Voya International Index Port I	6,765
	OPPENHEIMER FUNDS	Oppenheimer Main St Sm Cap F/VA	6,240
	WANGER	Wanger International	5,836
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio I	5,799
*	VOYA FINANCIAL	VY TRowePrice Eqty Income Pt Srv	5,248
*	VOYA FINANCIAL	Voya SmallCap Opportunities Prt I	5,223
	WANGER	Wanger USA	2,714
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	2,357
	ARIEL FUND	Ariel Fund Investor	2,308
	JANUS WORLDWIDE	Janus Hndrsn Balanced Port Inst	1,976
*	VOYA FINANCIAL	VY JPMorgan Mid Cap Val Port Srv	69
	JANUS WORLDWIDE	Janus Hndrsn Gl Research Prt Inst	2
			28,125,729
*	TIAA-CREF	TIAA STABLE VALUE FUND	13,969,607
	<i>Money Market Funds</i>		
*	FIDELITY INVESTMENTS	FID RET GOVT MM	277,478
*	FIDELITY INVESTMENTS	FID GOV CASH RESERVE	121,184
*	FIDELITY INVESTMENTS	FID GOVT MMRK PRM	71,181
*	FIDELITY INVESTMENTS	FID TREASURY ONLY MM	12,496
			482,339
	<i>Cash Held as Collateral for Plan Loans</i>		451,989
			\$ 383,839,027

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.

• **Financial Statements**
• with Supplementary Information

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

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

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America - College Retirement Equities Fund, Fidelity Management Trust Company, Voya Institutional Trust Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

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

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
September 25, 2018

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Registered investment companies	\$ 244,813,220	\$ 181,096,118
Variable annuity contracts	53,374,571	52,012,487
Insurance company general account	31,511,807	26,913,353
Pooled separate accounts	28,125,729	24,837,156
Stable value fund	13,969,607	9,391,552
Cash held as collateral for Plan loans	451,989	510,731
Money market funds	482,339	556,364
Total investments, at fair value	<u>372,729,262</u>	<u>295,317,761</u>
Investments, at contract value:		
Guaranteed investment contracts	<u>11,109,765</u>	<u>10,978,839</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 383,839,027</u>	<u>\$ 306,296,600</u>

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	\$ 6,703,382	\$ 4,705,769
Net appreciation in fair value of investments	45,196,254	14,965,397
Total investment income	51,899,636	19,671,166
Contributions:		
Employee	29,785,218	27,457,600
Rollover	5,533,195	3,357,806
Total contributions	35,318,413	30,815,406
Total additions	87,218,049	50,486,572
Deductions from Net Assets Attributed to:		
Benefits paid to participants	9,675,622	10,218,931
Net increase	77,542,427	40,267,641
Net Assets Available for Benefits:		
Beginning of year	306,296,600	266,028,959
End of year	\$ 383,839,027	\$ 306,296,600

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Plan Description

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

General

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

Contributions

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

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

Participant Accounts

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

Vesting

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

Investment Options

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016



Plan Description (continued)

Payment of Benefits

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

Plan Loans to Participants

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

Administrative Costs

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

Summary of Significant Accounting Policies

Basis of Accounting

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

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

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 (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Guaranteed Investment Contracts

The Plan holds fully benefit-responsive guaranteed investment contracts (the Fixed Account and Fixed Account Plus, collectively, (the "Contracts")) with Voya. The Contracts totaled \$6,431,078 and \$6,366,744 at December 31, 2017 and 2016, respectively. Additionally, the Plan holds various fixed investment options (the Fixed Options) with VALIC, which also qualify as fully benefit-responsive. The Fixed Options totaled \$4,678,687 and \$4,612,095 at December 31, 2017 and 2016, respectively.

