

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>11/01/1958</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u> <u>700 CHILDRENS DRIVE</u> <u>COLUMBUS, OH 43205-2664</u>	2b	Employer Identification Number (EIN) <u>31-4379441</u>
		2c	Plan Sponsor's telephone number <u>614-722-2000</u>
		2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1065
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 4 6a(2) 3 6b 522 6c 475 6d 1000 6e 47 6f 1047 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	548493
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	548493
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.58</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		24
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		24
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	97.29%
15 Adjusted funding target attainment percentage	15	97.29%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.95%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/06/2018	176530	0			
07/16/2018	177000	0			
10/11/2018	176530	0			
01/07/2019	176530	0			
09/03/2019	304080	0			
Totals ▶			18(b)	1010670	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	960432

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	630000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1926787		328994
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	958994	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	958994	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	960432	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1438	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009 ☐ 2010 ☐ 2011

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27 50	NONE	100092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50	NONE	41322	Yes ☒ No ☐	Yes ☒ No ☐	2347	Yes ☒ No ☐

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	18269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC CAPITAL ADVISORS, LLC

27-0640560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	8182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u>		D Employer Identification Number (EIN) <u>31-4379441</u>

Part I Asset and Liability Statement			
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)	173312	480610
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	160022	173993
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3333663	1804242
(2) U.S. Government securities	1c(2)	12081416	13011224
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	474265	398130
(B) All other.....	1c(3)(B)	10088444	9912285
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	46812913	39162835
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	73124035	64943319

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1838	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1838	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	73122197	64943319
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1010670	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1010670
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)	284827	
(C) Corporate debt instruments	2b(1)(C)	311170	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1887	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		597884
(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)	853170	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		853170
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5758959	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5801076	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-42117
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-417568	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-417568

		(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)		-3947350
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1945311

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5556998	
(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)		5556998
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)	100092	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	26451	
(4) Other	2i(4)	550026	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		676569
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6233567

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8178878
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GBQ PARTNERS, LLC

(2) EIN: 20-2122306

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4163281. (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.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1389836</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>5</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: 100.0 % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



To the Plan Administrator and Plan Participants
Nationwide Children's Hospital
Pension Plan
Columbus, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Nationwide Children's Hospital Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 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 JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of or for the year ended December 31, 2018 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

GBQ Partners LLC

Columbus, Ohio
October 8, 2019

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN**Statements of Net Assets Available for Benefits****December 31, 2018 and 2017**

	2018	2017
Assets		
Investments, at fair value:		
Cash and cash equivalents	\$ 1,804,242	\$ 3,333,663
U.S. Government and agency obligations	13,011,224	12,081,416
Fixed income obligations	10,310,415	10,562,709
Mutual funds	39,162,835	46,812,913
	64,288,716	72,790,701
Employer contribution receivable	480,610	173,312
Interest receivable	173,993	158,184
NET ASSETS AVAILABLE FOR BENEFITS	\$ 64,943,319	\$ 73,122,197

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2018 and 2017

	2018	2017
Additions to Net Assets Attributed to		
Interest and dividend income	\$ 1,451,054	\$ 1,367,416
Net appreciation in fair value of investments	-	8,328,067
Employer contributions	1,010,670	173,312
Total additions	2,461,724	9,868,795
Deductions from Net Assets Attributed to		
Benefits paid to participants and beneficiaries	5,557,377	5,498,702
Net depreciation in fair value of investments	4,407,034	-
Administrative fees	676,191	649,878
Total deductions	10,640,602	6,148,580
Net (decrease) increase	(8,178,878)	3,720,215
Net Assets Available for Benefits		
Beginning of year	73,122,197	69,401,982
End of year	\$ 64,943,319	\$ 73,122,197

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Plan Description

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

General

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

Pension Benefits

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

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

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Plan Description (continued)

Pension Benefits (continued)

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

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

Death and Disability Benefits

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

Summary of Significant Accounting Policies

Basis of Accounting

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2018 and 2017 were (a) life expectancy of participants (the RP-2014 Mortality Tables for employees and annuitants, for males and females, adjusted back to 2006 with Scale MP-2014 and then projected forward generationally using Scale MP-2017 for 2018 and the RP-2014 Mortality Tables for employees and annuitants, for males and females, adjusted back to 2006 with Scale MP-2014 and then projected forward generationally using Scale MP-2016 for 2017), (b) retirement age assumptions (the assumed average retirement age was 65 for both 2018 and 2017), (c) no salary increase assumptions due to the plan being frozen and (d) investment return. The valuation included assumed average rates of return of 7.00% for both 2018 and 2017. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

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

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

Funding Policy

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Plan Termination

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

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

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

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

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

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2018 and 2017 and for the years then ended is presented below:

	2018	2017
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 50,196,621	\$ 49,257,547
Terminated participants with benefits deferred	13,692,011	13,504,331
Other participants	1,545,725	3,565,546
	<u>\$ 65,434,357</u>	<u>\$ 66,327,424</u>
Actuarial present value of accumulate plan benefits at the beginning of year	\$ 66,327,424	\$ 67,910,047
(Decrease) increase during the year attributed to:		
Benefits paid	(5,494,362)	(5,319,528)
Additional benefits earned, including experience gains and losses	5,013,844	4,538,394
Change of assumptions	(412,549)	(801,489)
Net decrease	<u>(893,067)</u>	<u>(1,582,623)</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 65,434,357</u>	<u>\$ 66,327,424</u>

Information Prepared and Certified by the Trustee

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

	2018	2017
Cash and cash equivalents	\$ 1,804,242	\$ 3,333,663
U.S. Government and agency obligations	13,011,224	12,081,416
Fixed income obligations	10,310,415	10,562,709
Mutual funds	39,162,835	46,812,913
	<u>\$ 64,288,716</u>	<u>\$ 72,790,701</u>

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Information Prepared and Certified by the Trustee (continued)

The trustee also certified the completeness and accuracy of \$(4,407,034) and \$8,328,067 of net (depreciation) appreciation in fair value of investments and \$1,451,054 and \$1,367,416 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2018 and 2017, respectively.

