Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/2004

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)

NATIONWIDE CHILDREN'S HOSPITAL

SUSANNE EBERSBACH

700 CHILDREN'S DRIVE
COLUMBUS, OH 43205

700 CHILDREN'S DRIVE
COLUMBUS, OH 43205

2b Employer Identification Number (EIN)
31-4379441

2c Plan Sponsor's telephone number
614-355-4114

2d Business code (see instructions)
622000

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.	10/08/2019	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2019	SUSANNE EBERSBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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**	11411
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)**	7982
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8381
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3873
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	12254
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f Total. Add lines **6d** and **6e**.	**6f**	12263
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	12101
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:

2F 2G 2L 2M 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 3 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	405903	3582	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	52927772
5	Current value of plan's interest under this contract in separate accounts at year end	5	59738626

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	45481414
c	Additions: (1) Contributions deposited during the year	7c(1)	3500056		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1428058		
	(4) Transferred from separate account	7c(4)	9570651		
	(5) Other (specify below)	7c(5)	192116		
	▶				
	(6) Total additions			7c(6)	14690881
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	60172295
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3309213		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	3934843		
	(4) Other (specify below)	7e(4)	467		
	▶				
	(5) Total deductions			7e(5)	7244523
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	52927772

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	02635	130	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2099	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SUNITA BYG
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
25			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DEAN T KOLLER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
69			3

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

ROBERT A HYNEMAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
104			3

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

STEVE W FISHER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
341			3

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

SHIRLEY A MCALLISTER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
443			3

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

MARTIN J ROESCH
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1117			3

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	4691994
5	Current value of plan's interest under this contract in separate accounts at year end	5	5174921

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	4678687
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	183213		
	(4) Transferred from separate account	7c(4)	86150		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	269363
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4948050
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	231716		
	(2) Administration charge made by carrier	7e(2)	104		
	(3) Transferred to separate account	7e(3)	24236		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	256056
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4691994

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE1103	322	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
21002	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DONNIE BELL
10100 INNOVATION DR STE 120
MIAMISBURG, OH 45342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
810			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VOYA FINANCIAL ADVISORS, INC.
PO BOX 9270
DES MOINES, IA 50306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
857			3

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

EDWARD MOBLEY

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
369			3

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

JOHN ROESCH

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

DALE VAN VALKENBURG

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18241			3

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

GLENN LEWIS

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8			3

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

NICHOLAS DISALLE

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
38			3

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

KARL RUBIN

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
629			3

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

RANDY SHARP

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	6289475
5	Current value of plan's interest under this contract in separate accounts at year end	5	12906807

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	6431078
c	Additions: (1) Contributions deposited during the year	7c(1)	108816		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	251306		
	(4) Transferred from separate account	7c(4)	43642		
	(5) Other (specify below)	7c(5)	7883		
	▶				
	(6) Total additions			7c(6)	411647
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	6842725
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	551778		
	(2) Administration charge made by carrier	7e(2)	1472		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	553250
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6289475

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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

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

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

FIDELITY

04-2882358

(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?
13	CONTRACT ADMINISTRATOR	6619	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GBQ PARTNERS

230 WEST STREET, SUITE 700
COLUMBUS, OH 43215

20-2122306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	0	Yes [ ] No [X]	Yes [ ] No [X]	16600	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	12906807

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	14611901

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	934328	962106
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	28125729	27518708
(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)	298187791	293222317
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	56591179	63909241
(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	383839027	385612372
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	383839027	385612372

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	32677730	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	4529812	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		37207542
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	9106906	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9106906
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-29072815	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-29072815

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		17241633
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15455647	
(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)		15455647
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	12641	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12641
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15468288
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1773345
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GBQ PARTNERS **(2)** EIN: 20-2122306

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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.)	4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONWIDE CHILDREN'S HOSPITAL

D Employer Identification Number (EIN)
31-4379441

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203 51-6559589

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

230 West Street
Suite 700
Columbus, OH 43215

tel 614.221.1120
fax 614.227.6999

www.gbq.com

GBQ Partners

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

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund, Fidelity Management Trust Company, Voya Institutional Trust Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
October 1, 2019

NATIONWIDE CHILDREN'S HOSPITAL INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN #31-4379441 - PLAN #005
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies:		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	$ 38,843,238
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2040	37,613,539
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	16,524,819
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2035	14,415,108
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2030	12,839,275
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2025	13,562,498
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2050	10,401,956
	VANGUARD	VANGUARD MID-CAP INDEX FUND SIGNAL	9,323,355
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2055	9,219,589
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2045	9,152,600
	VANGUARD	VANGUARD SMALL-CAP INDEX INSTITUTIONAL	7,395,958
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2020	6,985,082
	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	5,896,150
	VANGUARD	VANGUARD VALUE INDEX INSTITUTIONAL	4,617,791
	JP MORGAN	JPMORGAN US EQUITY R5	4,538,977
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2015	4,475,973
	METROPOLITAN WEST	METROPOLITAN WEST TOTAL RETURN BOND I	3,120,324
	BLACKROCK	BLACKROCK INFLATATION PROTECTED BOND	2,759,777
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,703,997
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2060	2,347,426
*	FIDELITY INVESTMENTS	FIDELITY CONTRAFUND	1,971,372
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT INC	1,681,796
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,339,800
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,288,432
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2040	1,152,075
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	1,045,893
*	FIDELITY INVESTMENTS	FIDELITY GROWTH COMPANY	1,013,346
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	937,041
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	878,752
	DELAWARE	DELAWARE US GROWTH FUND INSTITUTIONAL	741,029
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	739,164
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP GROWTH	690,092
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	681,985
*	FIDELITY INVESTMENTS	FIDELITY 500 INDEX	670,626
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2035	657,856
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2030	619,880
*	FIDELITY INVESTMENTS	FIDELITY TOTAL MARKET INDEX	542,046
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2020	428,518
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	420,238
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	414,731
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	379,769
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EX US INDEX	344,175
*	FIDELITY INVESTMENTS	FIDELITY OTC PORTFOLIO	321,583
*	FIDELITY INVESTMENTS	FIDELITY GROWTH & INCOME	303,540
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2025	301,984
*	FIDELITY INVESTMENTS	FIDELITY MID CAP VALUE	287,284
*	FIDELITY INVESTMENTS	FIDELITY PURITAN	266,392
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	261,535

See Independent Auditor's Report.