Voya and VALIC maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and are charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The interest rates are reviewed on a quarterly basis for resetting. The guaranteed investment contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016



Guaranteed Investment Contracts (continued)

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

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

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

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

Insurance Company General Accounts

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Information Prepared and Certified by the Custodians (Unaudited)

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

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

	2017	2016
Insurance company general account	\$ 31,511,807	\$ 26,913,353
Guaranteed investment contracts	11,109,765	10,978,839
Registered investment companies	244,813,220	181,096,118
Variable annuity contracts	53,374,571	52,012,487
Pooled separate accounts	28,125,729	24,837,156
Stable value fund	13,969,607	9,391,552
Money market funds	482,339	556,364
Cash held as collateral for plan loans	188,819	251,335
Total	\$ 383,575,857	\$ 306,037,204

The custodians also certified to the completeness and accuracy of \$45,196,254 and \$14,965,397 of net appreciation in fair value of investments and \$6,703,382 and \$4,705,769 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2017 and 2016, respectively.

Fair Value Measurements

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

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Fair Value Measurements (continued)

- Level 3 inputs are significant unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

*Registered Investment
Companies and Money
Market Funds:*

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

*Variable Annuity
Contracts:*

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

*Insurance Company
General Account:*

Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers, if any.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Fair Value Measurements (continued)

Pooled Separate Accounts: **TIAA-CREF:** Valued at the NAV provided by the administrator of the fund. Issues and redemptions of units are recorded upon receipt of the unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based principally on the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals. Any securities held in the account are valued using independent pricing sources. For this fund, there are no unfunded commitments and participants can transact daily; however participant transfers out of this account are limited to one per calendar quarter per participant.

Voya: Valued at "Accumulation Unit Value," which is first valued at \$10.00 for a new fund and then determined on a daily basis based on the net asset value of shares in the underlying fund.

Stable Value Fund: Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited and transfers, if any, less any withdrawals and transfers, if any.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Fair Value Measurements (continued)

Investments at Fair Value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
<i>Investments in the Fair Value Hierarchy:</i>				
Registered investment companies	\$ 244,813,220	\$ -	\$ -	\$ 244,813,220
Insurance company general accounts	827,640	-	30,684,167	31,511,807
Pooled separate accounts	-	14,827,771	-	14,827,771
Stable value fund	-	-	13,969,607	13,969,607
Cash held as collateral for plan loans	451,989	-	-	451,989
Money market funds	482,339	-	-	482,339
<i>Investments Measured at Net Asset Value:</i>				
Variable annuity contracts*	-	-	-	53,374,571
Pooled separate account*	-	-	-	13,297,958
Total investments at fair value	\$ 246,575,188	\$ 14,827,771	\$ 44,653,774	\$ 372,729,262

Investments at Fair Value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
<i>Investments in the Fair Value Hierarchy:</i>				
Registered investment companies	\$ 181,096,118	\$ -	\$ -	\$ 181,096,118
Insurance company general accounts	788,832	-	26,124,521	26,913,353
Pooled separate accounts	-	13,131,786	-	13,131,786
Stable value fund	-	-	9,391,552	9,391,552
Cash held as collateral for plan loans	510,731	-	-	510,731
Money market funds	556,364	-	-	556,364
<i>Investments Measured at Net Asset Value:</i>				
Variable annuity contracts*	-	-	-	52,012,487
Pooled separate account*	-	-	-	11,705,370
Total investments at fair value	\$ 182,952,045	\$ 13,131,786	\$ 35,516,073	\$ 295,317,761

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2017:

	Insurance Company General Account	Stable Value Fund
Balance, beginning of year	\$ 26,124,521	\$ 9,391,552
Realized gains	245,968	45,702
Gains relating to instruments still held at reporting date	629,008	144,350
Purchases	6,010,087	5,701,437
Sales	(2,325,417)	(1,313,434)
Balance, end of year	\$ 30,684,167	\$ 13,969,607

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2016:

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

Gains and losses (realized and unrealized) are included in changes in net assets for the periods above and are recorded in net appreciation in fair value of investments in the Statements of Changes in net Assets Available for Benefits.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016