Fair Value Measurements

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

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

Notes to Financial Statements

December 31, 2018 and 2017

Fair Value Measurements (continued)

Fixed Income

Obligations:

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

U.S. Government

and Agency

Obligations:

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

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

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

Assets at Fair Value as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,804,242	\$ -	\$ -	\$ 1,804,242
U.S. Government and agency obligations	-	13,011,224	-	13,011,224
Fixed income obligations	-	10,310,415	-	10,310,415
Mutual funds	39,162,835	-	-	39,162,835
Total assets at fair value	\$ 40,967,077	\$ 23,321,639	\$ -	\$ 64,288,716

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2017:

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

Tax Status

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

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

Party-in-Interest Transactions

Certain Plan investments are shares of a money market fund managed by JPMorgan Chase Bank, N.A. (JPMorgan). The Plan also holds corporate bonds issued by JPMorgan Chase and Co. JPMorgan is the trustee as defined in the plan agreement, and therefore, these transactions qualify as party-in-interest. Trustee fees paid to JPMorgan during 2018 and 2017 were approximately \$41,000 and \$38,000, respectively.

During 2018 and 2017, PNC Wealth Management and Huntington National Bank provided investment advisory management services to the Plan. Fees paid by the Plan during 2018 and 2017 for investment advisory management services were approximately \$26,000 and \$24,000, respectively.

During 2018 and 2017, the Plan paid fees of approximately \$100,000 and \$79,000, respectively, to Willis Towers Watson. Willis Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017



Risks and Uncertainties

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

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

Subsequent Event – Date of Management's Evaluation

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2018

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	1	2	1	0	0	4
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	1	2	1	0	0	4

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Nationwide Children's Hospital Pension Plan

EIN / PN: 31-4379441 / 001

Plan Sponsor: Nationwide Children's Hospital, Inc.

Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

- | | Reflecting Corridors | Not Reflecting Corridors |
|---------------------------|----------------------|--------------------------|
| ■ First segment rate | 3.92% | 1.75% |
| ■ Second segment rate | 5.52% | 3.76% |
| ■ Third segment rate | 6.29% | 4.66% |
| ■ Effective interest rate | 5.51% | 3.81% |

Annual rates of increase

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

Termination None

Disability None

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

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

Benefit commencement date:

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

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

Percent married 100% of participants are assumed married.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Not applicable; The plan froze benefit accruals December 31, 2011.
Plan-related expenses	The amount included this year for plan-related expenses is \$630,000, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.
Timing of benefit payments	Annuity payments are assumed to be payable annually at the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2017 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Benefits not valued

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2018. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate

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

Administrative expenses

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

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017 and reflect the interest rate corridors of HATFA. The basis for this assumption remains unchanged.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements. The basis for this assumption remains unchanged.
- The assumed plan-related expenses included in the target normal cost were changed from \$583,958 for 2017 to \$630,000 for 2018. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.

Change in methods since prior valuation

None

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

Schedule H, Line 4j – Schedule of Reportable Transactions For the Year Ended December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
<i>Category (i) - single transaction in a security issue aggregating 5% or more of plan assets</i>						
JPMORGAN US GOVERNMENT MONEY MARKET FUND FUNDS	Money Market Fund Purchase	\$ 4,499,800	\$ -	\$ 4,499,800	\$ 4,499,800	\$ -
<i>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</i>						
JPMORGAN US GOVERNMENT MONEY MARKET FUND FUNDS	Money Market Fund 18 Purchases	175,760	-	175,760	175,760	-
	14 Sales	-	3,509,422	3,509,422	3,509,422	-
JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND	Mutual Fund 266 Purchases	10,904,627	-	10,904,627	10,904,627	-
	114 Sales	-	9,100,382	9,100,382	9,100,382	-

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

Part I	Basic Information																				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>																				
2	Assets:																				
	<table style="width:100%;"> <tr> <td style="width:70%;">a Market value.....</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">73,117,405</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">69,435,592</td> </tr> </table>	a Market value.....	2a	73,117,405	b Actuarial value	2b	69,435,592														
a Market value.....	2a	73,117,405																			
b Actuarial value	2b	69,435,592																			
3	Funding target/participant count breakdown																				
	<table style="width:100%;"> <tr> <th style="width:50%;"></th> <th style="width:15%;">(1) Number of participants</th> <th style="width:15%;">(2) Vested Funding Target</th> <th style="width:20%;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">569</td> <td style="text-align: right;">54,293,445</td> <td style="text-align: right;">54,293,445</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">492</td> <td style="text-align: right;">15,356,601</td> <td style="text-align: right;">15,356,601</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">4</td> <td style="text-align: right;">1,712,333</td> <td style="text-align: right;">1,712,333</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">1,065</td> <td style="text-align: right;">71,362,379</td> <td style="text-align: right;">71,362,379</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment	569	54,293,445	54,293,445	b For terminated vested participants	492	15,356,601	15,356,601	c For active participants	4	1,712,333	1,712,333	d Total	1,065	71,362,379	71,362,379
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
a For retired participants and beneficiaries receiving payment	569	54,293,445	54,293,445																		
b For terminated vested participants	492	15,356,601	15,356,601																		
c For active participants	4	1,712,333	1,712,333																		
d Total	1,065	71,362,379	71,362,379																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐																				
	<table style="width:100%;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions.....</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	a Funding target disregarding prescribed at-risk assumptions.....	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b															
a Funding target disregarding prescribed at-risk assumptions.....	4a																				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b																				
5	Effective interest rate..... 5 5.51%																				
6	Target normal cost																				
	6 630,000																				

Statement by Enrolled Actuary

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

SIGN HERE	LORNA M. SPRINGER LMS	9/23/2019
	Signature of actuary	Date
	LORNA M. SPRINGER	1707422
	Type or print name of actuary	Most recent enrollment number
	WILLIS TOWERS WATSON US LLC	216-937-4000
	Firm name	Telephone number (including area code)
	1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND OH 44114-1172	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2018
v. 171027

Part II	Beginning of Year Carryover and Prefunding Balances
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	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	548,493
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	548,493
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>14.58%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		24
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		24
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III | Funding Percentages

14	Funding target attainment percentage	14	97.29%
15	Adjusted funding target attainment percentage	15	97.29%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.95%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/06/2018	176,530				
07/16/2018	177,000				
10/11/2018	176,530				
01/07/2019	176,530				
09/03/2019	304,080				
			Totals ►	18(b)	1,010,670
					18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	960,432

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Quarterly financial data as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	630,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1,926,787	328,994	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	958,994	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	958,994	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	960,432	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,438	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor Nationwide Children's Hospital, Inc.