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

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAPITAL INDEX FUND	225,675
*	FIDELITY INVESTMENTS	FIDELITY DIVERSIFIED INTERNATIONAL	225,637
	VANGUARD	VANGUARD WINDSOR II	231,914
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2010	230,580
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 60%	221,601
*	FIDELITY INVESTMENTS	FIDELITY BALANCED	221,099
*	FIDELITY INVESTMENTS	FIDELITY FOCUSED STOCK	204,470
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAPITAL FUND	202,996
*	FIDELITY INVESTMENTS	FIDELITY US BOND INDEX	198,546
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE BOND	196,252
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2045	190,406
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAPITAL VALUE	188,112
*	FIDELITY INVESTMENTS	FIDELITY DIVIDEND GROWTH	188,050
*	FIDELITY INVESTMENTS	FIDELITY OVERSEAS	181,679
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC INCOME	180,580
*	FIDELITY INVESTMENTS	FIDELITY MID CAPITAL STOCK	172,744
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL INDEX	160,799
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTHCARE	160,385
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	155,832
*	FIDELITY INVESTMENTS	FIDELITY NEW MARKETS INC	152,650
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL DISCOVERY	150,602
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	147,312
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL APPRECIATION	143,679
*	FIDELITY INVESTMENTS	FIDELITY SELECT BIOTECH	135,000
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL & INCOME	131,945
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	129,175
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INC	127,944
*	FIDELITY INVESTMENTS	FIDELITY SELECT TECHNOLOGY	125,280
*	FIDELITY INVESTMENTS	FIDELITY INVESTMENT GRADE BOND	116,374
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND	116,224
*	FIDELITY INVESTMENTS	FIDELITY TOTAL BOND	115,366
*	FIDELITY INVESTMENTS	FIDELITY NASDAQ COMPOSITE INDEX	112,890
*	FIDELITY INVESTMENTS	FIDELITY EXPORT & MULTINATIONAL	112,200
*	FIDELITY INVESTMENTS	FIDELITY EQUITY INCOME	111,973
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL GROWTH	110,998
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INVS	104,979
*	FIDELITY INVESTMENTS	FIDELITY SELECT SEMICONDUCTORS	102,630
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	98,908
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP VALUE	98,865
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2050	93,463
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC DIVIDEND & INCOME	93,404
*	FIDELITY INVESTMENTS	FIDELITY SELECT RETAILING	91,610
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	91,380
*	FIDELITY INVESTMENTS	FIDELITY SELECT MEDICAL TECHNOLOGY & DEVICES	87,986
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT ALL CAPITAL	86,897
*	FIDELITY INVESTMENTS	FIDELITY VALUE DISCOVERY	85,698
*	FIDELITY INVESTMENTS	FIDELITY GROWTH DISCOVERY	83,046
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT INCOME	85,092

See Independent Auditor's Report.

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

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	FIDELITY INVESTMENTS	FIDELITY SELECT SOFTWARE	81,388
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	81,265
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	80,152
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	77,913
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	75,498
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	75,306
*	FIDELITY INVESTMENTS	FIDELITY INFLATION PROTECTED BOND INDEX	74,802
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	74,193
*	FIDELITY INVESTMENTS	FIDELITY LEVERAGED COMPANY STOCK	73,609
*	FIDELITY INVESTMENTS	FIDELITY EQUITY DIVIDEND INCOME	73,204
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	71,787
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP GROWTH	71,608
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	69,309
*	FIDELITY INVESTMENTS	FIDELITY TREND	67,490
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS	66,713
*	FIDELITY INVESTMENTS	FIDELITY HIGH INCOME	66,148
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INCOME	64,639
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	64,007
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE TERM BOND INDEX	62,728
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	61,105
	VANGUARD	VANGUARD LONG-TERM INVESTMENT-GRADE FUND	60,838
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP VALUE ENHANCED INDEX	60,427
*	FIDELITY INVESTMENTS	FIDELITY GNMA	60,331
*	FIDELITY INVESTMENTS	FIDELITY FLOAT RATE HIGH INCOME	56,752
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 70%	56,076
*	FIDELITY INVESTMENTS	FIDELITY MID CAP INDEX	56,058
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS DISCOVERY	55,266
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION SERVICE	55,183
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC REAL RETURN	51,177
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION EQUIPMENT	49,586
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2065	49,534
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP STOCK	49,240
*	FIDELITY INVESTMENTS	FIDELITY EMERGING ASIA	49,106
*	FIDELITY INVESTMENTS	FIDELITY SELECT IT SERVICES	49,064
*	FIDELITY INVESTMENTS	FIDELITY MORTGAGE SECURITIES	48,396
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT MID CAP	47,866
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTH CARE SERVICE	46,297
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLENNIUM	44,459
*	FIDELITY INVESTMENTS	FIDELITY FREDOM INDEX 2015 INVESTMENT	44,101
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP ENHANCED INDEX	43,455
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 50%	42,854
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GROWTH	39,710
*	FIDELITY INVESTMENTS	FIDELITY TELECOM & UTILITIES	39,196
*	FIDELITY INVESTMENTS	FIDELITY GROWTH STRATEGIES	38,345
*	FIDELITY INVESTMENTS	FIDELITY SELECT GOLD	36,680
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	35,981
*	FIDELITY INVESTMENTS	FIDELITY SELECT PHARMACEUTICALS	35,240
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP	34,854

See Independent Auditor's Report.