Plan Loan Collateral Balances

The following table sets forth the Plan loan collateral fund balances held in cash at December 31, 2017 and 2016 by custodian:

	2017	2016
Voya	\$ 263,170	\$ 259,396
VALIC	68,632	89,404
Fidelity	120,187	161,931
Total cash held as collateral for Plan loans	\$ 451,989	\$ 510,731

At December 31, 2017 and 2016, the amount of collateralized loans held by TIAA-CREF are \$4,499,769 and \$3,904,147, respectively. The balances are included in the insurance company general account balance on the accompanying Statements of Net Assets Available for Benefits.

Plan Termination

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

Party-in-Interest Transactions

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

Tax Status

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2017 and 2016



Tax Status (continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2017 statement of net assets available for benefits.

Subsequent Events - Date of Management's Evaluation

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

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SUPPLEMENTARY INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN # 31-4379441 - PLAN # 005
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	\$ 38,365,879
	VANGUARD	VANGUARD INST TG RTM 2040	38,171,392
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	15,942,963
	VANGUARD	VANGUARD INST TG RTM 2035	14,346,799
	VANGUARD	VANGUARD INST TG RTM 2030	13,129,870
	VANGUARD	VANGUARD INST TG RTM 2025	12,883,211
	VANGUARD	VANGUARD MID CAP INX FUND SIGNAL	9,762,815
	VANGUARD	VANGUARD INST TG RTM 2050	8,979,480
	VANGUARD	VANGUARD INST TG RTM 2045	8,382,194
	VANGUARD	VANGUARD INST TG RTM 2020	7,444,904
	VANGUARD	VANGUARD INST TG RTM 2055	7,246,847
	VANGUARD	VANGUARD SMALL-CAP IDX INST	6,844,902
	VANGUARD	VANGUARD TTL BD MKT INX FUND	5,342,841
	VANGUARD	VANGUARD INST TG RTM 2015	4,654,851
	JP MORGAN	JPMORGAN US EQUITY R5	4,572,184
	VANGUARD	VANGUARD VALUE INDEX INST	4,082,751
	METROPOLITAN WEST	METROPOLITAN WEST TOTRET BOND I	2,943,549
*	FIDELITY INVESTMENTS	FID CONTRAFUND	2,770,361
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,578,314
	BLACKROCK	BLACKROCK INFLAT PROTECTED BOND	2,285,115
	VANGUARD	VANGUARD INST TG RTM INC	1,809,684
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,647,942
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,459,202
	VANGUARD	VANGUARD INST TG RTM 2060	1,413,969
*	FIDELITY INVESTMENTS	FID FREEDOM 2040	1,363,121
*	FIDELITY INVESTMENTS	FID GROWTH COMPANY	1,270,461
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	1,079,206
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	1,040,322
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INST	1,016,712
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	771,453
*	FIDELITY INVESTMENTS	FID BLUE CHIP GROWTH	760,295
*	FIDELITY INVESTMENTS	FID FREEDOM 2035	733,191
	DELAWARE	DELAWARE US GROWTH FUND INST	696,779
*	FIDELITY INVESTMENTS	FID FREEDOM 2030	665,859
*	FIDELITY INVESTMENTS	SPARTAN 500 INDEX	624,197
*	FIDELITY INVESTMENTS	FID TOT MKT IDX PR	578,370
*	FIDELITY INVESTMENTS	FID BALANCED	507,253
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	488,130
*	FIDELITY INVESTMENTS	FID FREEDOM 2020	452,161
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	440,694
*	FIDELITY INVESTMENTS	FID PURITAN	440,395
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	422,390
*	FIDELITY INVESTMENTS	FID MID CAP IDX PR	400,136
*	FIDELITY INVESTMENTS	FID MID CAP VALUE	373,696
*	FIDELITY INVESTMENTS	FID OTC PORTFOLIO	371,767
*	FIDELITY INVESTMENTS	FID FREEDOM 2025	341,393
*	FIDELITY INVESTMENTS	FID GROWTH & INCOME	341,234
	VANGUARD	VANGUARD WINDSOR II	272,891

