

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 PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u> <u>700 CHILDRENS DRIVE</u> <u>COLUMBUS, OH 43205-2664</u>	1c Effective date of plan <u>11/01/1958</u>		
	2b Employer Identification Number (EIN) <u>31-4379441</u>		
	2c Plan Sponsor's telephone number <u>614-722-2000</u>		
	2d Business code (see instructions) <u>622000</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 1090
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 11
a(2) Total number of active participants at the end of the plan year	6a(2) 4
b Retired or separated participants receiving benefits	6b 519
c Other retired or separated participants entitled to future benefits	6c 492
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1015
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 50
f Total. Add lines 6d and 6e	6f 1065
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>69401982</u>	
b Actuarial value	2b	<u>70704764</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>562</u>	<u>52247513</u>	<u>52247513</u>
b For terminated vested participants	<u>517</u>	<u>14792999</u>	<u>14792999</u>
c For active participants	<u>11</u>	<u>3859677</u>	<u>3859677</u>
d Total	<u>1090</u>	<u>70900189</u>	<u>70900189</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.73 %</u>	
6 Target normal cost	6	<u>583958</u>	

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

SIGN HERE		<u>09/27/2018</u>
Signature of actuary		Date
<u>LORNA M. SPRINGER</u>		<u>17-07422</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>216-937-4000</u>
Firm name		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	512132
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	512132
10 Interest on line 9 using prior year's actual return of <u>7.10</u> %	0	36361
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.93</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	548493

Part III Funding Percentages

14 Funding target attainment percentage	14	98.95%
15 Adjusted funding target attainment percentage	15	98.95%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.03%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2018	173312	0			
Totals ▶			18(b)	173312	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	157649

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 66
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	583958	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	743918	122160	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	706118	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	548493	548493
36 Additional cash requirement (line 34 minus line 35)	36	157625	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	157649	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	24	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27 50	NONE	56705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50	NONE	22378	Yes ☒ No ☐	Yes ☒ No ☐	2666	Yes ☒ No ☐

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	16342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC CAPITAL ADVISORS, LLC

27-0640560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	6121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Part I	Asset and Liability Statement		(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	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	173312
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	162939	160022
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4151148	3333663
	(2) U.S. Government securities.....	1c(2)	11925822	12081416
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		474265
	(B) All other.....	1c(3)(B)	9781354	10088444
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	43380719	46812913
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	69401982 73124035
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	0 1838
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 1838
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	69401982 73122197

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)	173312
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	173312
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0
	(B) U.S. Government securities	2b(1)(B)	268076
	(C) Corporate debt instruments	2b(1)(C)	269291
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	807
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	538174
(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)	829243
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	829243
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9840585
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9835055
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	5530
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	87625
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	87625

		(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)		8227006
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9860890

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5498702	
(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)		5498702
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)	56705	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22464	
(4) Other	2i(4)	562804	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		641973
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6140675

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3720215
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GBQ PARTNERS, LLC

(2) EIN: 20-2122306

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 4067794. (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 PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL, INC.		D Employer Identification Number (EIN) 31-4379441
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1389836		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 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: 100.0% 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
Pension Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 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 JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of or for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

GBQ Partners LLC

Columbus, Ohio
October 10, 2018

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016



	2017	2016
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 3,333,663	\$ 4,151,148
U.S. Government and agency obligations	12,081,416	11,925,822
Fixed income obligations	10,562,709	9,781,354
Mutual funds	46,812,913	43,380,719
	<u>72,790,701</u>	<u>69,239,043</u>
Employer contribution receivable	173,312	-
Interest receivable	158,184	162,939
	<u>173,496</u>	<u>162,939</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 73,122,197</u>	<u>\$ 69,401,982</u>

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2017 and 2016



	2017	2016
Additions to Net Assets Attributed to:		
Interest and dividend income	\$ 1,367,416	\$ 1,501,210
Net appreciation in fair value of investments	8,328,067	3,355,052
Employer contributions	173,312	-
Total additions	9,868,795	4,856,262
Deductions from Net Assets Attributed to:		
Benefits paid to participants	5,498,702	5,320,546
Administrative fees	649,878	584,979
Total deductions	6,148,580	5,905,525
Net increase (decrease)	3,720,215	(1,049,263)
Net Assets Available for Benefits:		
Beginning of year	69,401,982	70,451,245
End of year	\$ 73,122,197	\$ 69,401,982

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Plan Description

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

General

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

Pension Benefits

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

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

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Plan Description (continued)

Pension Benefits (continued)

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

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

Death and Disability Benefits

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

Summary of Significant Accounting Policies

Basis of Accounting

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION 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 (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2017 and 2016 were (a) life expectancy of participants (the RP-2014 Mortality Tables for employees and annuitants, for males and females, adjusted back to 2006 with Scale MP-2014 and then projected forward generationally using Scale MP-2016 for 2017 and the RP-2014 Mortality Tables for employees and annuitants, for males and females, adjusted back to 2006 with Scale MP-2014 and then projected forward generationally using Scale MP-2015 for 2016), (b) retirement age assumptions (the assumed average retirement age was 65 for both 2017 and 2016), (c) no salary increase assumptions due to the plan being frozen and (d) investment return. The valuation included assumed average rates of return of 7.00% for both 2017 and 2016. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

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

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

Funding Policy

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Plan Termination

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

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

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

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2017 and 2016 and for the years then ended is presented below:

	2017	2016
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 49,257,547	\$ 48,858,149
Terminated participants with benefits deferred	13,504,331	14,280,937
Other participants	3,565,546	4,770,961
	<u>\$ 66,327,424</u>	<u>\$ 67,910,047</u>
Actuarial present value of accumulate plan benefits at the beginning of year	\$ 67,910,047	\$ 69,712,645
(Decrease) increase during the year attributed to:		
Benefits paid	(5,319,528)	(5,230,290)
Additional benefits earned, including experience gains and losses	4,538,394	4,555,220
Change of assumptions	(801,489)	(1,127,528)
Net decrease	<u>(1,582,623)</u>	<u>(1,802,598)</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 66,327,424</u>	<u>\$ 67,910,047</u>

Information Prepared and Certified by the Trustee

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

	2017	2016
Cash and cash equivalents	\$ 3,333,663	\$ 4,151,148
U.S. Government and agency obligations	12,081,416	11,925,822
Fixed income obligations	10,562,709	9,781,354
Mutual funds	46,812,913	43,380,719
	<u>\$ 72,790,701</u>	<u>\$ 69,239,043</u>

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Information Prepared and Certified by the Trustee (continued)

The trustee also certified the completeness and accuracy of \$8,328,067 and \$3,355,052 of net appreciation in fair value of investments and \$1,367,416 and \$1,501,210 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2017 and 2016, respectively.