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

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	FIDELITY INVESTMENTS	FIDELITY DISCIPLINED EQUITY	34,705
*	FIDELITY INVESTMENTS	FIDELITY SELECT DEFENSE	34,171
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP DISCOVERY	33,865
*	FIDELITY INVESTMENTS	FIDELITY WORLDWIDE	33,749
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL VALUE	33,255
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	33,156
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2015	32,861
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	32,310
*	FIDELITY INVESTMENTS	FIDELITY INDEPENDENCE	31,563
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP GROWTH ENHANCED INDEX	31,002
*	FIDELITY INVESTMENTS	FIDELITY CONVERTIBLE SECURITY	29,724
*	FIDELITY INVESTMENTS	FIDELITY EXTENDED MARKET INDEX	28,839
*	FIDELITY INVESTMENTS	FIDELITY LIMITED TERM GOVERNEMENT	28,834
*	FIDELITY INVESTMENTS	FIDELITY EMERGEING MARKETS INDEX	28,729
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONSUMER STAPLES	28,562
*	FIDELITY INVESTMENTS	FIDELITY TOTAL EMERGING MARKETS	27,909
*	FIDELITY INVESTMENTS	FIDELITY SELECT LEISURE	27,901
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP INDEX	25,677
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY	24,815
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGINGING ECONOMIES	24,785
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	24,369
*	FIDELITY INVESTMENTS	FIDELITY PACIFIC BASIN	24,011
*	FIDELITY INVESTMENTS	FIDELITY SELECT CHEMICALS	23,882
*	FIDELITY INVESTMENTS	FIDELITY LONG TERM BOND INDEX	23,209
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL REAL ESTATE	23,130
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	22,527
*	FIDELITY INVESTMENTS	FIDELITY SELECT INSURANCE	22,129
*	FIDELITY INVESTMENTS	FIDELITY MEGA CAP STOCK	20,295
*	FIDELITY INVESTMENTS	FIDELITY FIDELITY	20,290
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INDEX	19,761
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND INDEX	19,617
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	19,215
*	FIDELITY INVESTMENTS	FIDELITY SELECT INDUSTRIALS	19,029
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP STOCK	18,347
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	17,991
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EQUITY INCOME	17,592
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECTOR LARGE CAP VALUE	17,570
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	16,868
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	16,670
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	16,633
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL OPPORTUNITIES	15,956
*	FIDELITY INVESTMENTS	FIDELITY MID CAP ENHANCED INDEX	14,469
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	12,418
	VANGUARD	VANGUARD LONG-TERM TREASURY	11,699
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	11,583
*	FIDELITY INVESTMENTS	FIDELITY FOUR IN ONE INDEX	11,422
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	11,392
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,815

See Independent Auditor's Report.

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

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	10,058
*	FIDELITY INVESTMENTS	FIDELITY CANADA	9,280
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL ENHANCED INDEX	9,089
*	FIDELITY INVESTMENTS	FIDELITY SELECT NATURAL RESOURCES	7,883
*	FIDELITY INVESTMENTS	FIDELITY CHINA REGION	7,840
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMPUTERS	7,451
*	FIDELITY INVESTMENTS	FIDELITY SELECT BROKERAGE	7,200
*	FIDELITY INVESTMENTS	FIDELITY SELECT UTILITIES	6,799
*	FIDELITY INVESTMENTS	FIDELITY VALUE	6,153
*	FIDELITY INVESTMENTS	FIDELITY SELECT BANKING	5,397
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINANCIAL	5,366
*	FIDELITY INVESTMENTS	FIDELITY VALUE STRATEGIES	4,854
*	FIDELITY INVESTMENTS	FIDELITY JAPAN	3,916
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	3,914
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT MONEY MARKET FUND	3,817
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,641
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENVIRONMENT AND ALTERNATIVE ENERGY	2,976
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	2,527
*	FIDELITY INVESTMENTS	FIDELITY LATIN AMERICA	2,326
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,978
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,481
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2055	1,466
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE GOVERNMENT INCOME	1,061
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	997
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY SERVICES	311
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT SMALL CAP	281
			248,095,592
	Variable Annuity Contracts:		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	19,373,315
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	1,998,096
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	2,904,687
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	2,188,289
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	5,086,812
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	8,967,848
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	3,703,339
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	904,339
			45,126,725
	Insurance Company General Account:		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	21,936,480
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	3,938,546
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	9,479,169
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	895,711
			36,249,906
	Guaranteed Investment Contracts:		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	6,127,433
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,853,334
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	838,660
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	138,789
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	16,095
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,158
			10,981,469

See Independent Auditor's Report.

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

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Pooled Separate Accounts:		
*	TIAA	TIAA REAL ESTATE ACCOUNT	14,611,901
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO	2,300,318
*	FIDELITY INVESTMENTS	FIDELITY VIP CONTRAFUND PORTFOLIO	1,587,606
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	1,185,610
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	878,055
*	VOYA FINANCIAL	VOYA OPPENHEIMER GLOBAL PORTFOLIO I	827,152
*	VOYA FINANCIAL	VOYA BALANCED PORTFOLIO I	564,968
*	VOYA FINANCIAL	VOYA INVESCO EQUITY & INCOME PORTFOLIO	536,161
*	FIDELITY INVESTMENTS	FIDELITY VIP GROWTH PORTFOLIO I	443,981
*	VOYA FINANCIAL	VOYA INDEX PLUS MIDCAP PORTFOLIO I	409,938
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORTFOLIO I	408,012
*	VOYA FINANCIAL	VOYA T ROWE PRICE GROWTH EQUITY PORTFOLIO I	389,423
*	FIDELITY INVESTMENTS	FIDELITY VIP EQUITY-INCOME PORTFOLIO I	375,347
*	VOYA FINANCIAL	T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	372,655
*	VOYA FINANCIAL	VOYA INTERMEDIATE BOND PORTFOLIO I	362,937
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION GROWTH PORTFOLIO I	240,630
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION MODERATE PORTFOLIO I	138,604
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP VALUE INDEX PORTFOLIO	127,692
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	125,073
	AMERICAN FUNDS	AMERICAN FUNDS GROWTH FUND R4	115,196
*	VOYA FINANCIAL	VOYA SOLUTION 2025 PORTFOLIO	114,075
*	VOYA FINANCIAL	VOYA GOVERNMENT MONEY MARKET PORTFOLIO I	97,601
	AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC R4	95,480
*	VOYA FINANCIAL	VOYA BARON GROWTH PORTFOLIO	88,132
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	81,274
	OPPENHEIMER FUNDS	OPPENHEIMER DEVELOPING MARKETS FUND	72,778
*	VOYA FINANCIAL	T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	72,592
*	VOYA FINANCIAL	VOYA INVESCO COMSTOCK PORTFOLIO	71,690
	LORD ABBETT	LORD ABBETT FUND MID CAP STOCK	70,223
	BLACKROCK	BLACKROCK HEALTH OPPORTUNITIES PORTFOLIO	62,201
*	VOYA FINANCIAL	VOYA INDEX PLUS SMALLCAP PORTFOLIO I	59,586
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GROWTH INDEX PORTFOLIO I	55,623
*	VOYA FINANCIAL	VOYA GLOBAL EQUITY PORTFOLIO I	52,883
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO	43,840
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	35,669
	AMERICAN FUNDS	AMERICAN FUNDS WASHINGTON MUTUAL R4	35,528
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	31,356
*	VOYA FINANCIAL	VOYA CLARION GLOBAL REAL ESTATE	30,864
	FRANKLIN TEMPLETON	TEMPLETON GLOBAL BOND FUND A	30,412
	WELLS FARGO	WELLS FARGO SMALL CAP VALUE FUND A	28,837
	INVESCO	INVESCO V.I. CORE EQUITY FUND	27,835
	AMERICAN FUNDS	AMERICAN FUNDS NEW PERSPECTIVE	25,681
	PIMCO	PIMCO VIT REAL RETURN PORTFOLIO	25,504
*	VOYA FINANCIAL	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO I	22,869
*	VOYA FINANCIAL	VOYA HIGH YIELD PORTFOLIO	20,445
	INVESCO	INVESCO V.I. AMERICAN FRANCHISE FUND	17,922
	CALVERT	CALVERT VP SRI BALANCED PORTFOLIO	14,991
*	VOYA FINANCIAL	VOYA CLARION REAL ESTATE PORFOLIO	13,064

See Independent Auditor's Report.

