Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1958

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NATIONWIDE CHILDREN'S HOSPITAL, INC.

700 CHILDRENS DRIVE
COLUMBUS, OH 43205-2664

2b Employer Identification Number (EIN) 31-4379441

2c Plan Sponsor's telephone number 614-722-2000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1009
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	3
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1
b Retired or separated participants receiving benefits	**6b**	574
c Other retired or separated participants entitled to future benefits	**6c**	361
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	936
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	43
f Total. Add lines **6d** and **6e**	**6f**	979
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	73152599
b Actuarial value	**2b**	69457046

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	610	56882656	56882656
b For terminated vested participants	396	14163949	14163949
c For active participants	3	1471735	1471735
d Total	1009	72518340	72518340

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.19 %
6 Target normal cost	**6**	560000

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

	09/29/2021
Signature of actuary	Date
LORNA M. SPRINGER	20-07422
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 [ ]

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 21.03 %	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)		252
	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 5.34 %		13
	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		265
	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	95.77 %
15	Adjusted funding target attainment percentage	15	95.77 %
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	92.35 %
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
04/13/2020	440101	0			
07/09/2020	440101	0			
01/12/2021	219507	0			
04/15/2021	307554	0			
07/07/2021	307554	0			
			Totals ► 18(b)	1714817	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	1643787

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	560000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3061294	670216
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**	1230216

	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**	1230216
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1643787

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	413571
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)

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

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

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

WILLIS TOWERS WATSON US LLC

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	73253	Yes [ ] No [X]	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	39771	Yes [X] No [ ]	Yes [X] No [ ]	10711	Yes [X] 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	12960	Yes [ ] No [X]	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	6720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 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)	620798	834615
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	175370	152711
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3549858	4295735
(2) U.S. Government securities	1c(2)	11646929	12122592
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	11251796	12125933
(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)	45921524	48753372
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	73166275	78284958
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	73166275	78284958

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)	1714817	
	(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)		1714817
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)	237439	
	(C) Corporate debt instruments	2b(1)(C)	313611	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		551050
	(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)	733140	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		733140
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10523528	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10312313	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		211215
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1032913	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1032913

		(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)		7209870
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11453005
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5776771	
(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)		5776771
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)	73253	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	59451	
(4) Other	2i(4)	424847	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		557551
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6334322
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5118683
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4318034.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-4379441

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 31-1389836

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: 100.0 % High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Financial Statements
with Supplementary Information

Nationwide Children's Hospital Pension Plan

December 31, 2020 and 2019

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GBQ Partners

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, 2020 and 2019, 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, 2020 and 2019 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of or for the year ended December 31, 2020 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 13, 2021

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Cash and cash equivalents	**$ 4,295,735**	$ 3,549,858
U.S. Government and agency obligations	**12,122,592**	10,783,574
Fixed income obligations	**12,125,933**	12,115,151
Mutual funds	**48,753,372**	45,921,524
	77,297,632	72,370,107
Employer contribution receivable	**834,615**	620,798
Interest receivable	**152,711**	175,370
NET ASSETS AVAILABLE FOR BENEFITS	**$ 78,284,958**	$ 73,166,275

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, 2020 and 2019

	2020	2019
Additions to Net Assets Attributed to		
Interest and dividend income	**$ 1,284,190**	$ 1,604,661
Net appreciation in fair value of investments	**8,453,998**	11,450,484
Employer contributions	**1,714,817**	1,839,304
Total additions	**11,453,005**	14,894,449
Deductions from Net Assets Attributed to		
Benefits paid to participants and beneficiaries	**5,777,754**	5,860,369
Administrative fees	**556,568**	811,124
Total deductions	**6,334,322**	6,671,493
Net increase	**5,118,683**	8,222,956
Net Assets Available for Benefits		
Beginning of year	**73,166,275**	64,943,319
End of year	**$ 78,284,958**	$ 73,166,275

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

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) $1/12^{th}$ of 2.3% of the participant's average compensation, minus (b) $1/12^{th}$ 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) $1/12^{th}$ of 3/4ths of 1% of the participant's annualized compensation (up to an amount stipulated in the plan document), plus (ii) $1/12^{th}$ 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.