EIN/PN 31-4379441 / 001

Plan Name Nationwide Children's Hospital Pension Plan

Valuation Date January 1, 2018

Enrolled Actuary Lorna M. Springer

Enrollment Number 17-07422

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19 Discounted Employer Contributions as of January 1, 2018

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During Late Contribution Period	Late Contribution Period	Interest Adjusted Contribution
04/06/2018	2018	176,530	5.51%	0.26389	N/A	N/A	174,049
07/16/2018	2018	177,000	5.51%	0.53889	10.51%	0.00278	171,910
10/11/2018	2018	176,530	5.51%	0.77778	N/A	N/A	169,317
01/07/2019	2018	176,530	5.51%	1.01667	N/A	N/A	167,162
09/03/2019	2018	304,080	5.51%	1.67222	N/A	N/A	277,994
Total		1,010,670			N/A	N/A	960,432

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2018

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

- | | Reflecting Corridors | Not Reflecting Corridors |
|---------------------------|----------------------|--------------------------|
| ■ First segment rate | 3.92% | 1.75% |
| ■ Second segment rate | 5.52% | 3.76% |
| ■ Third segment rate | 6.29% | 4.66% |
| ■ Effective interest rate | 5.51% | 3.81% |

Annual rates of increase

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

Termination None

Disability None

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

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

Benefit commencement date:

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

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

Percent married 100% of participants are assumed married.

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Not applicable; The plan froze benefit accruals December 31, 2011.
Plan-related expenses	The amount included this year for plan-related expenses is \$630,000, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.
Timing of benefit payments	Annuity payments are assumed to be payable annually at the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2017 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Benefits not valued

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2018. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate

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

Administrative expenses

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

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017 and reflect the interest rate corridors of HATFA. The basis for this assumption remains unchanged.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements. The basis for this assumption remains unchanged.
- The assumed plan-related expenses included in the target normal cost were changed from \$583,958 for 2017 to \$630,000 for 2018. The basis is still the prior year's plan-related expenses, minus the prior year's PBGC premiums, plus an estimate of the current year's PBGC premiums.

Change in methods since prior valuation

None

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

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

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

Definitions

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

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

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

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

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

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

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

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

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement following the attainment of:

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

Postponed retirement

Retirement after NRD

Vested termination

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

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2018

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	1	2	1	0	0	4
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	1	2	1	0	0	4

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Nationwide Children's Hospital Pension Plan

EIN / PN: 31-4379441 / 001

Plan Sponsor: Nationwide Children's Hospital, Inc.

Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2018**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2018	1,266,981	7.00000	1,266,981	206,834
2. Shortfall	01/01/2017	743,918	6.00000	659,806	122,160
Total				1,926,787	328,994

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor Nationwide Children's Hospital, Inc.

EIN/PN 31-4379441 / 001

Plan Name Nationwide Children's Hospital Pension Plan

Valuation Date January 1, 2018

Enrolled Actuary Lorna M. Springer

Enrollment Number 17-07422

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2018

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
 EIN / PN: 31-4379441 / 001
 Plan Sponsor: Nationwide Children's Hospital, Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19
Discounted Employer Contributions
as of January 1, 2018

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During Late Contribution Period	Late Contribution Period	Interest Adjusted Contribution
04/06/2018	2018	176,530	5.51%	0.26389	N/A	N/A	174,049
07/16/2018	2018	177,000	5.51%	0.53889	10.51%	0.00278	171,910
10/11/2018	2018	176,530	5.51%	0.77778	N/A	N/A	169,317
01/07/2019	2018	176,530	5.51%	1.01667	N/A	N/A	167,162
09/03/2019	2018	304,080	5.51%	1.67222	N/A	N/A	277,994
Total		1,010,670			N/A	N/A	960,432

Plan Name: Nationwide Children's Hospital Pension Plan
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Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

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

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

Definitions

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

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

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

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

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

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

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

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

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

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

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement following the attainment of:

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

Postponed retirement

Retirement after NRD

Vested termination

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

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit

Plan Name:	Nationwide Children's Hospital Pension Plan
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Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Early retirement

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

i) Those retiring after attaining age 55 with 10 or more years of Pension service will have their benefits reduced by 1/180th per month for each of the first 60 months early and 1/360th for each month in excess of 60.

ii) However, those retiring after attaining age 60 with 20 or more years of Credited Service will receive the benefit unreduced.

Postponed retirement

Monthly pension determined as of age 65 is payable upon actual retirement.

Vested termination

Monthly pension benefit determined as of the termination date, payable at NRD.

Other Plan Provisions

Forms of payment

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

Maximum on benefits and pay

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

Plan Name:	Nationwide Children's Hospital Pension Plan
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Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441 / 001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date	January 1, 2018