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

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Pooled Separate Accounts (continued):		
*	VOYA FINANCIAL	VOYA PIONEER HIGH YIELD PORTFOLIO I	12,149
*	VOYA FINANCIAL	VOYA INVESCO GROWTH & INCOME PORTFOLIO	11,379
*	VOYA FINANCIAL	VOYA GLOBAL BOND PORTFOLIO I	10,271
*	VOYA FINANCIAL	VOYA TEMPLETON FOREIGN EQUITY PORTFOLIO	8,838
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION CONSERVATIVE PORTFOLIO	7,886
*	VOYA FINANCIAL	VOYA SCIENCE & TECHNOLOGY FUND CLASS Y	7,662
	WANGER	WANGER SELECT	7,374
*	VOYA FINANCIAL	VOYA JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO	5,933
*	VOYA FINANCIAL	VOYA INTERNATIONAL INDEX PORTFOLIO	5,762
	OPPENHEIMER FUNDS	OPPENHEIMER MAIN STREET SMALL CAP FUND	5,593
	AMERICAN FUNDS	AMERICAN FUNDS SMALL CAP R4	5,550
*	FIDELITY INVESTMENTS	FIDELITY VIP OVERSEAS PORTFOLIO	4,821
*	VOYA FINANCIAL	VOYA MULTI-MANAGER INTERNATIONAL SMALL CAP FUND	4,772
	WANGER	WANGER INTERNATIONAL	4,742
*	VOYA FINANCIAL	VOYA T. ROWE PRICE EQUITY INCOME PORTFOLIO	4,698
*	VOYA FINANCIAL	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	4,338
	WANGER	WANGER USA	2,640
	ARIEL FUND	ARIEL FUND INVESTOR	1,966
	JANUS WORLDWIDE	JANUS HENDERSON VIT BALANCED PORTFOLIO INSTITUTIONAL	1,963
*	VOYA FINANCIAL	VOYA U.S. BOND INDEX PORTFOLIO	92
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	64
	JANUS WORLDWIDE	JANUS HENDERSON GLOBAL RESEARCH INSTITUTIONAL	1
			27,518,708
*	TIAA and CREF	TIAA STABLE VALUE FUND	16,677,866
	Money Market Funds		
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET	247,321
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT CASH RESERVE	150,660
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET PREMIUM	131,257
*	FIDELITY INVESTMENTS	FIDELITY TREASURY ONLY MONEY MARKET	12,682
			541,920
	Cash Held as Collateral for Plan Loans		420,186
			$ 385,612,372

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.

Financial Statements
with Supplementary Information

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

December 31, 2018 and 2017

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GBQ Partners

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

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to the financial statements, which was certified by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund, Fidelity Management Trust Company, Voya Institutional Trust Company and Variable Annuity Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

GBQ Partners LLC

Columbus, Ohio
October 1, 2019

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value:		
Registered investment companies	**$ 248,095,592**	$ 244,813,220
Variable annuity contracts	**45,126,725**	53,374,571
Insurance company general account	**36,249,906**	31,511,807
Pooled separate accounts	**27,518,708**	28,125,729
Stable value fund	**16,677,866**	13,969,607
Cash held as collateral for Plan loans	**420,186**	451,989
Money market funds	**541,920**	482,339
Total investments, at fair value	**374,630,903**	372,729,262
Investments, at contract value:		
Guaranteed investment contracts	**10,981,469**	11,109,765
NET ASSETS AVAILABLE FOR BENEFITS	**$ 385,612,372**	$ 383,839,027

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2018 and 2017

	2018	2017
Additions to Net Assets Attributed to		
Investment income:		
Interest and dividends	**$ 9,106,906**	$ 6,703,382
Net appreciation in fair value of investments	**-**	45,196,254
Total investment income	**9,106,906**	51,899,636
Contributions:		
Employee	**32,677,730**	29,785,218
Rollover	**4,529,812**	5,533,195
Total contributions	**37,207,542**	35,318,413
Total additions	**46,314,448**	87,218,049
Deductions from Net Assets Attributed to		
Net depreciation in fair value of investments	**29,072,815**	-
Benefits paid to participants	**15,468,288**	9,675,622
Total deductions	**44,541,103**	9,675,622
Net increase	**1,773,345**	77,542,427
Net Assets Available for Benefits		
Beginning of year	**383,839,027**	306,296,600
End of year	**$ 385,612,372**	$ 383,839,027

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

Plan Description

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

General

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

Contributions

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

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

Participant Accounts

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

Vesting

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

Investment Options

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

Plan Description (continued)

Payment of Benefits

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

Plan Loans to Participants

Participants may borrow from the custodians in an amount up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. When the loans are granted, an amount equal to the outstanding loan balance is transferred from the participant's investment account to a loan collateral fund and is held as collateral for the issued loan. Loan collateral funds with Voya, Fidelity and VALIC are held in cash. Loan collateral funds with TIAA and CREF are held in the TIAA Traditional Annuity. Loans bear interest at a rate commensurate with local prevailing rates as determined at the time of the loan application. The interest rate on Plan loans range from 3.25% to 7.65%. The participant pays principal and interest payments directly to the custodian periodically, on at least a quarterly basis, as evidenced by a signed legally enforceable note. At the time of payment, an amount equal to the principal repayment will be released from the loan collateral fund to the participant's investment accounts. Any and all unpaid loan balances are considered deemed loans and deducted from available benefits upon the occurrence of a distributable event.

Administrative Costs

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

Summary of Significant Accounting Policies

Basis of Accounting

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

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

Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Guaranteed Investment Contracts

The Plan holds fully benefit-responsive guaranteed investment contracts (the Fixed Account and Fixed Account Plus, collectively, (the "Contracts") with Voya. The Contracts totaled $6,289,475 and $6,431,078 at December 31, 2018 and 2017, respectively. Additionally, the Plan holds various fixed investment options (the Fixed Options) with VALIC, which also qualify as fully benefit-responsive. The Fixed Options totaled $4,691,994 and $4,678,687 at December 31, 2018 and 2017, respectively.