Plan Description (continued)

Pension Benefits (continued)

- A participant hired before April 1, 1993 is entitled to a benefit calculated as (a) 1/12th of 1% of the participant's average compensation (up to an amount stipulated in the plan document), plus (b) 1/12th of 1.45% of the participant's average compensation (in excess of an amount stipulated in the plan document), multiplied by (c) the participant's years of benefit service, not counting benefit service after March 31, 1993.

- A participant who retires on or after July 1, 1992 is entitled to a benefit calculated as (a) 1/12th of 2.3% of the participant's average compensation, minus (b) 1/12th of 2.0% of the participant's social security benefit, multiplied by (c) the participant's years of benefit service.

- Alternative provisions in the plan document apply to a participant who terminates employment after December 31, 1993 and who has any compensation prior to January 1, 1994 in excess of $150,000.

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

Death and Disability Benefits

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

Summary of Significant Accounting Policies

Basis of Accounting

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

Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

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, 2020 and 2019 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-2019 for 2020 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-2018 for 2019), (b) retirement age assumptions (the assumed average retirement age was 65 for both 2020 and 2019), (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 2020 and 2019. 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.

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.

Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2020 and 2019 and for the years then ended is presented below:

	2020	2019
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	**$ 49,183,991**	$ 49,472,317
Terminated participants with benefits deferred	**11,875,023**	13,978,123
Other participants	**1,255,802**	1,247,857
	$ 62,314,816	$ 64,698,297

	2020	2019
Actuarial present value of accumulated plan benefits at the beginning of year	**$ 64,698,297**	$ 65,434,357
(Decrease) increase during the year attributed to:		
Benefits paid	**(5,858,124)**	(5,557,377)
Additional benefits earned, including experience gains and losses	**4,355,906**	4,821,703
Change of assumptions	**(881,263)**	(386)
Net decrease	**(2,383,481)**	(736,060)
Actuarial present value of accumulated plan benefits at the end of year	**$ 62,314,816**	$ 64,698,297

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.

	2020	2019
Cash and cash equivalents	**$ 4,295,735**	$ 3,549,858
U.S. Government and agency obligations	**12,122,592**	10,783,574
Fixed income obligations	**12,125,933**	12,115,151
Mutual funds	**48,753,372**	45,921,524
	$ 77,297,632	$ 72,370,107

Information Prepared and Certified by the Trustee (continued)

The trustee also certified the completeness and accuracy of $8,453,998 and $11,450,484 of net appreciation in fair value of investments and $1,284,190 and $1,604,661 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2020 and 2019, 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, 2020 and 2019.

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

Fair Value Measurements (continued)

Fixed Income Obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if 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, 2020:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	**$ 4,295,735**	**$ -**	**$ -**	**$ 4,295,735**
U.S. Government and agency obligations	**-**	**12,122,592**	**-**	**12,122,592**
Fixed income obligations	**-**	**12,125,933**	**-**	**12,125,933**
Mutual funds	**48,753,372**	**-**	**-**	**48,753,372**
Total assets at fair value	**$ 53,049,107**	**$ 24,248,525**	**$ -**	**$ 77,297,632**

Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 3,549,858	$ -	$ -	$ 3,549,858
U.S. Government and agency obligations	-	10,783,574	-	10,783,574
Fixed income obligations	-	12,115,151	-	12,115,151
Mutual funds	45,921,524	-	-	45,921,524
Total assets at fair value	$ 49,471,382	$ 22,898,725	$ -	$ 72,370,107

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.

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, 2020, 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. During 2020 and 2019, PNC Wealth Management and Huntington National Bank provided investment advisory management services to the Plan. Willis Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest. Total administrative fees paid to the Plan's parties-in-interest were approximately $132,000 and $163,000 in 2020 and 2019, respectively.