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 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	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	JPMorgan US Government Money Market Fund Capital Share	Money Market Fund (12/31/2049)	\$ 1,804,242	\$ 1,804,242
			1,804,242	1,804,242
	U.S. Government and Agency Obligations:			
	FEDERAL FARM CREDIT BANK BOND FIXED	\$500,000, 4.550%, due June 08, 2020	501,889	514,095
	FEDERAL FARM CREDIT BANK BOND FIXED	\$1,000,000, 1.750%, due March 18, 2019	1,000,656	998,580
	FEDERAL HOME LOAN BANKS BOND FIXED	\$550,000, 2.125%, due June 10, 2022	553,083	540,683
	FEDERAL HOME LOAN BANKS BOND FIXED	\$200,000, 3.000%, due March 18, 2020	201,711	200,828
	FEDERAL HOME LOAN BANKS BOND FIXED	\$250,000, 4.750%, due March 10, 2023	248,677	271,135
	FEDERAL HOME LOAN MORTGAGE CORP CALLABLE	\$200,000, 1.750%, due June 29, 2020	200,049	197,628
	FEDERAL HOME LOAN MORTGAGE CORP NOTES FIXED	\$300,000, 1.250%, due October 02, 2019	296,834	296,901
	FEDERAL HOME LOAN MORTGAGE CORP NOTES FIXED	\$250,000, 2.375%, due January 13, 2022	247,903	249,005
	FEDERAL NATIONAL MORTGAGE ASSOCIATION	\$35,000, 1.875%, due September 24, 2026	34,819	32,566
	FNMA MORTPASS	\$50,315.28, 2.500%, due November 1, 2031	50,448	49,157
	FNMA MORTPASS	\$64,751.89, 2.500%, due October 1, 2031	66,077	63,261
	FNMA MORTPASS	\$31,139.70, 3.000%, due February 1, 2032	30,917	31,084
	FNMA MORTPASS	\$66,563.75, 3.000%, due January 1, 2031	69,026	66,444
	FNMA MORTPASS	\$45,572.73, 3.000%, due July 1, 2030	46,895	45,603
	FNMA MORTPASS	\$36,114.90, 3.000%, due September 1, 2031	37,179	36,050
	FNMA MORTPASS	\$43,759.10, 4.000%, due December 1, 2045	46,718	44,657
	FREDDIE MAC MULTIFAMILY STRUCTURED PASS	\$125,000, 3.194%, due July 25, 2027	124,013	124,122
	UNITED STATES OF AMERICA BOND FIXED	\$600,000, 2.250% due August 15, 2046	531,260	512,790
	UNITED STATES OF AMERICA BOND FIXED	\$800,000, 2.750%, due November 15, 2042	823,955	764,904
	UNITED STATES OF AMERICA BOND FIXED	\$150,000, 3.000% due August 15, 2048	146,310	149,291
	UNITED STATES OF AMERICA BOND FIXED	\$250,000, 4.500%, due February 15, 2036	234,129	308,145
	UNITED STATES OF AMERICA BOND FIXED	\$250,000, 5.375%, due February 15, 2031	270,554	317,618
	UNITED STATES OF AMERICA NOTES FIXED	\$125,000, 0.120%, due January 15, 2022	135,557	135,559
	UNITED STATES OF AMERICA NOTES FIXED	\$65,000, 0.120%, due July 15, 2024	66,197	66,379
	UNITED STATES OF AMERICA NOTES FIXED	\$250,000, 0.625%, due January 15, 2026	254,583	258,970
	UNITED STATES OF AMERICA NOTES FIXED	\$200,000, 1.500%, due August 15, 2026	189,317	184,497
	UNITED STATES OF AMERICA NOTES FIXED	\$90,000, 1.625%, due December 31, 2019	89,014	89,104
	UNITED STATES OF AMERICA NOTES FIXED	\$875,000, 1.625%, due August 15, 2022	859,073	848,925
	UNITED STATES OF AMERICA NOTES FIXED	\$160,000, 1.625%, due May 15, 2026	152,519	149,413
	UNITED STATES OF AMERICA NOTES FIXED	\$75,000, 1.75%, due October 31, 2020	73,914	73,975
	UNITED STATES OF AMERICA NOTES FIXED	\$200,000, 1.750%, due September 30, 2022	191,463	194,718
	UNITED STATES OF AMERICA NOTES FIXED	\$15,000, 7.875%, due January 31, 2022	14,541	14,733
	UNITED STATES OF AMERICA NOTES FIXED	\$100,000, 2.125%, due September 30, 2021	98,763	99,051
	UNITED STATES OF AMERICA NOTES FIXED	\$225,000, 2.125%, due May 31, 2025	212,990	218,954
	UNITED STATES OF AMERICA BOND FIXED	\$30,000, 2.250%, due November 15, 2025	28,915	29,338
	UNITED STATES OF AMERICA NOTES FIXED	\$345,000, 2.375%, due August 15, 2024	343,872	341,833
	UNITED STATES OF AMERICA NOTES FIXED	\$615,000, 2.375%, due May 15, 2027	601,505	602,122
	UNITED STATES OF AMERICA NOTES FIXED	\$285,000, 2.500%, due August 15, 2023	283,720	284,912
	UNITED STATES OF AMERICA NOTES FIXED	\$805,000, 2.500%, due May 15, 2024	809,418	803,519
	UNITED STATES OF AMERICA NOTES FIXED	\$700,000, 2.625%, due July 15, 2021	698,457	702,492
	UNITED STATES OF AMERICA NOTES FIXED	\$325,000, 2.875%, due May 15, 2028	323,244	329,989
	UNITED STATES OF AMERICA NOTES FIXED	\$165,000, 2.000%, due February 28, 2021	165,421	163,286
	UNITED STATES OF AMERICA NOTES FIXED	\$500,000, 2.000%, due May 31, 2021	499,955	494,455
	UNITED STATES OF AMERICA NOTES FIXED	\$550,000, 2.000%, due February 15, 2025	529,400	532,021
	UNITED STATES OF AMERICA NOTES FIXED	\$600,000, 2.000%, due August 15, 2025	597,722	578,432
	Total U.S. Government and Agency Obligations		12,982,662	13,011,224