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

Guaranteed Investment Contracts (continued)

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

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

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

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

Insurance Company General Accounts

The Plan has entered into a fixed rate annuity contract (TIAA Traditional Annuity) and a fixed rate group annuity contract (Stable Value Fund), both issued by TIAA and CREF. Both contracts provide a guarantee of principal and a guaranteed minimum rate of interest between 1% and 5% with the potential for additional interest, if declared by TIAA. The TIAA Traditional Annuity contract contains liquidity restrictions on the redemption of the accumulations, which could impact the value realized upon exiting the contract. Contracts contain liquidity restrictions on the redemption of the fixed rate annuity contract. The Stable Value Fund contains a restriction that direct transfers to competing funds in a plan's investment lineup are prohibited and transfers may be made to a competing fund following a 90-day waiting period after being transferred to a noncompeting fund. Additionally, transfers into the Stable Value Fund may not be made for 30 days following a transfer out. Plan sponsors choosing to terminate a plan's investment in the Stable Value Contract will receive contract value in, at most, two years.

Information Prepared and Certified by the Custodians (Unaudited)

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

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

	2018	2017
Insurance company general account	**$ 36,249,906**	$ 31,511,807
Guaranteed investment contracts	**10,981,469**	11,109,765
Registered investment companies	**248,095,592**	244,813,220
Variable annuity contracts	**45,126,725**	53,374,571
Pooled separate accounts	**27,518,708**	28,125,729
Stable value fund	**16,677,866**	13,969,607
Money market funds	**541,920**	482,339
Cash held as collateral for plan loans	**192,203**	188,819
Total	**$ 385,384,389**	$ 383,575,857

The custodians also certified to the completeness and accuracy of $(29,072,815) and $45,196,254 of net (depreciation) appreciation in fair value of investments and $9,106,906 and $6,703,382 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2018 and 2017, respectively.

Fair Value Measurements

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

Level 1 Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.

Level 2 Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.

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

Fair Value Measurements (continued)

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, 2018 and 2017.

Registered Investment Companies and Money Market Funds:	Valued at the net asset value of shares held by the Plan at year-end.
Variable Annuity Contracts:	Valued at the net asset value (NAV) provided by the administrator of the fund. Issues and redemptions of units are recorded upon receipt of unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based primarily on market quotations or prices obtained from independent pricing sources who may employ various pricing methods including matrix pricing. For this fund, there are no unfunded commitments and participants can transact daily. The only redemption restriction is that participants are not permitted to make electronic transfers back into the same account through a purchase or exchange for 90 calendar days, if a purchase, sale or repurchase within that account is made within a sixty-day period.
Insurance Company General Account:	Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers, if any.
Pooled Separate Accounts:	*TIAA and CREF*: Valued at the NAV provided by the administrator of the fund. Issues and redemptions of units are recorded upon receipt of the unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based principally on the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals. Any securities held in the account are valued using independent pricing sources. For this fund, there are no unfunded commitments and participants can transact daily; however participant transfers out of this account are limited to one per calendar quarter per participant. *Voya*: Valued at "Accumulation Unit Value," which is first valued at $10.00 for a new fund and then determined on a daily basis based on the net asset value of shares in the underlying fund.

Fair Value Measurements (continued)

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at Fair Value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Registered investment companies	$ 248,095,592	$ -	$ -	$ 248,095,592
Insurance company general accounts	-	-	36,249,906	36,249,906
Pooled separate accounts	-	12,906,808	-	12,906,808
Stable value fund	-	-	16,677,866	16,677,866
Cash held as collateral for plan loans	420,186	-	-	420,186
Money market funds	541,920	-	-	541,920
Investments Measured at Net Asset Value:				
Variable annuity contracts*	-	-	-	45,126,725
Pooled separate account*	-	-	-	14,611,900
Total investments at fair value	$ 249,057,698	$ 12,906,808	$ 52,927,772	$ 374,630,903

Fair Value Measurements (continued)

Investments at Fair Value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Registered investment companies	$ 244,813,220	$ -	$ -	$ 244,813,220
Insurance company general accounts	-	-	31,511,807	31,511,807
Pooled separate accounts	-	14,827,771	-	14,827,771
Stable value fund	-	-	13,969,607	13,969,607
Cash held as collateral for plan loans	451,989	-	-	451,989
Money market funds	482,339	-	-	482,339
Investments Measured at Net Asset Value:				
Variable annuity contracts*	-	-	-	53,374,571
Pooled separate account*	-	-	-	13,297,958
Total investments at fair value	$ 245,747,548	$ 14,827,771	$ 45,481,414	$ 372,729,262

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

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2018:

	Insurance Company General Account	Stable Value Fund
Balance, beginning of year	**$ 31,511,807**	**$ 13,969,607**
Realized gains	**527,885**	**90,720**
Gains relating to instruments still held at reporting date	**514,771**	**192,770**
Purchases	**8,312,205**	**5,053,732**
Sales	**(4,616,762)**	**(2,628,963)**
Balance, end of year	**$ 36,249,906**	**$ 16,677,866**

Fair Value Measurements (continued)

Level 3 Gains and Losses (continued)

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

	Insurance Company General Account	Stable Value Fund
Balance, beginning of year	$ 26,913,353	$ 9,391,552
Realized gains	245,968	45,702
Gains relating to instruments still held at reporting date	629,008	144,350
Purchases	6,172,334	5,701,437
Sales	(2,448,856)	(1,313,434)
Balance, end of year	$ 31,511,807	$ 13,969,607

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

Plan Loan Collateral Balances

The following table sets forth the Plan loan collateral fund balances held in cash at December 31, 2018 and 2017 by custodian:

	2018	2017
Voya	**$ 227,983**	$ 263,170
VALIC	**75,587**	68,632
Fidelity	**116,616**	120,187
Total cash held as collateral for Plan loans	**$ 420,186**	$ 451,989

At December 31, 2018 and 2017, the amount of collateralized loans held by TIAA and CREF are $5,444,997 and $4,499,769, respectively. The balances are included in the insurance company general account balance on the accompanying Statements of Net Assets Available for Benefits.

Plan Termination

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

Party-in-Interest Transactions

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

Tax Status

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

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2018 statement of net assets available for benefits.

Subsequent Event

Subsequent to year-end, the operations of the Plan were modified to allow participants to borrow money directly from their accounts with repayment of the loans being made through payroll deduction. Concurrent with this change, participants are no longer permitted to take Plan loans.