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID DIVERSIFIED INTL	266,836
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	266,506
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	263,159
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	259,235
	BAIRD	BAIRD MID CAP FD INSTITUTIONAL	254,941
*	FIDELITY INVESTMENTS	FID OVERSEAS	246,285
*	FIDELITY INVESTMENTS	FID FREEDOM 2010	239,144
*	FIDELITY INVESTMENTS	FID STRATEGIC INCOME	227,284
*	FIDELITY INVESTMENTS	FID SMALL CAP VALUE	220,513
*	FIDELITY INVESTMENTS	FID DIVIDEND GROWTH	216,945
*	FIDELITY INVESTMENTS	FID SEL BIOTECH	216,330
*	FIDELITY INVESTMENTS	FID FREEDOM 2045	209,242
*	FIDELITY INVESTMENTS	FID INTL INDEX PR	197,914
*	FIDELITY INVESTMENTS	FID INTERMED BOND	193,822
*	FIDELITY INVESTMENTS	FID INTL DISCOVERY	191,519
*	FIDELITY INVESTMENTS	FID US BOND IDX PR	188,434
*	FIDELITY INVESTMENTS	FID MID CAP STOCK	187,374
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	186,752
*	FIDELITY INVESTMENTS	FID SMALL CAP STOCK	184,892
*	FIDELITY INVESTMENTS	FID NEW MARKETS INC	172,698
*	FIDELITY INVESTMENTS	FID FOCUSED STOCK	170,066
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	168,936
*	FIDELITY INVESTMENTS	FID LEVERAGED CO STK	166,567
*	FIDELITY INVESTMENTS	FID SEL TECHNOLOGY	158,917
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	155,041
*	FIDELITY INVESTMENTS	FID GLOBAL BALANCED	152,197
*	FIDELITY INVESTMENTS	FID CAP APPRECIATION	151,135
*	FIDELITY INVESTMENTS	FID EQUITY INCOME	143,070
*	FIDELITY INVESTMENTS	FID CAPITAL & INCOME	135,153
*	FIDELITY INVESTMENTS	FID TREND	134,381
*	FIDELITY INVESTMENTS	FID INTL GROWTH	133,521
*	FIDELITY INVESTMENTS	FID VALUE DISCOVERY	131,578
*	FIDELITY INVESTMENTS	FID EXP & MULTINATL	128,148
*	FIDELITY INVESTMENTS	FID GROWTH DISCOVERY	124,615
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	122,959
*	FIDELITY INVESTMENTS	FID INTL SMALL CAP	122,815
*	FIDELITY INVESTMENTS	FID SEL HEALTHCARE	122,079
*	FIDELITY INVESTMENTS	FID SMALL CAP GROWTH	120,399
*	FIDELITY INVESTMENTS	FID SEL SEMICONDUCT	119,592
*	FIDELITY INVESTMENTS	FID REAL ESTATE INC	117,041
*	FIDELITY INVESTMENTS	FIDELITY INVST GR BD	116,853
*	FIDELITY INVESTMENTS	FID TOTAL BOND	116,149
*	FIDELITY INVESTMENTS	FID ASSET MGR 70%	111,983
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	109,788
*	FIDELITY INVESTMENTS	FID BLUE CHIP VALUE	108,237
*	FIDELITY INVESTMENTS	FID FREEDOM 2050	100,460
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	95,667
*	FIDELITY INVESTMENTS	FID STK SEL ALL CAP	95,079
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	88,346
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	86,901
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	85,832

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL INC.