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed Income Obligations:			
	AMERIPRISE FINANCIAL INC CALLABLE NOTES	\$40,000, 5.300%, due March 15, 2020	41,170	41,017
	BANK OF NEW YORK MELLON CORP NOTES	\$100,000, 5.450%, due May 15, 2019	100,235	100,917
	BB&T CORP MEDIUM TERM NOTE FIXED	\$25,000, 6.850%, due April 30, 2019	25,856	25,307
	CISCO SYSTEMS INC CALLABLE NOTES FIXED	\$200,000, 4.950%, due February 15, 2019	200,074	200,424
	CREDIT SUISSE AG/NEW YOUR NY MEDIUM TERM	\$30,000, 5.400%, due January 14, 2020	30,871	30,464
	ABBOTT LABORATORIES CALLABLE NOTES FIXED	\$200,000, 2.550%, due March 15, 2022	201,453	194,842
	ABBVIE INC CALLABLE NOTES FIXED	\$25,000, 4.250%, due November 15, 2028	24,809	24,270
	AFLAC INC CALLABLE NOTES FIXED	\$250,000, 3.625%, due November 15, 2024	260,807	249,805
	AMERICAN CAMPUS COMMUNITIES OPERATING	\$30,000, 3.750%, due April 15, 2023	29,888	29,783
	AMERICAN CAMPUS COMMUNITIES OPERATING	\$15,000, 4.125%, due July 1, 2024	14,945	15,065
	AMERICAN EXPRESS CO CALLABLE NOTES FIXED	\$40,000, 3.000%, due October 30, 2024	39,980	38,278
	AMERICAN HONDA FINANCE CORP CALLABLE MED	\$35,000, 2.900%, due February 16, 2024	34,841	33,989
	AMERICAN INTERNATIONAL GROUP INC CALLABLE	\$30,000, 2.300%, due July 16, 2019	29,945	29,876
	AMERIPRISE FINANCIAL INC CALLABLE NOTES	\$100,000, 2.8750%, due September 15, 2026	100,380	93,116
	AMERISOURCEBERGEN CORP CALLABLE NOTES	\$200,000, 3.500%, due November 15, 2021	200,927	200,614
	AMPHENOL CORP CALLABLE NOTES FIXED	\$10,000, 3.200%, due April 1, 2024	9,990	9,696
	ANHEUSER-BUSCH INBEV FINANCE INC CALLABLE	25,000, 3.65%, due February 1, 2026	24,965	23,566
	ANHEUSER-BUSCH INBEV WORLDWIDE INC CALLABLE	30,000, 3.50%, due January 12, 2024	29,872	29,345
	APPLE INC CALLABLE NOTES FIXED	\$200,000, 3.350%, due February 9, 2027	197,666	194,878
	APPLE INC CALLABLE NOTES FIXED	\$100,000, 3.450%, due May 6, 2024	101,516	100,349
	APPLE INC CALLABLE NOTES FIXED	\$15,000, 3.000%, due February 9, 2024	14,993	14,814
	AT&T INC CALLABLE NOTES FIXED	\$200,000, 3.900%, due March 11, 2024	205,821	198,652
	AT&T INC CALLABLE NOTES FIXED	\$15,000, 4.600%, due February 15, 2021	15,804	15,346
	ATMOS ENERGY CORP CALLABLE NOTES FIXED	\$20,000, 3.000%, due July 15, 2027	19,966	19,134
	AVALONBAY COMMUNITIES INC CALLABLE MEDIUM	\$100,000, 3.625%, due October 1, 2020	100,376	100,574
	AVALONBAY COMMUNITIES INC CALLABLE MEDIUM	\$25,000, 2.900%, due October 15, 2026	24,405	23,589
	BA CREDIT CARD TRUST 2018-A1 A1	\$95,000, 2.700%, due July 17, 2023	94,990	94,659
	BANK OF AMERICA CORP CALLABLE MEDIUM TERM	\$20,000, Floating, due May 17, 2022	20,008	20,018
	BANK OF AMERICA CORP CALLABLE NOTES VARI	\$15,000, Floating, due January 23, 2026	15,000	14,341
	BANK OF AMERICA CORP MEDIUM TERM NOTE FI	\$35,000, 4.200%, due August 26, 2024	36,187	34,713
	BANK OF MONTREAL CALLABLE MEDIUM TERM NOTE	\$85,000, 2.375%, due January 25, 2019	85,027	84,967
	BANK OF NEW YORK MELLON CORP/ THE CALLABLE	\$20,000, 3.400%, due May 15, 2024	19,837	19,896
	BANK OF NOVA SCOTIA/ THE NOTES FIXED	\$20,000, 2.500%, due January 8, 2021	19,674	19,737
	BB&T CORP CALLABLE MEDIUM TERM NOTE FIXED	\$35,000, 3.750%, due December 6, 2023	34,947	35,294
	BB&T CORP CALLABLE MEDIUM TERM NOTE FIXED	\$10,000, 3.95%, due March 22, 2022	10,370	10,128
	BERKSHIRE HATHAWAY ENERGY CO CALLABLE NOTE	\$40,000, 3.500%, due February 1, 2025	41,184	39,663
	BERKSHIRE HATHAWAY INC CALLABLE NOTES FIXED	\$25,000, 3.125%, due March 15, 2026	25,049	24,231
	BMW VEHICLE OWNER TRUST 2016-A	\$6,799.28, 1.16%, due November 25, 2020	6,799	6,755
	BMW VEHICLE OWNER TRUST 2018-A	\$35,000, 2.51%, due June 25, 2020	34,995	34,434
	BP CAPITAL MARKETS AMERICA INC CALLABLE	\$25,000, 3.224%, due April 14, 2024	24,999	24,477
	BRANCH BANKING & TRUST CO CALLABLE MEDIUM	\$100,000, 2.850%, due April 1, 2021	99,883	99,189
	BURLINGTON NORTHERN SANTA FE LLC	\$25,000, 3.400%, due September 1, 2024	25,998	25,030
	CAPITAL ONE BANK USA NA NOTES FIXED	\$200,000, 3.375%, due February 15, 2023	200,075	193,114
	CAPITAL ONE FINANCIAL CORP CALLABLE NOTE	\$25,000, 3.300%, due October 30, 2024	24,756	23,556
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	\$15,000, 2.290%, due July 15, 2025	14,997	14,653
	CARNIVAL CORP CALLABLE NOTES FIXED	\$20,000, 3.95%, due October 15, 2020	20,767	20,258
	CHARLES SCHWAB CORP/THE CALLABLE NOTES FIXED	\$100,000, 3.450%, due February 13, 2026	103,151	99,112
	CHARLES SCHWAB CORP/THE CALLABLE NOTES FIXED	\$200,000, 4.450%, due July 22, 2020	204,482	204,404