Fair Value Measurements

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

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

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

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

<i>Mutual Funds:</i>	Valued at the net asset value of shares held by the Plan at year-end.
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NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Fair Value Measurements (continued)

*Fixed Income
Obligations:*

Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

*U.S. Government
and Agency
Obligations:*

Valued using evaluated prices based on a compilation of primarily observable market information or a broker quote in a non-active market. Inputs include benchmark yields, base spreads, spread adjustments, YTM, adjustments for corporate actions, treasury feeds, broker feeds and CPI.

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

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

Assets at Fair Value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 3,333,663	\$ -	\$ -	\$ 3,333,663
U.S. Government and agency obligations	-	12,081,416	-	12,081,416
Fixed income obligations	-	10,562,709	-	10,562,709
Mutual funds	46,812,913	-	-	46,812,913
Total assets at fair value	\$ 50,146,576	\$ 22,644,125	\$ -	\$ 72,790,701

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2016:

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

Tax Status

The Plan received its latest determination letter from the Internal Revenue Service (IRS) dated December 28, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and therefore, the related trust is exempt from taxation. Previously, the Plan was operating under a determination letter from the IRS dated July 23, 2012, which also stated that the Plan was qualified under Section 401(a) of the IRC and therefore, the related trust was considered exempt from taxation.

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.

Party-in-Interest Transactions

Certain Plan investments are shares of a money market fund managed by JPMorgan Chase Bank, N.A. (JPMorgan). The Plan also holds corporate bonds issued by JPMorgan Chase and Co. JPMorgan is the trustee as defined in the plan agreement, and therefore, these transactions qualify as party-in-interest. Trustee fees paid to JPMorgan during both 2017 and 2016 were approximately \$38,000.

During 2017 and 2016, PNC Wealth Management and Huntington National Bank provided investment advisory management services to the Plan. Fees paid by the Plan during 2017 and 2016 for investment advisory management services were approximately \$24,000 and \$26,000, respectively.

During 2017 and 2016, the Plan paid fees of approximately \$79,000 and \$77,000, respectively, to Willis Towers Watson. Willis Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2017 and 2016

Risks and Uncertainties

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

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

Subsequent Event – Date of Management's Evaluation

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2017

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

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.16%	1.52%
■ Second segment rate	5.72%	3.80%
■ Third segment rate	6.48%	4.79%
■ Effective interest rate	5.73%	3.86%

Annual rates of increase

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

Plan Name:	Nationwide Children's Hospital Pension Plan
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Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 using Scale AA.)

Termination None

Disability None

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

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

Benefit commencement date:

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

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

Percent married 100% of participants are assumed married.

Plan Name: Nationwide Children's Hospital Pension Plan
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Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Not applicable; The plan froze benefit accruals December 31, 2011.
Plan-related expenses	The amount included this year for plan-related expenses is \$583,958, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.
Timing of benefit payments	Annuity payments are assumed to be payable annually at the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2016 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Participant data Employee data was supplied by the plan sponsor as of the valuation date.

Benefits not valued We believe we have reflected all significant plan provisions in this valuation.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2017. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year with an estimate of any change in upcoming PBGC premium.

Assumptions Rationale - Significant Demographic Assumptions

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

Source of Prescribed Methods

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

Plan Name: Nationwide Children's Hospital Pension Plan
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Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation	<ul style="list-style-type: none">■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2015 to September 2016 and reflect the interest rate corridors of HATFA.■ The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.■ The assumed plan-related expenses included in the target normal cost were changed from \$504,909 for 2016 to \$583,958 for 2017. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.
Change in methods since prior valuation	None

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN # 001

Schedule H, Line 4j – Schedule of Reportable Transactions For the Year Ended December 31, 2017



(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</u>						
JP MORGAN TRUST II US GOVERNMENT MONEY MARKET FUND *	Money Market Fund					
	322 Purchases	\$ 17,395,500	\$ -	\$ 17,395,500	\$ 17,395,500	\$ -
	143 Sales	-	18,212,961	18,212,961	18,212,961	-
VANGUARD INSTITUTIONAL INDEX FUND	Mutual Fund					
	4 Purchases	542,003	-	542,003	542,003	-
	2 Sales	-	3,500,000	1,139,012	3,500,000	2,360,988

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

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

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

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

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Nationwide Children's Hospital, Inc.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 31-4379441</td> </tr> </table>	D Employer Identification Number (EIN) 31-4379441	
D Employer Identification Number (EIN) 31-4379441			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B </td> <td style="width: 60%;"> F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500 </td> </tr> </table>		E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>		
2	Assets:		
	a Market value	2a	69,401,982
	b Actuarial value	2b	70,704,764
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	562	52,247,513
	b For terminated vested participants	517	14,792,999
	c For active participants	11	3,859,677
	d Total	1,090	70,900,189
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.73%
6	Target normal cost	6	583,958

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

SIGN HERE	LORNA M. SPRINGER <div style="text-align: center; margin-top: 10px;"> </div>	<div style="text-align: center; margin-top: 10px;"> </div>
	Signature of actuary	Date
	LORNA M. SPRINGER	1707422
	Type or print name of actuary	Most recent enrollment number
	TOWERS WATSON DELAWARE INC.	216-937-4000
	Firm name	Telephone number (including area code)
	1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND OH 44114-1172	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	512,132
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	0	512,132
10 Interest on line 9 using prior year's actual return of <u>7.10%</u>	0	36,361
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.93%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	548,493

Part III Funding Percentages

14 Funding target attainment percentage.....	14	98.95%
15 Adjusted funding target attainment percentage.....	15	98.95%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	103.03%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2018	173,312	0			
Totals ▶			18(b)	173,312	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	157,649

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	583,958										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>743,918</td> <td>122,160</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	743,918	122,160	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	743,918	122,160										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	706,118										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	548,493									
36 Additional cash requirement (line 34 minus line 35)	36	157,625										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	157,649										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	24										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441 / 001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Lorna M. Springer
Enrollment Number	17-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2017

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

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

Average age at retirement 65.599548

Rounded for Schedule SB line 22 66

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.16%	1.52%
■ Second segment rate	5.72%	3.80%
■ Third segment rate	6.48%	4.79%
■ Effective interest rate	5.73%	3.86%

Annual rates of increase

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 using Scale AA.)