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 2020 statement of net assets available for benefits.

Risks and Uncertainties (continued)

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

Subsequent Event – Date of Management's Evaluation

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

SUPPLEMENTARY INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 2020

(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)	$ 4,295,735	$ 4,295,735
			4,295,735	4,295,735
	U.S. Government and Agency Obligations:			
	FEDERAL FARM CREDIT BANKS FUNDING CORP BOND	$50,000 SEMI-ANN. 1.300% 05/13/2030	50,084	51,096
	FEDERAL HOME LOAN BANKS BOND FIXED	$1,250,000 SEMI-ANN. 2.125% 06/10/2022	1,270,298	1,286,075
	FEDERAL HOME LOAN BANKS BOND FIXED	$25,000 SEMI-ANN. 3.250% 11/16/2028	28,348	29,897
	FEDERAL HOME LOAN BANKS BOND FIXED	$250,000 SEMI-ANN. 4.750% 03/10/2023	249,310	274,848
	FEDERAL HOME LOAN MORTGAGE CORP CALLABLE	$50,000 SEMI-ANN. 1.400% 11/05/2030	50,000	49,751
	FEDERAL HOME LOAN MORTGAGE CORP NOTES FIXED	$100,000 SEMI-ANN. 1.500% 02/12/2025	104,444	104,903
	FEDERAL NATIONAL MORTGAGE ASSOCIATION	$25,000 SEMI-ANN. 2.625% 09/06/2024	26,660	27,191
	FEDERAL NATIONAL MORTGAGE ASSOCIATION	$10,000 SEMI-ANN. 1.875% 09/24/2026	9,962	10,813
	FEDERAL NATIONAL MORTGAGE ASSOCIATION	$155,000 SEMI-ANN. 0.875% 08/05/2030	153,836	152,115
	FREDDIE MAC REMICS 4774 LP	$59,698 MONTHLY 3.500% 09/15/2046	60,518	62,846
	FREDDIE MAC MULTIFAMILY STRUCTURED PASS	$65,000 MONTHLY 3.194% 07/25/2027	67,429	74,349
	UMBS MORTPASS 2.5% 01/AUG/2050 CL	$49,105 MONTHLY 2.500% 08/01/2050	51,745	51,835
	UMBS MORTPASS 2.5% 01/DEC/2034 CI	$24,806 MONTHLY 2.500% 12/01/2034	26,037	26,138
	UMBS MORTPASS 2.5% 01/MAY/2050 CL	$23,861 MONTHLY 2.500% 05/01/2050	24,981	25,175
	UMBS MORTPASS 2.5% 01/NOV/2031 CI	$24,791 MONTHLY 2.500% 11/01/2031	24,846	25,915
	UMBS MORTPASS 2.5% 01/SEP/2050 CL	$49,551 MONTHLY 2.500% 09/01/2050	52,274	52,501
	UMBS MORTPASS 2% 01/AUG/2035 CI	$23,658 MONTHLY 2.000% 08/01/2035	24,536	24,731
	UMBS MORTPASS 3.5% 01/AUG/2049 CL	$22,688 MONTHLY 3.500% 08/01/2049	23,503	24,315
	UMBS MORTPASS 3.5% 01/DEC/2029 CI	$33,740 MONTHLY 3.500% 12/01/2029	35,010	36,178
	UMBS MORTPASS 3.5% 01/JUL/2049 CL	$22,366 MONTHLY 3.500% 07/01/2049	23,126	24,113
	UMBS MORTPASS 3.5% 01/SEP/2034 CI	$34,651 MONTHLY 3.500% 09/01/2034	36,549	37,927
	UMBS MORTPASS 3% 01/FEB/2033 CI	$39,487 MONTHLY 3.000% 02/01/2033	40,405	41,497