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fixed Income Obligations: (continued)			
	CHEVRON CORP CALLABLE NOTES FIXED	\$15,000, 2.895%, due March 3, 2024	15,106	14,639
	CITIBANK CREDIT CARD ISSUANCE TRUST 2016	\$100,000, 1.750%, due November 19, 2021	99,995	98,939
	CITIGROUP INC CALLABLE NOTES FIXED	\$45,000, 2.700%, due October 27, 2022	43,691	43,398
	CITIGROUP INC CALLABLE NOTES VARIABLE	\$10,000, Variable, due January 10, 2028	10,302	9,635
	CITIGROUP INC NOTES FIXED	\$220,000, 2.650%, due October 26, 2020	201,053	197,342
	CITIGROUP INC NOTES FIXED	\$30,000, 4.450%, due September 29, 2027	30,877	28,915
	CNH EQUIPMENT TRUST 2018-B 2018-B A3	\$25,000, 3.190%, due November 15, 2023	24,997	25,104
	COCA-COLA CO/THE CALLABLE NOTES FIXED	\$100,000, 2.875%, due October 27, 2025	101,314	96,274
	COMCAST CORP CALLABLE NOTES FIXED	\$40,000, 3.950%, due October 15, 2025	39,911	40,445
	CONAGRA BRANDS INC CALLABLE NOTES FIXED	\$30,000, 3.800%, due October 22, 2021	29,975	30,011
	CONSOLIDATED EDISON CO OF NEW YORK INC CALLABLE	\$35,000, 4.000%, due December 1, 2028	34,974	35,869
	CONSTELLATION BRANDS INC CALLABLE NOTES	\$15,000, 3.875%, due November 15, 2019	15,204	15,056
	CVS HEALTH CORP CALLABLE NOTES FIXED	\$25,000, 3.500%, due July 20, 2022	24,895	24,733
	CVS HEALTH CORP CALLABLE NOTES FIXED	\$15,000, 4.300%, due March 25, 2028	14,857	14,649
	DISCOVER CARD EXECUTION NOTE TRUST 2018	\$35,000, 3.320%, March 15, 2024	34,999	35,426
	DOW CHEMICAL CO/THE CALLABLE NOTES FIXED	\$35,000, 4.250%, November 15, 2020	35,436	35,622
	DUKE ENERGY CORP CALLABLE NOTES FIXED	\$100,000, 3.950%, due October 15, 2023	101,966	100,902
	DUKE ENERGY CORP CALLABLE NOTES FIXED	\$30,000, 5.05% due September 15, 2019	30,716	30,277
	DUKE ENERGY FLORDIA LLC CALLABLE BOND FIXED	\$25,000, 3.800% due July 15, 2028	25,051	24,862
	ENERGY TRANSFER OPERATING LP CALLABLE NOTES	\$35,000, 4.050%, due March 15, 2025	33,612	32,849
	ENTERPRISE PRODUCTS OPERATING LLC CALLABLE	\$30,000, 3.500%, due February 1, 2022	29,828	30,067
	EOG RESOURCES INC CALLABLE NOTES FIXED	\$250,000, 2.625%, due March 15, 2023	240,731	240,175
	EQT CORP CALLABLE NOTES FIXED	\$25,000, 3.900%, due October 1, 2027	24,879	21,552
	FEDEX CORP CALLABLE NOTES FIXED	\$100,000, 4.000%, due January 15, 2024	101,319	102,412
	FIFTH THIRD AUTO TRUST 2017-1	\$50,000, 1.800%, due February 15, 2022	49,999	49,455
	FORD CREDIT AUTO OWNER TRUST 2017-A	\$50,000, 1.920%, due April 15, 2022	49,994	49,247
	FORD CREDIT AUTO OWNER TRUST 2017-C	\$25,000, 2.160%, due March 15, 2023	24,996	24,559
	FORD MTR CO CALLABLE NOTES FIXED	\$15,000, 4.346%, due December 8, 2026	15,000	13,362
	GENERAL MILLS INC CALLABLE NOTES FIXED	\$10,000, 3.150%, due December 15, 2021	9,924	9,920
	GENERAL MOTORS FINANCIAL CO INC CALLABLE	\$25,000, 4.350%, due January 17, 2027	25,603	22,936
	GILEAD SCIENCES INC CALLABLE NOTES FIXED	\$200,000, 3.700%, due April 1, 2024	205,995	199,666
	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLE	\$30,000, 2.320%, due July 18, 2022	29,994	29,691
	GOLDMAN SACHS GROUP INC/THE NOTES FIXED	\$50,000, 5.750%, due January 24, 2022	54,146	52,352
	HOLLYFRONTIER CORP CALLABLE BOND FIXED	\$20,000, 5.875%, due April 1, 2026	21,058	20,218
	HOME DEPOT INC/THE CALLABLE NOTES FIXED	\$15,000, 3.900% due December 6, 2028	14,898	15,364
	HOME DEPOT INC/THE CALLABLE NOTES FIXED	\$125,000, 4.200% due April 1, 2043	132,113	122,866
	HONDA AUTO RECEIVABLES 2016-2 OWNER TRUST	\$2,493.5, 1.390%, due April 15, 2020	2,498	2,484
	HONDA AUTO RECEIVABLES 2016-3 OWNER TRUST	\$20,000, 1.330%, due November 18, 2022	19,995	19,728
	HONDA AUTO RECEIVABLES 2017-1 OWNER TRUST	\$20,000, 2.050%, due June 21, 2023	19,999	19,736
	HONDA AUTO RECEIVABLES 2017-4 OWNER TRUST	\$70,000, 2.21%, due March 21, 2024	69,996	68,967
	HOST HOTELS & RESORTS LP CALLABLE NOTES	\$15,000, 3.750%, due October 15, 2023	14,685	14,713
	HSBC HOLDINGS PLC NOTES FIXED	\$50,000, 5.100%, due April 5, 2021	51,922	51,706
	INTEL CORP CALLABLE NOTES FIXED	\$200,000, 2.700%, due December 15, 2022	200,014	196,994
	INTEL CORP CALLABLE NOTES FIXED	\$25,000, 2.875%, due May 11, 2024	35,026	34,145
	INTEL CORP CALLABLE NOTES FIXED	\$200,000, 3.150%, due May 11, 2027	195,591	194,448
	INTERCONTINENTAL EXCHANGE INC CALLABLE NOTES	\$15,000, 2.750%, due December 1, 2020	14,990	14,899
	INTERNATIONAL BUSINESS MACHINES CORP CALLABLE	\$125,000, 4.000%, due June 20, 2042	127,581	112,309
	INVESCO FINANCE PLC CALLABLE NOTES FIXED	\$100,000, 4.000%, due January 30, 2024	103,293	99,839