Termination None

Disability None

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

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

Benefit commencement date:

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

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

Percent married 100% of participants are assumed married.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Not applicable; The plan froze benefit accruals December 31, 2011.
Plan-related expenses	The amount included this year for plan-related expenses is \$583,958, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.
Timing of benefit payments	Annuity payments are assumed to be payable annually at the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2016 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Participant data Employee data was supplied by the plan sponsor as of the valuation date.

Benefits not valued We believe we have reflected all significant plan provisions in this valuation.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2017. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year with an estimate of any change in upcoming PBGC premium.

Assumptions Rationale - Significant Demographic Assumptions

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

Source of Prescribed Methods

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation	<ul style="list-style-type: none">■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2015 to September 2016 and reflect the interest rate corridors of HATFA.■ The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.■ The assumed plan-related expenses included in the target normal cost were changed from \$504,909 for 2016 to \$583,958 for 2017. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.
Change in methods since prior valuation	None

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

Covered employees

A non-discriminatory group of employees who voluntarily elected to continue their participation in this Plan.

Participation date

Participation under the Plan was frozen as of December 31, 1996.

Definitions

Vesting service

The number of years in which the associate works over 1,000 hours from the later of (a) date of hire or (b) 18th birthday.

Pension service

The number of years in which the associate works over 1,000 hours.

Service prior to an employee's 21st birthday is excluded.

Service prior to July 1, 1976 is excluded for those employees who were then classified by the Hospital as "other than full-time."

Service after December 31, 2011 shall not be recognized for purposes of calculating any benefit under the plan.

Break in service

Vesting service and Pension service will be restored upon reemployment following a break in service (termination of employment and completion of twelve months with no hours of service) only if (i) the participant has vested benefits under the Plan, or (ii) his consecutive years of break in service is less than the greater of 5 years or his aggregate number of years of pre-break service.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Final average compensation	<p>The greater of a) or b) below:</p> <p>a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement.</p> <p>b) The monthly average of the total compensation for the five highest consecutive calendar years of the ten calendar years preceding the earlier of the date of determination or Normal Retirement.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
Final average wage base compensation	<p>The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
Covered compensation	<p>The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination.</p> <p>Covered compensation shall be frozen as of December 31, 2011.</p>
Primary insurance amount	<p>The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration.</p> <p>Primary insurance amount shall be frozen as of December 31, 2011.</p>
Normal retirement date (NRD)	<p>The first day of the month coincident with or next following the Participant's 65th birthday.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

A monthly pension equal to 57.50% of the Final Average Compensation minus 50% of the Primary Insurance Amount, such difference proportionately reduced for Years of Service less than 25. The above offset is no more than the lesser of 18.75% of the Final Average Wage Base Compensation and 28.75% of the lesser of the Final Average Compensation, the Final Average Wage Base Compensation and the Covered Compensation.

In addition, no benefit will be less than the accrued benefit under the old formulas as of March 31, 1993.

The extended wear away grandfather approach has been adopted relative to the reduced IRS Section 401(a) 17 compensation limitation effective January 1, 1994.

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement following the attainment of:

- i) age 55 and the completion of 10 Years of Credited Service, or
- ii) age 60 and the completion of 20 Years of Credited Service.

Postponed retirement

Retirement after NRD

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit

Early retirement

Monthly pension benefit determined as of the early retirement date, reduced for early retirement as follows:

- i) Those retiring after attaining age 55 with 10 or more years of Pension service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60.
- ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Postponed retirement	Monthly pension determined as of age 65 is payable upon actual retirement.
Vested termination	Monthly pension benefit determined as of the termination date, payable at NRD.

Other Plan Provisions

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2017

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

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2017

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2017	743,918	7	743,918	122,160
Total				743,918	122,160

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nationwide Children's Hospital, Inc.
EIN/PN	31-4379441 / 001
Plan Name	Nationwide Children's Hospital Pension Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Lorna M. Springer
Enrollment Number	17-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2017

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

x	q_x^r	l_x	${}_{x-62}p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x^r * l_x / l_{62}$
63	0.25	1,000,000	1.000000	0.250000	15.750000
64	0.25	750,000	0.750000	0.187500	12.000000
65	0.25	562,500	0.562500	0.140625	9.140625
66	0.25	421,875	0.421875	0.105469	6.960938
67	0.25	316,406	0.316406	0.079102	5.299805
68	0.25	237,305	0.237305	0.059326	4.034180
69	0.25	177,979	0.177979	0.044495	3.070129
70	1.00	133,484	0.133484	0.133484	9.343872
Average age at retirement					65.599548
Rounded for Schedule SB line 22					66

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

Covered employees A non-discriminatory group of employees who voluntarily elected to continue their participation in this Plan.

Participation date Participation under the Plan was frozen as of December 31, 1996.

Definitions

Vesting service The number of years in which the associate works over 1,000 hours from the later of (a) date of hire or (b) 18th birthday.

Pension service The number of years in which the associate works over 1,000 hours.

Service prior to an employee's 21st birthday is excluded.

Service prior to July 1, 1976 is excluded for those employees who were then classified by the Hospital as "other than full-time."

Service after December 31, 2011 shall not be recognized for purposes of calculating any benefit under the plan.

Break in service Vesting service and Pension service will be restored upon reemployment following a break in service (termination of employment and completion of twelve months with no hours of service) only if (i) the participant has vested benefits under the Plan, or (ii) his consecutive years of break in service is less than the greater of 5 years or his aggregate number of years of pre-break service.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Final average compensation	<p>The greater of a) or b) below:</p> <p>a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement.</p> <p>b) The monthly average of the total compensation for the five highest consecutive calendar years of the ten calendar years preceding the earlier of the date of determination or Normal Retirement.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
Final average wage base compensation	<p>The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
Covered compensation	<p>The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination.</p> <p>Covered compensation shall be frozen as of December 31, 2011.</p>
Primary insurance amount	<p>The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration.</p> <p>Primary insurance amount shall be frozen as of December 31, 2011.</p>
Normal retirement date (NRD)	<p>The first day of the month coincident with or next following the Participant's 65th birthday.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

A monthly pension equal to 57.50% of the Final Average Compensation minus 50% of the Primary Insurance Amount, such difference proportionately reduced for Years of Service less than 25. The above offset is no more than the lesser of 18.75% of the Final Average Wage Base Compensation and 28.75% of the lesser of the Final Average Compensation, the Final Average Wage Base Compensation and the Covered Compensation.