403(b) TAX-SHELTERED ANNUITY PLAN

EIN # 31-4379441 - PLAN # 005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	84,451
*	FIDELITY INVESTMENTS	FID GNMA	81,363
*	FIDELITY INVESTMENTS	FID EQ DIV INCOME	81,108
*	FIDELITY INVESTMENTS	FID INFLAT PROT BOND	80,947
*	FIDELITY INVESTMENTS	FID ASSET MGR 50%	80,306
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	76,496
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	75,370
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	75,175
*	FIDELITY INVESTMENTS	FID SM CAP DISCOVERY	71,269
*	FIDELITY INVESTMENTS	FID STRAT DIV & INC	70,042
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	69,674
*	FIDELITY INVESTMENTS	FID HIGH INCOME	69,558
*	FIDELITY INVESTMENTS	FID EMERG MKTS DISC	68,126
*	FIDELITY INVESTMENTS	FID SEL RETAILING	67,726
*	FIDELITY INVESTMENTS	FID FREEDOM INCOME	65,744
*	FIDELITY INVESTMENTS	FID LC VAL ENH INDX	65,351
	VANGUARD	VANGUARD LT INV-GRADE FUND	65,344
*	FIDELITY INVESTMENTS	FID SEL MED EQ & SYS	59,602
*	FIDELITY INVESTMENTS	FID STK SEL MID CAP	57,919
*	FIDELITY INVESTMENTS	FID EMERGING ASIA	57,826
*	FIDELITY INVESTMENTS	FID SHORT TERM BOND	57,065
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	54,914
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	54,310
*	FIDELITY INVESTMENTS	FID STRAT REAL RET	53,313
*	FIDELITY INVESTMENTS	FID SEL SOFTWARE	51,560
*	FIDELITY INVESTMENTS	FID SM CAP ENH INDX	51,523
*	FIDELITY INVESTMENTS	FID INT TR IDX PR	50,831
*	FIDELITY INVESTMENTS	FID MORTGAGE SEC	49,356
*	FIDELITY INVESTMENTS	FID SEL GOLD	49,330
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	47,812
*	FIDELITY INVESTMENTS	FID SEL COMM EQUIP	47,700
*	FIDELITY INVESTMENTS	FIDELITY EMERG MRKTS	46,434
*	FIDELITY INVESTMENTS	FID DISCIPLINED EQTY	46,296
*	FIDELITY INVESTMENTS	FID NASDAQ COMP INDX	46,187
*	FIDELITY INVESTMENTS	FID REAL ESTATE INVS	45,726
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	44,911
*	FIDELITY INVESTMENTS	FID PACIFIC BASIN	44,488
*	FIDELITY INVESTMENTS	FID SEL CHEMICALS	43,865
*	FIDELITY INVESTMENTS	FID GR STRATEGIES	43,572
*	FIDELITY INVESTMENTS	FID STKSEL LGCAP VAL	43,462
*	FIDELITY INVESTMENTS	FID WORLDWIDE	42,633
*	FIDELITY INVESTMENTS	FIDELITY GOVT INCOME	42,609
*	FIDELITY INVESTMENTS	FID FLOAT RT HI INC	42,221
*	FIDELITY INVESTMENTS	FID SEL LEISURE	42,169
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GWTH	42,115
*	FIDELITY INVESTMENTS	FID SEL UTILITIES	41,808
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	41,200
*	FIDELITY INVESTMENTS	FID INTL VALUE	40,135
*	FIDELITY INVESTMENTS	FID MID CAP IDX PR	40,067
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	35,885
*	FIDELITY INVESTMENTS	FID INDEPENDENCE	33,803