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	JB HUNT TRANSPORT SERVICES INC CALLABLE	\$100,000, 2.400%, due March 15, 2019	100,010	99,829
	JOHN DEERE CAPITAL CORP BOND VARIABLE	\$45,000, Variable, due January 8, 2019	45,000	45,003
	JOHN DEERE OWNER TRUST 2016 2016-A A3	\$3,646.31, 1.360%, due April 15, 2020	3,646	3,638
	JOHNSON & JOHNSON CALLABLE NOTES FIXED	\$20,000, 2.45%, due March 1, 2026	19,979	18,784
*	JPMORGAN CHASE & CO CALLABLE NOTES VARIABLE	\$30,000, Variable, due December 5, 2024	30,022	30,220
*	JPMORGAN CHASE & CO MEDIUM TERM NOTE FIXED	\$100,000, 3.625%, due May 13, 2024	101,221	99,334
*	JPMORGAN CHASE & CO NOTES FIXED	\$20,000, 3.375%, due May 1, 2023	19,983	19,563
*	JPMORGAN CHASE & CO NOTES FIXED	\$100,000, 3.875%, due February 1, 2024	102,536	100,256
*	JPMORGAN CHASE & CO NOTES FIXED	\$30,000, 4.125%, due December 15, 2026	31,478	29,270
	KEURIG DR PEPPER INC CALLABLE NOTES FIXED	\$20,000, 2.550%, due September 15, 2026	19,958	17,200
	KEURIG DR PEPPER INC CALLABLE NOTES FIXED	\$20,000, 3.130%, due December 15, 2023	19,138	19,100
	KIMCO REALTY CORP CALLABLE NOTES FIXED	\$100,000, 3.125%, due June 1, 2023	99,615	96,720
	KINDER MORGAN ENERGY PARTNERS LP	\$35,000, 4.300%, due June 1, 2025	35,009	34,724
	KLA-TENCOR CORP CALLABLE NOTES FIXED	\$20,000, 4.650%, due November 1, 2024	20,473	20,496
	KRAFT FOODS GROUP INC NOTES FIXED	\$20,000, 3.500%, due June 6, 2022	20,908	19,798
	KROGER CO CALLABLE NOTES FIXED	\$10,000, 2.650%, due October 15, 2026	9,414	8,905
	KROGER CO CALLABLE NOTES FIXED	\$100,000, 3.850%, due August 1, 2023	100,107	100,821
	KROGER CO CALLABLE NOTES FIXED	\$100,000, 4.000%, due February 1, 2024	101,001	100,846
	KROGER CO CALLABLE NOTES FIXED	\$35,000, 6.150%, due January 15, 2020	36,336	35,994
	MARATHON PETROLEUM CORP CALLABLE NOTES FIXED	\$15,000, 5.125%, due December 15, 2026	16,315	15,246
	MARRIOTT INTERNATIONAL INC/MD CALLABLE NOTES	\$30,000, 4.150%, due December 1, 2023	29,935	30,015
	MASTERCARD INC CALLABLE NOTES FIXED	\$230,000, 3.375%, due April 1, 2024	232,453	231,435
	MCCORMICK & CO INC/MD CALLABLE NOTES FIXED	\$100,000, 3.900%, due July 15, 2021	102,801	100,930
	MCDONALDS CORP CALLABLE MEDIUM TERM NOTE	\$100,000, 3.500%, due July 15, 2020	101,658	101,380
	METLIFE INC CALLABLE BOND FIXED	\$15,000, Variable, due September 15, 2023	15,459	15,443
	MORGAN STANLEY CALLABLE MEDIUM TERM NOTE	\$15,000, 4.000%, due July 23, 2025	15,615	14,820
	MORGAN STANLEY MEDIUM TERM NOTE FIXED	\$70,000, 2.500%, due April 21, 2021	70,055	68,516
	MORGAN STANLEY MEDIUM TERM NOTE FIXED	\$5,000, 4.100%, due May 22, 2023	5,104	5,007
	MUFG AMERICAS HOLDINGS CORP CALLABLE NOTE	\$35,000, 3.500%, due June 18, 2022	35,047	35,084
	NEXEN ENERGY ULC CALLABLE NOTES FIXED	\$35,000, 6.200%, due July 30, 2019	36,374	35,604
	NISSAN AUTO RECEIVABLES 2015-C OWNER TRUST	\$6,248, 1.370%, due May 15, 2020	6,248	6,228
	NISSAN AUTO RECEIVABLES 2017-B OWNER TRUST	\$110,000, 1.750%, due October 15, 2021	109,995	108,722
	NORTHERN TRUST CORP NOTES FIXED	\$100,000, 2.375%, due August 2, 2022	99,313	97,188
	NORTHROP GRUMMAN CORP CALLABLE NOTES FIXED	\$100,000, 3.250%, due August 1, 2023	97,726	98,412
	NSTAR ELECTRIC CO CALLABLE BONDS FIXED	\$15,000, 3.200%, due May 15, 2027	15,153	14,621
	OMNICOM GROUP INC/OMNICOM CAPITAL INC	\$100,000, 4.450%, due August 15, 2020	102,276	101,708
	ORACLE CORP CALLABLE NOTES FIXED	\$225,000, 2.65%, due July 15, 2026	228,212	208,521
	PARKER-HANNIFIN CORP CALLABLE MEDIUM TERM	\$100,000, 3.500%, due September 15, 2022	101,027	100,464
	PFIZER INC CALLABLE NOTES FIXED	\$100,000, 2.75%, due June 3, 2026	102,615	94,997
	PNC FINANCIAL SERVICES GROUP/INC	\$100,000, 4.375%, due August 11, 2020	101,349	101,837
	PUBLIC SERVICE ELECTRIC & GAS CO CALLABLE	\$100,000, 3.500%, due August 15, 2020	101,311	100,798
	QUALCOMM INC CALLABLE NOTES FIXED	\$200,000, 3.450%, due May 20, 2025	199,417	192,426
	REGIONS FINANCIAL CORP CALLABLE NOTES FIXED	\$20,000, 2.750%, due August 14, 2022	19,782	19,253
	ROYAL BANK OF CANADA BOND FIXED	\$10,000, 1.875%, due February 5, 2020	9,991	9,896
	ROYAL BANK OF CANADA MEDIUM TERM NOTE	\$35,000, 3.700%, due October 5, 2023	34,931	35,055
	ROYAL BANK OF CANADA MEDIUM TERM NOTE	\$45,000, Variable, due July 29, 2019	45,000	45,034
	SEMPRA ENERGY CALLABLE NOTES FIXED	\$25,000, 2.875%, due October 1, 2022	24,897	24,111
	SHELL INTERNATIONAL FINANCE BV CALLABLE	\$25,000, 3.250%, due May 11, 2025	24,228	24,651
	SHERWIN-WILLIAMS CO CALLABLE NOTES FIXED	\$15,000, 2.750%, due June 1, 2022	15,067	14,477