In addition, no benefit will be less than the accrued benefit under the old formulas as of March 31, 1993.

The extended wear away grandfather approach has been adopted relative to the reduced IRS Section 401(a) 17 compensation limitation effective January 1, 1994.

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement following the attainment of:

- i) age 55 and the completion of 10 Years of Credited Service, or
- ii) age 60 and the completion of 20 Years of Credited Service.

Postponed retirement

Retirement after NRD

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit

Early retirement

Monthly pension benefit determined as of the early retirement date, reduced for early retirement as follows:

- i) Those retiring after attaining age 55 with 10 or more years of Pension service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60.
- ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.

Plan Name:	Nationwide Children's Hospital Pension Plan
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SCHEDULE SB ATTACHMENTS

Postponed retirement	Monthly pension determined as of age 65 is payable upon actual retirement.
Vested termination	Monthly pension benefit determined as of the termination date, payable at NRD.

Other Plan Provisions

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2017

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN # 001

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

December 31, 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	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	JPMorgan US Government Money Market Fund Institutional Class	Money Market Fund	\$ 3,333,663	\$ 3,333,663
			3,333,663	3,333,663
	U.S. Government and Agency Obligations:			
	UNITED STATES OF AMERICA BOND FIXED	\$600,000, 2.25% due August 15, 2046	527,520	541,242
	UNITED STATES OF AMERICA BOND FIXED	\$800,000, 2.750%, due November 15, 2042	824,765	805,064
	UNITED STATES OF AMERICA BOND FIXED	\$250,000, 4.500%, due February 15, 2036	233,344	321,845
	UNITED STATES OF AMERICA BOND FIXED	\$250,000, 5.375%, due February 15, 2031	271,992	332,178
	UNITED STATES OF AMERICA NOTES FIXED	\$125,000, 0.125%, due January 15, 2022	135,557	135,686
	UNITED STATES OF AMERICA NOTES FIXED	\$200,000, 1.500%, due August 15, 2026	187,555	186,078
	UNITED STATES OF AMERICA NOTES FIXED	\$300,000, 2.000%, due February 15, 2025	293,548	293,262
	UNITED STATES OF AMERICA NOTES FIXED	\$350,000, 1.750%, due March 31, 2022	345,921	344,257
	UNITED STATES OF AMERICA NOTES FIXED	\$600,000, 2.000%, due August 15, 2025	597,430	584,928
	UNITED STATES OF AMERICA NOTES FIXED	\$50,000, 2.375%, due June 30, 2018	50,176	50,211
	UNITED STATES OF AMERICA NOTES FIXED	\$230,000, 1.625%, due May 15, 2026	218,108	216,632
	UNITED STATES OF AMERICA NOTES FIXED	\$565,000, 1.625%, due August 15, 2022	557,855	551,802
	UNITED STATES OF AMERICA NOTES FIXED	\$185,000, 2.500%, due August 15, 2023	189,380	187,509
	UNITED STATES OF AMERICA NOTES FIXED	\$130,000, 1.75%, due October 31, 2020	130,080	129,264
	UNITED STATES OF AMERICA NOTES FIXED	\$770,000, 2.500%, due May 15, 2024	775,871	778,693
	UNITED STATES OF AMERICA NOTES FIXED	\$500,000, 2.000%, due May 31, 2021	499,922	499,140
	UNITED STATES OF AMERICA NOTES FIXED	\$300,000, 2.380%, due May 15, 2027	299,110	299,145
	UNITED STATES OF AMERICA NOTES FIXED	\$125,000, 2.125%, due September 30, 2021	126,338	125,079
	UNITED STATES OF AMERICA NOTES FIXED	\$250,000, 0.625%, due January 15, 2026	255,170	263,694
	UNITED STATES OF AMERICA NOTES FIXED	\$55,000, 1.625%, due December 31, 2019	55,078	54,712
	UNITED STATES OF AMERICA NOTES FIXED	\$530,000, 2.000%, due February 28, 2021	536,135	529,687
	UNITED STATES OF AMERICA NOTES FIXED	\$385,000, 2.375%, due August 15, 2024	387,767	386,232
	FEDERAL FARM CREDIT BANK BOND FIXED	\$1,000,000, 1.750%, due March 18, 2019	1,003,530	999,110
	FEDERAL FARM CREDIT BANK BOND FIXED	\$200,000, 4.25%, due April 16, 2018	204,161	201,602
	FEDERAL FARM CREDIT BANK BOND FIXED	\$500,000, 4.550%, due June 08, 2020	503,056	529,530
	FEDERAL HOME LOAN BANKS BOND FIXED	\$550,000, 2.125%, due June 10, 2022	553,858	546,315
	FEDERAL HOME LOANS BANKS BOND FIXED	\$250,000, 4.750%, due March 10, 2023	248,400	280,645
	FEDERAL HOME LOAN MORTGAGE CORP NOTES FIXED	\$300,000, 1.250%, due October 02, 2019	293,051	296,427
	FEDERAL HOME LOAN MORTGAGE CORP CALLABLE	\$200,000, 1.750%, due June 29, 2020	200,100	198,222
	FEDERAL HOME LOAN MORTGAGE CORP NOTES FIXED	\$250,000, 2.375%, due January 13, 2022	247,302	252,248
	FEDERAL HOME LOANS BANKS BOND FIXED	\$500,000, 2.750%, due June 8, 2018	508,214	502,555
	FEDERAL HOME LOANS BANKS BOND FIXED	\$200,000, 3.000%, due March 18, 2020	202,971	204,280
	FREDDIE MAC MULTIFAMILY STRUCTURED PASS	\$50,000, 3.194%, due July 25, 2027	51,359	51,339
	FNMA MORTPASS	\$53,445, 3.000%, due July 1, 2030	55,119	54,553
	FNMA MORTPASS	\$43,435, 3.000%, due September 1, 2031	44,873	44,294
	FNMA MORTPASS	\$74,693, 2.500%, due October 1, 2031	76,319	74,613
	FNMA MORTPASS	\$81,593, 3.000%, due January 1, 2031	84,819	83,151
	FNMA MORTPASS	\$53,034, 4.000%, due December 1, 2045	56,759	55,510
	FNMA MORTPASS	\$57,752, 2.500%, due November 1, 2031	57,915	57,691
	FEDERAL NATIONAL MORTGAGE ASSOCIATION	\$35,000, 1.875%, due September 24, 2026	34,800	32,991
	Total U.S. Government and Agency Obligations		11,925,228	12,081,416