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID SEL MULTIMEDIA	33,754
*	FIDELITY INVESTMENTS	FID FREEDOM 2015	32,615
*	FIDELITY INVESTMENTS	FID TOTAL EMERG MKTS	32,522
*	FIDELITY INVESTMENTS	FID SEL IT SERVICES	32,452
*	FIDELITY INVESTMENTS	FID LC GRO ENH INDX	32,216
*	FIDELITY INVESTMENTS	FID EM MKTS IDX PR	32,145
*	FIDELITY INVESTMENTS	FID EXT MKT IDX PR	31,830
*	FIDELITY INVESTMENTS	FID GLOBAL EQ INCOME	31,165
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	31,044
*	FIDELITY INVESTMENTS	FID SEL ENERGY	31,038
*	FIDELITY INVESTMENTS	FID CONVERTIBLE SEC	30,174
*	FIDELITY INVESTMENTS	FID LTD TERM GOVT	28,505
*	FIDELITY INVESTMENTS	FID CHINA REGION	27,898
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	26,979
*	FIDELITY INVESTMENTS	FID SEL INSURANCE	24,952
*	FIDELITY INVESTMENTS	FID LT TR IDX PR	23,599
*	FIDELITY INVESTMENTS	FID VALUE	23,567
*	FIDELITY INVESTMENTS	FID LATIN AMERICA	23,106
*	FIDELITY INVESTMENTS	FID SEL COMPUTERS	23,073
*	FIDELITY INVESTMENTS	FID SM CAP IDX PR	22,990
*	FIDELITY INVESTMENTS	FID SEL INDUSTRIALS	22,458
*	FIDELITY INVESTMENTS	FID MEGA CAP STOCK	21,875
	VANGUARD	VANGUARD LIFESTRATEGY MODERATE	21,565
*	FIDELITY INVESTMENTS	FID FIDELITY	21,431
*	FIDELITY INVESTMENTS	FID REAL EST IDX PR	20,631
*	FIDELITY INVESTMENTS	FID LARGE CAP STOCK	20,193
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	20,007
*	FIDELITY INVESTMENTS	FID SEL DEFENSE	19,919
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTL OPPORTUNITIES	19,499
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	19,192
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	17,932
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	17,882
	STRATEGIC ADVISERS	SA VALUE MULTI MGR	17,330
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	16,912
*	FIDELITY INVESTMENTS	FID MID CAP ENH INDX	16,391
*	FIDELITY INVESTMENTS	FID SEL BANKING	15,248
*	FIDELITY INVESTMENTS	FID EUROPE	14,682
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	13,317
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	12,773
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	12,602
*	FIDELITY INVESTMENTS	FID SEL CONSTR/HOUSE	12,517
*	FIDELITY INVESTMENTS	FID SEL PHARMACEUTCL	12,299
*	FIDELITY INVESTMENTS	FID FOUR IN ONE IDX	12,227
*	FIDELITY INVESTMENTS	FID INTL REAL ESTATE	12,113
*	FIDELITY INVESTMENTS	FID SEL MATERIALS	12,067
	VANGUARD	VANGUARD LONG-TERM TREASURY	12,049
*	FIDELITY INVESTMENTS	FID JAPAN SM CO	12,037
*	FIDELITY INVESTMENTS	FID SEL WIRELESS	11,955
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	11,278
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	11,274
*	FIDELITY INVESTMENTS	FID CANADA	10,826

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL INC.