Subsequent Events - Date of Management's Evaluation

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

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SUPPLEMENTARY INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN #31-4379441 - PLAN #005
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies:		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	$ 38,843,238
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2040	37,613,539
	AMERICAN FUNDS	AMERICAN EUROPAC GROWTH	16,524,819
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2035	14,415,108
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2030	12,839,275
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2025	13,562,498
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2050	10,401,956
	VANGUARD	VANGUARD MID-CAP INDEX FUND SIGNAL	9,323,355
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2055	9,219,589
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2045	9,152,600
	VANGUARD	VANGUARD SMALL-CAP INDEX INSTITUTIONAL	7,395,958
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2020	6,985,082
	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	5,896,150
	VANGUARD	VANGUARD VALUE INDEX INSTITUTIONAL	4,617,791
	JP MORGAN	JPMORGAN US EQUITY R5	4,538,977
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2015	4,475,973
	METROPOLITAN WEST	METROPOLITAN WEST TOTAL RETURN BOND I	3,120,324
	BLACKROCK	BLACKROCK INFLATATION PROTECTED BOND	2,759,777
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,703,997
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2060	2,347,426
*	FIDELITY INVESTMENTS	FIDELITY CONTRAFUND	1,971,372
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT INC	1,681,796
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	1,339,800
	WILLIAM BLAIR	WILLIAM BLAIR SMALL CAP VALUE FUND	1,288,432
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2040	1,152,075
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	1,045,893
*	FIDELITY INVESTMENTS	FIDELITY GROWTH COMPANY	1,013,346
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	937,041
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	878,752
	DELAWARE	DELAWARE US GROWTH FUND INSTITUTIONAL	741,029
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	739,164
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP GROWTH	690,092
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	681,985
*	FIDELITY INVESTMENTS	FIDELITY 500 INDEX	670,626
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2035	657,856
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2030	619,880
*	FIDELITY INVESTMENTS	FIDELITY TOTAL MARKET INDEX	542,046
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2020	428,518
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	420,238
*	FIDELITY INVESTMENTS	FIDELITY LOW PR STK	414,731
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	379,769
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EX US INDEX	344,175
*	FIDELITY INVESTMENTS	FIDELITY OTC PORTFOLIO	321,583
*	FIDELITY INVESTMENTS	FIDELITY GROWTH & INCOME	303,540
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2025	301,984
*	FIDELITY INVESTMENTS	FIDELITY MID CAP VALUE	287,284
*	FIDELITY INVESTMENTS	FIDELITY PURITAN	266,392
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	261,535

See Independent Auditor's Report.

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAPITAL INDEX FUND	225,675
*	FIDELITY INVESTMENTS	FIDELITY DIVERSIFIED INTERNATIONAL	225,637
	VANGUARD	VANGUARD WINDSOR II	231,914
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2010	230,580
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 60%	221,601
*	FIDELITY INVESTMENTS	FIDELITY BALANCED	221,099
*	FIDELITY INVESTMENTS	FIDELITY FOCUSED STOCK	204,470
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAPITAL FUND	202,996
*	FIDELITY INVESTMENTS	FIDELITY US BOND INDEX	198,546
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE BOND	196,252
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2045	190,406
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAPITAL VALUE	188,112
*	FIDELITY INVESTMENTS	FIDELITY DIVIDEND GROWTH	188,050
*	FIDELITY INVESTMENTS	FIDELITY OVERSEAS	181,679
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC INCOME	180,580
*	FIDELITY INVESTMENTS	FIDELITY MID CAPITAL STOCK	172,744
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL INDEX	160,799
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTHCARE	160,385
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE EQUITY FUND	155,832
*	FIDELITY INVESTMENTS	FIDELITY NEW MARKETS INC	152,650
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL DISCOVERY	150,602
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	147,312
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL APPRECIATION	143,679
*	FIDELITY INVESTMENTS	FIDELITY SELECT BIOTECH	135,000
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL & INCOME	131,945
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ASSET ALLOCATION FUND	129,175
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INC	127,944
*	FIDELITY INVESTMENTS	FIDELITY SELECT TECHNOLOGY	125,280
*	FIDELITY INVESTMENTS	FIDELITY INVESTMENT GRADE BOND	116,374
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND	116,224
*	FIDELITY INVESTMENTS	FIDELITY TOTAL BOND	115,366
*	FIDELITY INVESTMENTS	FIDELITY NASDAQ COMPOSITE INDEX	112,890
*	FIDELITY INVESTMENTS	FIDELITY EXPORT & MULTINATIONAL	112,200
*	FIDELITY INVESTMENTS	FIDELITY EQUITY INCOME	111,973
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL GROWTH	110,998
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INVS	104,979
*	FIDELITY INVESTMENTS	FIDELITY SELECT SEMICONDUCTORS	102,630
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	98,908
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP VALUE	98,865
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2050	93,463
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC DIVIDEND & INCOME	93,404
*	FIDELITY INVESTMENTS	FIDELITY SELECT RETAILING	91,610
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FOREIGN VALUE	91,380
*	FIDELITY INVESTMENTS	FIDELITY SELECT MEDICAL TECHNOLOGY & DEVICES	87,986
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT ALL CAPITAL	86,897
*	FIDELITY INVESTMENTS	FIDELITY VALUE DISCOVERY	85,698
*	FIDELITY INVESTMENTS	FIDELITY GROWTH DISCOVERY	83,046
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT INCOME	85,092

See Independent Auditor's Report.