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN # 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued) December 31, 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	(d) Cost	(e) Current Value
Fixed Income Obligations:				
	ABBOTT LABORATORIES CALLABLE NOTES FIXED	\$200,000, 2.550%, due March 15, 2022	201,847	197,936
	ABBOTT LABORATORIES CALLABLE NOTES FIXED	\$100,000, 3.250%, due April 15, 2023	98,009	101,399
	ACTIVISION BLIZZARD INC CALLABLE NOTES FIXED	\$25,000, 2.600%, due June 15, 2022	24,935	24,816
	AFLAC INC CALLABLE NOTES FIXED	\$250,000, 3.625%, due November 15, 2024	262,792	261,500
	AMAZON.COM INC CALLABLE NOTES FIXED	\$10,000, 2.800%, due August 22, 2024	9,974	9,954
	AMERICAN CAMPUS COMMUNITIES OPERATING	\$30,000, 3.750%, due April 15, 2023	29,866	30,769
	AMERICAN EXPRESS CO CALLABLE NOTES FIXED	\$40,000, 3.000%, due October 30, 2024	39,976	39,934
	AMERICAN INTERNATIONAL GROUP INC CALLABLE	\$30,000, 2.300%, due July 16, 2019	29,852	29,978
	AMERICAN HONDA FINANCE CORP CALLABLE MED	\$35,000, 2.900%, due February 16, 2024	34,809	35,208
	AMERIPRISE FINANCIAL INC CALLABLE NOTES	\$100,000, 2.8750%, due September 15, 2026	100,420	97,240
	AMERISOURCEBERGEN CORP CALLABLE NOTES	\$200,000, 3.500%, due November 15, 2021	201,207	205,086
	AMPHENOL CORP CALLABLE NOTES FIXED	\$10,000, 3.200%, due April 1, 2024	9,989	10,068
	ANDEAVOR CALLABLE NOTES FIXED	\$5,000, 3.800%, due April 1, 2028	5,013	5,012
	ANDEAVOR CALLABLE NOTES FIXED	\$20,000, 5.125%, due December 15, 2026	21,971	21,978
	ANHEUSER-BUSCH INBEV FINANCE INC CALLABLE	\$25,000, 3.65%, due February 1, 2026	24,962	25,800
	APPLE INC CALLABLE NOTES FIXED	\$35,000, 2.400%, due May 3, 2023	34,957	34,640
	APPLE INC CALLABLE NOTES FIXED	\$15,000, 3.000%, due February 9, 2024	14,993	15,193
	APPLE INC CALLABLE NOTES FIXED	\$100,000, 3.450%, due May 6, 2024	101,762	103,702
	ASSURANT INC CALLABLE NOTES FIXED	\$35,000, 2.500%, due March 15, 2018	35,151	35,040
	ATMOS ENERGY CORP CALLABLE NOTES FIXED	\$35,000, 3.000%, due June 15, 2027	34,929	34,825
	AT&T INC CALLABLE NOTES FIXED	\$200,000, 3.900%, due March 11, 2024	206,870	205,258
	AT&T INC CALLABLE NOTES FIXED	\$40,000, 3.900%, due August 14, 2027	39,880	39,840
	AT&T INC CALLABLE NOTES FIXED	\$25,000, 4.600%, due February 15, 2021	26,892	26,312
	BA CREDIT CARD TR 2015-A2 A	\$45,000, 1.360%, due September 15, 2020	44,995	44,951
	BANK OF AMERICA CORP CALLABLE MEDIUM TERM	\$15,000, 2.503%, due October 21, 2022	14,827	14,840
	BANK OF AMERICA CORP MEDIUM TERM NOTE	\$35,000, 4.200%, due August 26, 2024	36,409	36,857
	BANK OF MONTREALCALLABLE MEDIUM TERM NOTE	\$85,000, 2.375%, due January 25, 2019	85,770	85,252
	BANK OF NEW YORK MELLON CORP NOTES	\$100,000, 5.450%, due May 15, 2019	100,816	104,410
	BANK OF NEW YORK MELLON CORP	\$20,000, 2.800%, due May 4, 2026	19,557	19,531
	BANK OF NOVA SCOTIA BOND FIXED	\$70,000, 2.125%, due September 11, 2019	70,583	69,924
	BB&T CORP MEDIUM TERM NOTE FIXED	\$25,000, 6.850%, due April 30, 2019	28,240	26,503
	BB&T CORP CALLABLE MEDIUM TERM NOTE FIXED	\$10,000, 3.95%, due March 22, 2022	10,470	10,448
	BEAR STEARNS COS LLC	\$20,000, 7.250%, due February 1, 2018	20,092	20,080
	BERKSHIRE HATHAWAY INC CALLABLE NOTES FIXED	\$15,000, 3.125%, due March 15, 2026	14,986	15,170
	BERKSHIRE HATHAWAY ENERGY CO CALLABLE NOTE	\$40,000, 3.500%, due February 1, 2025	41,422	41,241
	BMW VEHICLE OWNER TRUST 2016-A	\$35,000, 1.16%, due November 25, 2020	35,000	34,730
	BMW VEHICLE LEASE TRUST 2017-1 A2	\$60,395, 1.640%, due July 22, 2019	60,389	60,339
	BP CAPITAL MARKETS PLC CALLABLE NOTES FIXED	\$25,000, 3.224%, due April 14, 2024	24,999	25,616
	BRANCH BANKING & TRUST CO	\$100,000, 2.850%, due April 1, 2021	99,840	101,372
	BURLINGTON NORTHERN SANTA FE LLC	\$25,000, 3.400%, due September 9, 2024	26,234	25,894
	CAPITAL ONE BANK USA NA NOTES FIXED	\$200,000, 3.375%, due February 15, 2023	200,094	201,974
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	\$45,000, 1.340%, due April 15, 2022	45,000	44,542
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	\$15,000, 2.290%, due July 15, 2025	14,997	14,896
	CARNIVAL CORP CALLABLE NOTES FIXED	\$20,000, 3.95%, due October 15, 2020	21,146	20,880
	CHASE ISSUANCE TRUST 2015-A2	\$100,000, 1.590%, due February 18, 2020	100,431	99,981
	CHEVRON CORP CALLABLE NOTES FIXED	\$15,000, 2.895%, due March 3, 2024	15,130	15,133
	CISCO SYSTEMS INC CALLABLE NOTES FIXED	\$200,000, 4.950%, due February 15, 2019	200,629	206,488
	CITIBANK CREDIT CARD ISSUANCE TRUST 2016	\$100,000, 1.750%, due November 19, 2021	99,995	99,325
	CITIGROUP INC NOTES FIXED	\$220,000, 2.650%, due October 26, 2020	222,159	220,737
	CITIGROUP INC CALLABLE NOTES VARIABLE	\$10,000, Variable, due January 10, 2028	10,336	10,351
	CITIGROUP INC NOTES FIXED	\$30,000, 4.450%, due September 29, 2027	30,959	31,761
	COCA-COLA CO/THE CALLABLE NOTES FIXED	\$100,000, 2.875%, due October 27, 2025	101,480	100,004
	CONSTELLATION BRANDS INC CALLABLE NOTES	\$15,000, 3.875%, due November 15, 2019	15,420	15,407
	CREDIT SUISSE AG/NEW YOUR NY MEDIUM TERM	\$30,000, 5.400%, due January 14, 2020	31,636	31,667
	JOHN DEERE CAPITAL CORP NOTES VARIABLE	\$45,000, Variable, due January 8, 2019	45,000	45,216
	JOHN DEERE CAPITAL CORP CALLABLE MEDIUM	\$10,000, 2.450%, due September 11, 2020	9,995	10,050