403(b) TAX-SHELTERED ANNUITY PLAN

EIN # 31-4379441 - PLAN # 005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FID INTL ENH INDEX	10,658
*	FIDELITY INVESTMENTS	FID SEL NATURAL RES	10,403
*	FIDELITY INVESTMENTS	FID SEL BROKERAGE	10,121
*	FIDELITY INVESTMENTS	FID SEL HTH CARE SVC	9,272
*	FIDELITY INVESTMENTS	FID SEL FINANCIAL	6,377
*	FIDELITY INVESTMENTS	FID VALUE STRATEGIES	5,899
*	FIDELITY INVESTMENTS	FID SEL ENV ALT ENGY	5,765
*	FIDELITY INVESTMENTS	FID ASSET MGR 20%	5,276
*	FIDELITY INVESTMENTS	FID JAPAN	4,598
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT MONEY MARKET FUND	4,395
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	4,208
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,719
*	FIDELITY INVESTMENTS	FID TELECOM & UTIL	3,564
*	FIDELITY INVESTMENTS	FID ST TR IDX PR	3,486
*	FIDELITY INVESTMENTS	FID SEL TELECOMM	3,327
*	FIDELITY INVESTMENTS	FID SEL ENERGY SVCS	2,704
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	2,673
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,990
*	FIDELITY INVESTMENTS	FID FREEDOM 2055	1,650
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,612
*	FIDELITY INVESTMENTS	FID SEL CONS STAPLES	1,411
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	1,100
*	FIDELITY INVESTMENTS	FID INTM GOVT INCOME	1,048
*	FIDELITY INVESTMENTS	FID ASSET MGR 85%	763
*	VANGUARD	VANGUARD INST TG RTM 2065	611
*	FIDELITY INVESTMENTS	FID STK SEL SM CAP	333
			244,813,220
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	23,494,402
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	9,876,598
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	6,390,876
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,388,211
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,427,493
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	2,448,316
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	2,379,260
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	969,415
			53,374,571
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	22,544,331
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	4,939,063
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	3,200,774
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	827,639
			31,511,807
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	6,250,431
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,908,185
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	770,502
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	157,834
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	15,479
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,334
			11,109,765

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Pooled Separate Accounts:</i>		
*	TIAA	TIAA REAL ESTATE ACCOUNT	13,297,958
*	VOYA FINANCIAL	Voya Growth and Income Port I	2,502,253
*	FIDELITY INVESTMENTS	Fidelity VIP Contrafund Port I	1,861,502
*	VOYA FINANCIAL	Voya Large Cap Growth Port Inst	1,241,959
*	VOYA FINANCIAL	VY Oppenhr Global Port I	1,028,961
*	VOYA FINANCIAL	Voya Index Plus LargeCap Portfolio I	1,040,950
*	VOYA FINANCIAL	Voya Balanced Portfolio I	646,382
*	VOYA FINANCIAL	VY Invesco Eqty & Inc Port I	641,437
*	VOYA FINANCIAL	Voya Index Plus MidCap Portfolio I	594,539
*	VOYA FINANCIAL	Voya Small Company Portfolio I	522,960
*	FIDELITY INVESTMENTS	Fidelity VIP Growth Portfolio I	499,850
*	FIDELITY INVESTMENTS	Fidelity VIP Eqty-Income Port I	447,301
*	VOYA FINANCIAL	VY TRowePrice Grwth Eqty Port I	429,555
*	VOYA FINANCIAL	VY TRowePrice Divr MdCp Gr Pt I	398,250
*	VOYA FINANCIAL	Voya Intermediate Bond Port I	368,728
*	VOYA FINANCIAL	Voya Strategic Alloc Growth Port I	360,482
*	VOYA FINANCIAL	Voya Strategic Alloc Moderate Port I	149,019
*	AMERICAN FUNDS	American Funds EuroPacific R4	123,375
*	VOYA FINANCIAL	Voya Solution 2025 Portfolio Srv	121,128
*	AMERICAN FUNDS	American Funds Growth Fnd R4	120,220
*	VOYA FINANCIAL	Voya Index Plus SmallCap Portfolio I	104,514
*	VOYA FINANCIAL	Voya MidCap Opportunities Port I	102,541
*	VOYA FINANCIAL	VY Baron Growth Port Srv	91,224
*	AMERICAN FUNDS	American Funds Wash Mtual R4	90,119
*	VOYA FINANCIAL	Voya Large Cap Value Port Inst	89,289
*	VOYA FINANCIAL	VY Invesco Comstock Port Srv	83,873
	LORD ABBETT	Lord Abbett Ser Fd Md Cp Stk Prt VC	83,707
	OPPENHEIMER FUNDS	Oppenheimer Developing Markets Fnd A	83,543
*	VOYA FINANCIAL	VY TRowePrice Captl Apprec Pt Srv	118,693
*	VOYA FINANCIAL	Voya Russell Lrg Cp Val Ind Prt S	63,404
*	VOYA FINANCIAL	Voya Russell Mid Cap Index Port I	59,943
*	VOYA FINANCIAL	Voya Global Equity Portfolio I	58,767
*	VOYA FINANCIAL	Voya Russell Lrg Cp Grw Ind Port I	58,347
	BLACKROCK	BlackRock Hlth Sci Opport Port Inv A	58,345
	AMERICAN FUNDS	American Funds Fdmntl Inv R4	54,755
*	VOYA FINANCIAL	Voya Solution 2035 Portfolio Srv	48,445
*	VOYA FINANCIAL	Voya U.S. Bond Index Portfolio I	47,008
*	VOYA FINANCIAL	VY Clarion Global RI Est Prt Inst	34,172
	WELLS FARGO	WellsFargo Spec Sm Cp Val Fd A	33,850
	INVESCO	Invesco V.I. Core Equity Fund SI	31,118
	FRANKLIN TEMPLETON	Templeton Global Bond Fund A	30,075
*	VOYA FINANCIAL	Voya Govt Money Market Portfolio I	27,807
	AMERICAN FUNDS	American Funds Nw Prspctv R4	27,385
	PIMCO	PIMCO VIT Real Return Portfolio Adm	26,150
*	VOYA FINANCIAL	Voya Russell Sm Cp Index Port I	25,843
*	VOYA FINANCIAL	Voya High Yield Portfolio Srv	21,124
	INVESCO	Invesco V.I. American Franchise Fd I	18,835
	CALVERT	Calvert VP SRI Balanced Portfolio	15,600
*	VOYA FINANCIAL	VY Clarion Real Estate Port Srv	14,051
*	VOYA FINANCIAL	VY Invesco Grw & Inc Port Srv	13,336
*	VOYA FINANCIAL	VY Pioneer High Yield Portfolio I	12,643