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 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	(d) Cost	(e) Current Value
	Fixed Income Obligations: (continued)			
	SHIRE ACQUISITIONS INVESTMENTS IRELAND	\$20,000, 2.400%, due September 23, 2021	19,985	19,340
	SIERRA PACIFIC POWER CO CALLABLE NOTES FIXED	\$40,000, 2.600%, due May 1, 2026	39,069	37,265
	SIMON PROPERTY GROUP LP CALLABLE NOTES FIXED	\$30,000, 4.125%, due December 1, 2021	30,463	30,710
	SOUTHERN CALIFORNIA EDISON CO CALLABLE	\$20,000, 3.500%, due October 1, 2023	20,035	19,939
	SPIRIT AEROSYSTEMS INC CALLABLE NOTES FIXED	\$25,000, 4.600%, due June 15, 2028	23,731	23,828
	STATE STREET CORP NOTES FIXED	\$100,000, 2.65%, due May 19, 2026	101,452	93,629
	SUMITOMO MITSUI FINANCIAL GROUP INC NOTE	\$35,000, 2.778%, due October 18, 2022	35,025	33,965
	TARGET CORP CALLABLE NOTES FIXED	\$100,000, 2.900%, due January 15, 2022	99,994	99,924
	TOYOTA AUTO RECEIVABLES 2017-A	\$35,000, 2.100%, due September 15, 2022	34,993	34,620
	TOYOTA AUTO RECEIVABLES 2017-C	\$70,000, 1.780%, due November 15, 2021	69,995	69,000
	TOYOTA AUTO RECEIVABLES 2017-D	\$60,000, 1.930%, due January 18, 2022	59,994	59,164
	TOYOTA MOTOR CREDIT CORP CALLABLE MEDIUM	\$45,000, 3.450%, due September 20, 2023	44,917	44,986
	TOYOTA MOTOR CREDIT CORP MEDIUM TERM NOTE	\$20,000, 1.700%, due January 9, 2019	20,000	19,996
	UNION PACIFIC CORP CALLABLE NOTES FIXED	\$100,000, 2.750%, due March 1, 2026	99,438	93,267
	US BANCORP CALLABLE MEDIUM TERM NOTE FIXED	\$100,000, 2.350%, due January 29, 2021	100,057	98,523
	US BANCORP CALLABLE MEDIUM TERM NOTE FIXED	\$35,000, 3.600%, due September 11, 2024	36,245	34,832
	VALERO ENERGY CORP CALLABLE NOTES FIXED	\$25,000, 3.400%, due September 15, 2026	22,990	22,934
	VEREIT OPERATING PARTNERSHIP LP CALLABLE	\$25,000, 3.950%, due August 15, 2027	24,527	23,209
	VIRGINIA ELECTRIC & POWER CO CALLABLE	\$35,000, 3.150%, due January 15, 2026	34,997	33,917
	WALMART INC CALLABLE NOTES FIXED	\$50,000, 2.350%, due December 15, 2022	49,996	48,619
	WARNER MEDIA LLC CALLABLE NOTES FIXED	\$30,000, 3.600%, due July 15, 2025	28,812	28,414
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	\$35,000, 4.100%, due June 3, 2026	25,934	24,413
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	\$100,000, 4.125%, due August 15, 2023	101,120	100,591
	WESTPAC BANKING CORP NOTES FIXED	\$50,000, 2.650%, due January 25, 2021	49,976	49,495
	WISCONSIN POWER & LIGHT CO CALLABLE BOND	\$100,000, 4.600%, due June 15, 2020	100,609	102,034
	XCEL ENERGY INC CALLABLE FIXED NOTES	\$35,000, 4.700%, due May 15, 2020	36,338	35,418
	XILINX INC CALLABLE NOTES FIXED	\$10,000, 2.950%, due June 1, 2024	34,098	33,385
	EUROPEAN INVESTMENT BANK BOND FIXED	\$15,000, 2.375%, due June 15, 2022	14,981	14,822
	INTERNATIONAL BANK FOR RECONSTRUCTION	\$55,000, 1.375%, due September 20, 2021	54,946	53,244
	PETROLEOS MEXICANOS CALLABLE BOND FIXED	\$25,000, 6.000%, due March 5, 2020	25,882	25,456
	Total fixed income obligations		10,535,515	10,310,415
	Mutual Funds:			
	CAUSEWAY INTERNATIONAL VALUE FUND	195,746.040 Shares	2,562,517	2,664,104
	FIDELITY INTERNATIONAL DISCOVERY FUND	72,108.030 Shares	1,903,910	2,629,780
	VANGUARD INSTITUTIONAL INDEX FUND	106,830.800 Shares	8,575,175	24,311,486
	VANGUARD MID-CAP INDEX FUND	100,422.450 Shares	1,400,539	3,793,960
	VANGUARD SMALL-CAP INDEX FUND	91,165.850 Shares	4,920,377	5,763,505
	Total Mutual Funds		19,362,518	39,162,835
			\$ 44,684,937	\$ 64,288,716

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2018

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2018	1,266,981	7.00000	1,266,981	206,834
2. Shortfall	01/01/2017	743,918	6.00000	659,806	122,160
Total				1,926,787	328,994

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date: January 1, 2018