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN # 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued) December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	DOMINION ENERGY INC CALLABLE NOTES FIXED	\$10,000, 1.90%, due June 15, 2018	10,024	9,999
	DR PEPPER SNAPPLE GROUP INC CALLABLE NOTE	\$20,000, 2.55% due September 15, 2026	19,952	18,960
	DUKE ENERGY CORP CALLABLE NOTES FIXED	\$30,000, 5.05% due September 15, 2019	31,627	31,349
	DUKE ENERGY CORP CALLABLE NOTES FIXED	\$100,000, 3.950%, due October 15, 2023	102,316	104,971
	DUETSCHKE BANK AG NOTES FIXED	\$20,000, 4.250%, due October 14, 2021	20,735	20,807
	DUETSCHKE BANK AG NOTES FIXED	\$25,000, 2.950%, due August 20, 2020	24,968	25,032
	EBAY INC CALLABLE NOTES FIXED	\$100,000, 3.250%, due October 15, 2020	100,507	101,887
	ENERGY TRANSFER PARTNERS LP CALLABLE NOTES	\$35,000, 4.050%, due March 15, 2025	33,409	34,974
	EQT CORP CALLABLE NOTES FIXED	\$25,000, 3.900%, due October 1, 2027	24,861	24,853
	EUROPEAN INVESTMENT BANK BOND FIXED	\$15,000, 2.375%, due June 15, 2022	14,971	15,020
	FEDEX CORP CALLABLE NOTES FIXED	\$100,000, 4.000%, due January 15, 2024	101,547	106,305
	FIFTH THIRD AUTO TRUST 2017-1	\$50,000, 1.800%, due February 15, 2022	49,999	49,638
	FLUOR CORP CALLABLE NOTES FIXED	\$200,000, 3.375%, due September 15, 2021	213,969	204,460
	FORD MTR CO CALLABLE NOTES FIXED	\$15,000, 4.346%, due December 8, 2026	15,000	15,639
	FORD CREDIT AUTO OWNER TRUST 2017-A	\$50,000, 1.920%, due April 15, 2022	49,992	49,649
	FORD CREDIT AUTO OWNER TRUST 2017-C	\$25,000, 2.160%, due March 15, 2023	24,996	24,924
	GENERAL MOTORS FINANCIAL CO INC CALLABLE	\$10,000, 4.350%, due January 17, 2027	10,357	10,430
	GILEAD SCIENCES INC CALLABLE NOTES FIXED	\$200,000, 3.700%, due April 1, 2024	206,972	209,238
	GOLDMAN SACHS GROUP INC/THE NOTES FIXED	\$30,000, 5.750%, due January 24, 2022	33,925	33,265
	HOME DEPOT INC/THE CALLABLE NOTES FIXED	\$125,000, 4.200% due April 1, 2043	132,113	137,676
	HONDA AUTO RECEIVABLES 2016-2 OWNER TRUST	\$9,747, 1.390%, due April 15, 2020	9,774	9,715
	HONDA AUTO RECEIVABLES 2016-3 OWNER TRUST	\$20,000, 1.330%, due November 18, 2022	19,995	19,692
	HONDA AUTO RECEIVABLES 2017-1 OWNER TRUST	\$20,000, 2.050%, due June 21, 2023	19,999	19,932
	HONDA AUTO RECEIVABLES 2017-2 OWNER TRUST	\$15,000, 1.680%, due August 16, 2021	14,999	14,875
	HONDA AUTO RECEIVABLES 2017-4 OWNER TRUST	\$70,000, 2.21%, due March 21, 2024	69,996	69,775
	HOST HOTELS & RESORTS LP CALLABLE NOTES	\$15,000, 3.750%, due October 15, 2023	14,628	15,269
	JB HUNT TRANSPORT SERVICES IN CALLABLE	\$100,000, 2.400%, due March 15, 2019	100,055	100,106
	INTEL CORP CALLABLE NOTES FIXED	\$200,000, 2.700%, due December 15, 2022	200,012	202,224
	INTEL CORP CALLABLE NOTES FIXED	\$25,000, 2.875%, due May 11, 2024	24,994	25,229
	INTERNATIONAL BANK FOR RECONSTRUCTION	\$55,000, 1.375%, due September 20, 2021	54,931	53,318
	INTERNATIONAL BUSINESS MACHINES CORP	\$125,000, 4.000%, due June 20, 2042	127,581	132,378
	INTERCONTINENTAL EXCHANGE INC CALLABLE NOTES	\$15,000, 2.750%, due December 1, 2020	14,987	15,178
	INVESCO FINANCE PLC CALLABLE NOTES FIXED	\$100,000, 4.000%, due January 30, 2024	103,851	105,450
	JOHN DEERE OWNER TRUST 2016-A A3	\$18,474, 1.36%, due April 15, 2020	18,471	18,423
	JOHNSON & JOHNSON CALLABLE NOTES FIXED	\$20,000, 2.45%, due March 1, 2026	19,975	19,504
*	JPMORGAN CHASE & CO CALLABLE NOTES FIXED	\$20,000, 2.400%, due June 7, 2021	20,019	19,893
*	JPMORGAN CHASE & CO MEDIUM TERM NOTE FIXED	\$100,000, 3.625%, due May 13, 2024	101,429	103,981
*	JPMORGAN CHASE & CO NOTES FIXED	\$20,000, 3.375%, due May 1, 2023	19,980	20,329
*	JPMORGAN CHASE & CO NOTES FIXED	\$100,000, 3.875%, due February 1, 2024	102,967	105,094
*	JPMORGAN CHASE & CO NOTES FIXED	\$30,000, 4.125%, due December 15, 2026	31,650	31,647
*	JPMORGAN CHASE & CO NOTES FIXED	\$85,000, 6.000%, due January 15, 2018	84,976	85,118
	KEYCORP MEDIUM TERM NOTE FIXED	\$20,000, 2.90%, due September 15, 2020	20,440	20,187
	KEYCORP CALLABLE MEDIUM TERM NOTE FIXED	\$100,000, 2.300%, due December 13, 2018	100,285	100,150
	KIMCO REALTY CORP CALLABLE NOTES FIXED	\$100,000, 3.125%, due June 1, 2023	99,538	99,794
	KIMCO REALTY CORP CALLABLE NOTES FIXED	\$25,000, 3.300%, due February 1, 2025	24,961	24,836
	KINDER MORGAN ENERGY PARTNERS LP	\$25,000, 4.150%, due March 1, 2022	25,783	25,951
	KLA-TENCOR CORP CALLABLE NOTES FIXED	\$20,000, 4.125%, due November 1, 2021	20,081	20,864
	KRAFT FOODS GROUP INC NOTES FIXED	\$20,000, 3.500%, due June 6, 2022	21,140	20,465