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	FIDELITY INVESTMENTS	FIDELITY SELECT SOFTWARE	81,388
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	81,265
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	80,152
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	77,913
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	75,498
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	75,306
*	FIDELITY INVESTMENTS	FIDELITY INFLATION PROTECTED BOND INDEX	74,802
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES FUND	74,193
*	FIDELITY INVESTMENTS	FIDELITY LEVERAGED COMPANY STOCK	73,609
*	FIDELITY INVESTMENTS	FIDELITY EQUITY DIVIDEND INCOME	73,204
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HEALTH SCIENCES FUND	71,787
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP GROWTH	71,608
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL SOCIAL AWARENESS FUND	69,309
*	FIDELITY INVESTMENTS	FIDELITY TREND	67,490
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS	66,713
*	FIDELITY INVESTMENTS	FIDELITY HIGH INCOME	66,148
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INCOME	64,639
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	64,007
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE TERM BOND INDEX	62,728
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BROAD CAP VALUE INC	61,105
	VANGUARD	VANGUARD LONG-TERM INVESTMENT-GRADE FUND	60,838
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP VALUE ENHANCED INDEX	60,427
*	FIDELITY INVESTMENTS	FIDELITY GNMA	60,331
*	FIDELITY INVESTMENTS	FIDELITY FLOAT RATE HIGH INCOME	56,752
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 70%	56,076
*	FIDELITY INVESTMENTS	FIDELITY MID CAP INDEX	56,058
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS DISCOVERY	55,266
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION SERVICE	55,183
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC REAL RETURN	51,177
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION EQUIPMENT	49,586
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2065	49,534
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP STOCK	49,240
*	FIDELITY INVESTMENTS	FIDELITY EMERGING ASIA	49,106
*	FIDELITY INVESTMENTS	FIDELITY SELECT IT SERVICES	49,064
*	FIDELITY INVESTMENTS	FIDELITY MORTGAGE SECURITIES	48,396
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT MID CAP	47,866
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTH CARE SERVICE	46,297
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLENNIUM	44,459
*	FIDELITY INVESTMENTS	FIDELITY FREDOM INDEX 2015 INVESTMENT	44,101
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP ENHANCED INDEX	43,455
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 50%	42,854
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GROWTH	39,710
*	FIDELITY INVESTMENTS	FIDELITY TELECOM & UTILITIES	39,196
*	FIDELITY INVESTMENTS	FIDELITY GROWTH STRATEGIES	38,345
*	FIDELITY INVESTMENTS	FIDELITY SELECT GOLD	36,680
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	35,981
*	FIDELITY INVESTMENTS	FIDELITY SELECT PHARMACEUTICALS	35,240
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP	34,854

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

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	FIDELITY INVESTMENTS	FIDELITY DISCIPLINED EQUITY	34,705
*	FIDELITY INVESTMENTS	FIDELITY SELECT DEFENSE	34,171
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP DISCOVERY	33,865
*	FIDELITY INVESTMENTS	FIDELITY WORLDWIDE	33,749
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL VALUE	33,255
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	33,156
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2015	32,861
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STRATEGIC BOND FUND	32,310
*	FIDELITY INVESTMENTS	FIDELITY INDEPENDENCE	31,563
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP GROWTH ENHANCED INDEX	31,002
*	FIDELITY INVESTMENTS	FIDELITY CONVERTIBLE SECURITY	29,724
*	FIDELITY INVESTMENTS	FIDELITY EXTENDED MARKET INDEX	28,839
*	FIDELITY INVESTMENTS	FIDELITY LIMITED TERM GOVERNEMENT	28,834
*	FIDELITY INVESTMENTS	FIDELITY EMERGEING MARKETS INDEX	28,729
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONSUMER STAPLES	28,562
*	FIDELITY INVESTMENTS	FIDELITY TOTAL EMERGING MARKETS	27,909
*	FIDELITY INVESTMENTS	FIDELITY SELECT LEISURE	27,901
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP INDEX	25,677
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY	24,815
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGINGING ECONOMIES	24,785
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP CORE	24,369
*	FIDELITY INVESTMENTS	FIDELITY PACIFIC BASIN	24,011
*	FIDELITY INVESTMENTS	FIDELITY SELECT CHEMICALS	23,882
*	FIDELITY INVESTMENTS	FIDELITY LONG TERM BOND INDEX	23,209
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL REAL ESTATE	23,130
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	22,527
*	FIDELITY INVESTMENTS	FIDELITY SELECT INSURANCE	22,129
*	FIDELITY INVESTMENTS	FIDELITY MEGA CAP STOCK	20,295
*	FIDELITY INVESTMENTS	FIDELITY FIDELITY	20,290
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INDEX	19,761
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND INDEX	19,617
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	19,215
*	FIDELITY INVESTMENTS	FIDELITY SELECT INDUSTRIALS	19,029
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP STOCK	18,347
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL MID GROWTH FUND	17,991
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EQUITY INCOME	17,592
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECTOR LARGE CAP VALUE	17,570
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SOCIALLY RESPONSIBLE FUND	16,868
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CONSERVATIVE GROWTH LIFESTYLE	16,670
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	16,633
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL OPPORTUNITIES	15,956
*	FIDELITY INVESTMENTS	FIDELITY MID CAP ENHANCED INDEX	14,469
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH & INCOME FUND	12,418
	VANGUARD	VANGUARD LONG-TERM TREASURY	11,699
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	11,583
*	FIDELITY INVESTMENTS	FIDELITY FOUR IN ONE INDEX	11,422
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAP VALUE FUND	11,392
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	10,815

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NATIONWIDE CHILDREN'S HOSPITAL INC.
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALUE FUND	10,058
*	FIDELITY INVESTMENTS	FIDELITY CANADA	9,280
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL ENHANCED INDEX	9,089
*	FIDELITY INVESTMENTS	FIDELITY SELECT NATURAL RESOURCES	7,883
*	FIDELITY INVESTMENTS	FIDELITY CHINA REGION	7,840
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMPUTERS	7,451
*	FIDELITY INVESTMENTS	FIDELITY SELECT BROKERAGE	7,200
*	FIDELITY INVESTMENTS	FIDELITY SELECT UTILITIES	6,799
*	FIDELITY INVESTMENTS	FIDELITY VALUE	6,153
*	FIDELITY INVESTMENTS	FIDELITY SELECT BANKING	5,397
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINANCIAL	5,366
*	FIDELITY INVESTMENTS	FIDELITY VALUE STRATEGIES	4,854
*	FIDELITY INVESTMENTS	FIDELITY JAPAN	3,916
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL REAL ESTATE FUND	3,914
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT MONEY MARKET FUND	3,817
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL CONSERVATION	3,641
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENVIRONMENT AND ALTERNATIVE ENERGY	2,976
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	2,527
*	FIDELITY INVESTMENTS	FIDELITY LATIN AMERICA	2,326
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,978
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP GROWTH FUND	1,481
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM 2055	1,466
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE GOVERNMENT INCOME	1,061
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP AGGRESSIVE GROWTH	997
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY SERVICES	311
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT SMALL CAP	281
			248,095,592
	Variable Annuity Contracts:		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	19,373,315
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	1,998,096
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	2,904,687
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	2,188,289
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	5,086,812
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	8,967,848
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	3,703,339
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	904,339
			45,126,725
	Insurance Company General Account:		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	21,936,480
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	3,938,546
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	9,479,169
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	895,711
			36,249,906
	Guaranteed Investment Contracts:		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	6,127,433
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,853,334
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	838,660
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	138,789
*	VOYA FINANCIAL	VOYA SHORT TERM GAA**	16,095
*	VOYA FINANCIAL	VOYA LONG TERM GAA**	7,158
			10,981,469