See Independent Auditor's Report.

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

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	Voya Strategic Alloc Conserv Port I	10,718
*	VOYA FINANCIAL	Voya Global Bond Port I	10,623
*	VOYA FINANCIAL	VY Templeton Foreign Eqty Port I	10,612
	WANGER	Wanger Select	8,527
*	VOYA FINANCIAL	Ivy Science and Technology Fund Y	8,177
*	VOYA FINANCIAL	VY JPMorgan Emrg Mkts Eq Port Srv	7,220
*	VOYA FINANCIAL	Voya International Index Port I	6,765
	OPPENHEIMER FUNDS	Oppenheimer Main St Sm Cap F/VA	6,240
	WANGER	Wanger International	5,836
*	FIDELITY INVESTMENTS	Fidelity VIP Overseas Portfolio I	5,799
*	VOYA FINANCIAL	VY TRowePrice Eqty Income Pt Srv	5,248
*	VOYA FINANCIAL	Voya SmallCap Opportunities Prt I	5,223
	WANGER	Wanger USA	2,714
*	VOYA FINANCIAL	Voya Russell Md Cp Grw Ind Port S	2,357
	ARIEL FUND	Ariel Fund Investor	2,308
	JANUS WORLDWIDE	Janus Hndrsn Balanced Port Inst	1,976
*	VOYA FINANCIAL	VY JPMorgan Mid Cap Val Port Srv	69
	JANUS WORLDWIDE	Janus Hndrsn Gl Research Prt Inst	2
			28,125,729
*	TIAA-CREF	TIAA STABLE VALUE FUND	13,969,607
	<i>Money Market Funds</i>		
*	FIDELITY INVESTMENTS	FID RET GOVT MM	277,478
*	FIDELITY INVESTMENTS	FID GOV CASH RESERVE	121,184
*	FIDELITY INVESTMENTS	FID GOVT MMRK PRM	71,181
*	FIDELITY INVESTMENTS	FID TREASURY ONLY MM	12,496
			482,339
	<i>Cash Held as Collateral for Plan Loans</i>		451,989
			\$ 383,839,027

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.