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN # 001

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed Income Obligations: (continued)			
	KROGER CO CALLABLE NOTES FIXED	\$100,000, 3.850%, due August 1, 2023	100,125	104,075
	KROGER CO CALLABLE NOTES FIXED	\$35,000, 6.150%, due January 15, 2020	38,593	37,606
	KROGER CO CALLABLE NOTES FIXED	\$100,000, 4.000%, due February 1, 2024	101,170	103,893
	KROGER CO CALLABLE NOTES FIXED	\$10,000, 2.650%, due October 15, 2026	9,299	9,309
	LOWES COS INC NOTES VARIABLE	\$35,000, variable, due September 10, 2019	34,886	35,180
	MASTERCARD INC CALLABLE NOTES FIXED	\$230,000, 3.375%, due April 1, 2024	232,855	238,848
	MCCORMICK & CO INC/MD CALLABLE NOTES FIXED	\$100,000, 3.900%, due July 15, 2021	103,765	103,613
	MCDONALDS CORP CALLABLE MEDIUM TERM NOTE	\$100,000, 3.500%, due July 15, 2020	102,612	102,968
	MERCEDES-BENZ AUTO RECEIVABLES TR 2016-1	\$20,000, 1.26% due February 16, 2021	19,998	19,864
	MICROSOFT CORP CALLABLE NOTES FIXED	\$30,000, 2.375%, due February 12, 2022	29,804	29,951
	MORGAN STANLEY MEDIUM TERM NOTE FIXED	\$5,000, 4.100%, due May 22, 2023	5,127	5,209
	MORGAN STANLEY CALLABLE MEDIUM TERM NOTE	\$10,000, 4.000%, due July 23, 2025	10,489	10,471
	MORGAN STANLEY MEDIUM TERM NOTE FIXED	\$70,000, 2.500%, due April 21, 2021	70,096	69,883
	MUFG AMERICAS HOLDINGS CORP CALLABLE NOTE	\$15,000, 3.500%, due June 18, 2022	15,252	15,376
	NEXEN ENERGY ULC CALLABLE NOTES FIXED	\$30,000, 6.200%, due July 30, 2019	33,320	31,482
	NISSAN AUTO RECEIVABLES 2015-C OWNER TRUST	\$25,565, 1.370%, due May 15, 2020	25,561	25,483
	NISSAN AUTO RECEIVABLES 2017-B OWNER TRUST	\$110,000, 1.750%, due October 15, 2021	109,994	109,176
	NISSOURCE INC CALLABLE NOTES FIXED	\$25,000, 3.490%, due May 15, 2027	25,369	25,446
	NORTHROP GRUMMAN CORP CALLABLE NOTES FIXED	\$100,000, 3.250%, due August 1, 2023	97,299	102,044
	NORTHERN TRUST CORP NOTES FIXED	\$100,000, 2.375%, due August 2, 2022	99,138	99,925
	NSTAR ELECTRIC CO CALLABLE BONDS FIXED	\$15,000, 3.200%, due May 15, 2027	15,176	15,182
	OMNICO GROUP INC/OMNICO CAPITAL INC	\$100,000, 4.450%, due August 15, 2020	103,517	104,905
	ORACLE CORP CALLABLE NOTES FIXED	\$225,000, 2.65%, due July 15, 2026	228,559	219,364
	PACCAR FINANCIAL CORP MEDIUM TERM NOTE	\$25,000, Variable, due December 6, 2018	25,036	25,113
	PACKAGING CORP OF AMERICA CALLABLE NOTES	\$25,000, 3.400%, due December 15, 2027	24,964	25,062
	PARKER-HANNIFIN CORP CALLABLE MEDIUM TERM	\$100,000, 3.500%, due September 15, 2022	101,267	103,320
	PETROLEOS MEXICANOS CALLABLE BOND FIXED	\$25,000, 6.000%, due March 5, 2020	26,561	26,525
	PFIZER INC CALLABLE NOTES FIXED	\$100,000, 2.75%, due June 3, 2026	102,914	98,711
	PNC FINANCIAL SERVICES GROUP/INC	\$100,000, 4.375%, due August 11, 2020	102,088	105,077
	PSEG POWER LLC CALLABLE NOTES FIXED	\$100,000, 2.45%, due November 15, 2018	100,100	100,253
	PUBLIC SERVICE ELECTRIC & GAS CO CALLABLE	\$100,000, 3.500%, due August 15, 2020	102,025	102,833
	QUALCOMM INC CALLABLE NOTES FIXED	\$35,000, 2.900%, due May 20, 202	34,899	34,123
	QUALCOMM INC CALLABLE NOTES FIXED	\$200,000, 3.450%, due May 20, 2025	199,338	200,454
	REGIONS FINANCIAL CORP CALLABLE NOTES FIXED	\$25,000, 2.750%, due August 14, 2022	24,987	24,773
	ROYAL BANK OF CANADA BOND FIXED	\$45,000, Variable, due July 29, 2019	45,000	45,162
	ROYAL BANK OF CANADA MEDIUM TERM NOTE	\$45,000, 1.875%, due February 5, 2020	44,928	44,627
	SHERWIN-WILLIAMS CO CALLABLE NOTES FIXED	\$15,000, 2.750%, due June 1, 2022	15,092	14,942
	CHARLES SCHWAB CORP CALLABLE NOTES	\$100,000, 3.450%, due February 13, 2026	103,528	102,652
	CHARLES SCHWAB CORP CALLABLE NOTES	\$200,000, 4.450%, due July 22, 2020	207,030	210,746
	SANTANDER UK PLC NOTES FIXED	\$30,000, 2.350%, due September 10, 2019	30,114	30,012
	SHIRE ACQUISITIONS INVESTMENTS IRELAND	\$20,000, 2.400%, due September 23, 2021	19,982	19,676
	SIERRA PACIFIC POWER CO CALLABLE NOTES FIXED	\$40,000, 2.600%, due May 1, 2026	38,884	38,652
	SOUTHERN CALIFORNIA EDISON CO CALLABLE	\$20,000, 3.500%, due October 1, 2023	20,041	20,712
	SPIRE MISSOURI INC CALLABLE BOND FIXED	\$100,000, 2.000%, due August 15, 2018	99,628	99,973
	SPIRIT REALTY LP CALLABLE NOTES FIXED	\$20,000, 4.450%, due September 15, 2026	19,628	19,926
	STATE STR CORP NOTES FIXED	\$100,000, 2.65%, due May 19, 2026	101,621	97,281
	SUMITOMO MITSUI FINANCIAL GROUP INC NOTE	\$35,000, 2.778%, due October 18, 2022	35,033	34,753
	TARGET CORP CALLABLE NOTES FIXED	\$100,000, 2.900%, due January 15, 2022	99,993	101,918
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS	\$25,000, 2.800%, due July 21, 2023	23,656	21,656
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS	\$10,000, 3.150%, due October 1, 2026	9,208	8,257
	TORONTO-DOMINION BANK MEDIUM TERM NOTES	\$30,000, 2.125%, due July 2, 2019	29,978	30,001
	TOYOTA MOTOR CREDIT CORP MEDIUM TERM NOTE	\$20,000, 1.700%, due January 9, 2019	19,997	19,959
	TOYOTA AUTO RECEIVABLES 2017-C	\$70,000, 1.780%, due November 15, 2021	69,994	69,477
	TOYOTA AUTO RECEIVABLES 2017-D	\$60,000, 1.930%, due January 18, 2022	59,994	59,646
	TOYOTA AUTO RECEIVABLES 2017-A	\$35,000, 2.100%, due September 15, 2022	34,993	34,852
	US BANCORP CALLABLE MEDIUM TERM NOTE FIXED	\$35,000, 3.600%, due September 11, 2024	36,526	36,257
	US BANCORP CALLABLE MEDIUM TERM NOTE FIXED	\$100,000, 2.350%, due January 29, 2021	100,081	100,017