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NATIONWIDE CHILDREN'S HOSPITAL INC.
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Pooled Separate Accounts:		
*	TIAA	TIAA REAL ESTATE ACCOUNT	14,611,901
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO	2,300,318
*	FIDELITY INVESTMENTS	FIDELITY VIP CONTRAFUND PORTFOLIO	1,587,606
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	1,185,610
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	878,055
*	VOYA FINANCIAL	VOYA OPPENHEIMER GLOBAL PORTFOLIO I	827,152
*	VOYA FINANCIAL	VOYA BALANCED PORTFOLIO I	564,968
*	VOYA FINANCIAL	VOYA INVESCO EQUITY & INCOME PORTFOLIO	536,161
*	FIDELITY INVESTMENTS	FIDELITY VIP GROWTH PORTFOLIO I	443,981
*	VOYA FINANCIAL	VOYA INDEX PLUS MIDCAP PORTFOLIO I	409,938
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORTFOLIO I	408,012
*	VOYA FINANCIAL	VOYA T ROWE PRICE GROWTH EQUITY PORTFOLIO I	389,423
*	FIDELITY INVESTMENTS	FIDELITY VIP EQUITY-INCOME PORTFOLIO I	375,347
*	VOYA FINANCIAL	T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	372,655
*	VOYA FINANCIAL	VOYA INTERMEDIATE BOND PORTFOLIO I	362,937
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION GROWTH PORTFOLIO I	240,630
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION MODERATE PORTFOLIO I	138,604
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP VALUE INDEX PORTFOLIO	127,692
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	125,073
	AMERICAN FUNDS	AMERICAN FUNDS GROWTH FUND R4	115,196
*	VOYA FINANCIAL	VOYA SOLUTION 2025 PORTFOLIO	114,075
*	VOYA FINANCIAL	VOYA GOVERNMENT MONEY MARKET PORTFOLIO I	97,601
	AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC R4	95,480
*	VOYA FINANCIAL	VOYA BARON GROWTH PORTFOLIO	88,132
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	81,274
	OPPENHEIMER FUNDS	OPPENHEIMER DEVELOPING MARKETS FUND	72,778
*	VOYA FINANCIAL	T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	72,592
*	VOYA FINANCIAL	VOYA INVESCO COMSTOCK PORTFOLIO	71,690
	LORD ABBETT	LORD ABBETT FUND MID CAP STOCK	70,223
	BLACKROCK	BLACKROCK HEALTH OPPORTUNITIES PORTFOLIO	62,201
*	VOYA FINANCIAL	VOYA INDEX PLUS SMALLCAP PORTFOLIO I	59,586
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GROWTH INDEX PORTFOLIO I	55,623
*	VOYA FINANCIAL	VOYA GLOBAL EQUITY PORTFOLIO I	52,883
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO	43,840
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	35,669
	AMERICAN FUNDS	AMERICAN FUNDS WASHINGTON MUTUAL R4	35,528
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	31,356
*	VOYA FINANCIAL	VOYA CLARION GLOBAL REAL ESTATE	30,864
	FRANKLIN TEMPLETON	TEMPLETON GLOBAL BOND FUND A	30,412
	WELLS FARGO	WELLS FARGO SMALL CAP VALUE FUND A	28,837
	INVESCO	INVESCO V.I. CORE EQUITY FUND	27,835
	AMERICAN FUNDS	AMERICAN FUNDS NEW PERSPECTIVE	25,681
	PIMCO	PIMCO VIT REAL RETURN PORTFOLIO	25,504
*	VOYA FINANCIAL	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO I	22,869
*	VOYA FINANCIAL	VOYA HIGH YIELD PORTFOLIO	20,445
	INVESCO	INVESCO V.I. AMERICAN FRANCHISE FUND	17,922
	CALVERT	CALVERT VP SRI BALANCED PORTFOLIO	14,991
*	VOYA FINANCIAL	VOYA CLARION REAL ESTATE PORFOLIO	13,064

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NATIONWIDE CHILDREN'S HOSPITAL INC.
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Pooled Separate Accounts (continued):		
*	VOYA FINANCIAL	VOYA PIONEER HIGH YIELD PORTFOLIO I	12,149
*	VOYA FINANCIAL	VOYA INVESCO GROWTH & INCOME PORTFOLIO	11,379
*	VOYA FINANCIAL	VOYA GLOBAL BOND PORTFOLIO I	10,271
*	VOYA FINANCIAL	VOYA TEMPLETON FOREIGN EQUITY PORTFOLIO	8,838
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION CONSERVATIVE PORTFOLIO	7,886
*	VOYA FINANCIAL	VOYA SCIENCE & TECHNOLOGY FUND CLASS Y	7,662
	WANGER	WANGER SELECT	7,374
*	VOYA FINANCIAL	VOYA JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO	5,933
*	VOYA FINANCIAL	VOYA INTERNATIONAL INDEX PORTFOLIO	5,762
	OPPENHEIMER FUNDS	OPPENHEIMER MAIN STREET SMALL CAP FUND	5,593
	AMERICAN FUNDS	AMERICAN FUNDS SMALL CAP R4	5,550
*	FIDELITY INVESTMENTS	FIDELITY VIP OVERSEAS PORTFOLIO	4,821
*	VOYA FINANCIAL	VOYA MULTI-MANAGER INTERNATIONAL SMALL CAP FUND	4,772
	WANGER	WANGER INTERNATIONAL	4,742
*	VOYA FINANCIAL	VOYA T. ROWE PRICE EQUITY INCOME PORTFOLIO	4,698
*	VOYA FINANCIAL	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	4,338
	WANGER	WANGER USA	2,640
	ARIEL FUND	ARIEL FUND INVESTOR	1,966
	JANUS WORLDWIDE	JANUS HENDERSON VIT BALANCED PORTFOLIO INSTITUTIONAL	1,963
*	VOYA FINANCIAL	VOYA U.S. BOND INDEX PORTFOLIO	92
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	64
	JANUS WORLDWIDE	JANUS HENDERSON GLOBAL RESEARCH INSTITUTIONAL	1
			27,518,708
*	TIAA and CREF	TIAA STABLE VALUE FUND	16,677,866
	Money Market Funds		
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET	247,321
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT CASH RESERVE	150,660
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET PREMIUM	131,257
*	FIDELITY INVESTMENTS	FIDELITY TREASURY ONLY MONEY MARKET	12,682
			541,920
	Cash Held as Collateral for Plan Loans		420,186
			$ 385,612,372

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.