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN # 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued) December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	UNION PACIFIC CORP CALLABLE NOTES FIXED	\$100,000, 2.750%, due March 1, 2026	99,368	98,844
	VERIZON COMMUNICATIONS INC NT	\$35,000, 2.625%, due August 15, 2026	32,296	32,966
	VEREIT OPERATING PARTNERSHIP LP	\$20,000, 3.950%, due August 15, 2027	19,866	19,771
	VIRGINIA ELECTRIC & POWER CO CALLABLE	\$35,000, 3.150%, due January 15, 2026	34,997	35,336
	WALMART INC CALLABLE FIXED NOTES	\$50,000, 2.350%, due December 15, 2022	49,996	49,733
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	\$30,000, 2.550%, due December 7, 2020	30,428	30,122
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	\$35,000, 4.100%, due June 3, 2026	36,508	36,702
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	\$100,000, 4.125%, due August 15, 2023	101,330	105,451
	WESTPAC BANKING CORP NOTES FIXED	\$25,000, 2.260%, due November 23, 2020	25,326	25,102
	WISCONSIN POWER & LIGHT CO CALLABLE BOND	\$100,000, 4.600%, due June 15, 2020	100,976	104,898
	XCEL ENERGY INC CALLABLE FIXED NOTES	\$35,000, 4.700%, due May 15, 2020	37,201	36,487
	XILINX INC CALLABLE NOTES FIXED	\$25,000, 3.000%, due March 15, 2021	25,010	25,215
	XILINX INC CALLABLE NOTES FIXED	\$10,000, 2.950%, due June 1, 2024	9,989	9,920
	Total fixed income obligations		10,524,232	10,562,709
	Mutual Funds:			
	CAUSEWAY INTERNATIONAL VALUE FUND	201,345.650 Shares	2,632,943	3,487,307
	FIDELITY INTERNATIONAL DISCOVERY FUND	76,859.960 Shares	1,997,447	3,509,426
	VANGUARD INSTITUTIONAL INDEX FUND	115,804.440 Shares	8,856,185	28,196,066
	VANGUARD MID-CAP INDEX FUND	109,180.040 Shares	1,472,212	4,620,499
	VANGUARD SMALL-CAP INDEX FUND	98,892.550 Shares	5,313,329	6,999,615
	Total Mutual Funds		20,272,116	46,812,913
			\$ 46,055,239	\$ 72,790,701

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2017

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2017	743,918	7	743,918	122,160
Total					743,918	122,160

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2017