	UMBS MORTPASS 3% 01/FEB/2035 CI	$34,426 MONTHLY 3.000% 02/01/2035	36,561	36,819
	UMBS MORTPASS 3% 01/JUL/2030 CI	$30,097 MONTHLY 3.000% 07/01/2030	30,822	32,160
	UMBS MORTPASS 3% 01/SEP/2031 CI	$23,289 MONTHLY 3.000% 09/01/2031	23,870	25,022
	UMBS MORTPASS 4% 01/DEC/2045 CL	$25,666 MONTHLY 4.000% 12/01/2045	27,277	28,063
	UNITED STATES OF AMERICA BOND FIXED	$700,000 SEMI-ANN. 2.250% 08/15/2046	634,161	799,036
	UNITED STATES OF AMERICA BOND FIXED	$800,000 SEMI-ANN. 2.750% 11/15/2042	821,944	991,160
	UNITED STATES OF AMERICA BOND FIXED	$200,000 SEMI-ANN. 3.625% 02/15/2044	280,944	283,212
	UNITED STATES OF AMERICA BOND FIXED	$235,000 SEMI-ANN. 3.000% 08/15/2048	259,348	309,145
	UNITED STATES OF AMERICA BOND FIXED	$250,000 SEMI-ANN. 4.500% 02/15/2036	235,986	366,905
	UNITED STATES OF AMERICA BOND FIXED	$100,000 SEMI-ANN. 5.375% 02/15/2031	106,865	143,758
	UNITED STATES OF AMERICA NOTES FIXED	$30,000 SEMI-ANN. FLOATING 07/15/2027	30,131	35,925
	UNITED STATES OF AMERICA NOTES FIXED	$105,000 SEMI-ANN. 0.625% 05/15/2030	102,714	102,654
	UNITED STATES OF AMERICA NOTES FIXED	$200,000 SEMI-ANN. 1.500% 08/15/2026	192,124	211,774
	UNITED STATES OF AMERICA NOTES FIXED	$260,000 SEMI-ANN. 1.625% 08/15/2022	262,334	266,318
	UNITED STATES OF AMERICA NOTES FIXED	$250,000 SEMI-ANN. 1.625% 08/31/2022	256,271	256,210
	UNITED STATES OF AMERICA NOTES FIXED	$260,000 SEMI-ANN. 1.625% 05/15/2026	276,086	276,840
	UNITED STATES OF AMERICA NOTES FIXED	$250,000 SEMI-ANN. 1.625% 10/31/2026	264,852	266,620
	UNITED STATES OF AMERICA NOTES FIXED	$175,000 SEMI-ANN. 1.750% 09/30/2022	171,522	179,942
	UNITED STATES OF AMERICA NOTES FIXED	$5,000 SEMI-ANN. 1.750% 11/15/2029	5,371	5,404
	UNITED STATES OF AMERICA NOTES FIXED	$45,000 SEMI-ANN. 1.875% 01/31/2022	45,844	45,851
	UNITED STATES OF AMERICA NOTES FIXED	$225,000 SEMI-ANN. 2.125% 05/15/2025	216,765	242,843
	UNITED STATES OF AMERICA NOTES FIXED	$250,000 SEMI-ANN. 2.250% 04/30/2024	254,684	267,033
	UNITED STATES OF AMERICA NOTES FIXED	$555,000 SEMI-ANN. 2.250% 11/15/2025	605,265	606,077
	UNITED STATES OF AMERICA NOTES FIXED	$415,000 SEMI-ANN. 2.375% 08/15/2024	433,014	447,275
	UNITED STATES OF AMERICA NOTES FIXED	$625,000 SEMI-ANN. 2.375% 05/15/2027	661,289	697,144
	UNITED STATES OF AMERICA NOTES FIXED	$80,000 SEMI-ANN. 2.375% 05/15/2029	90,026	90,413
	UNITED STATES OF AMERICA NOTES FIXED	$425,000 SEMI-ANN. 2.500% 08/15/2023	447,529	451,129
	UNITED STATES OF AMERICA NOTES FIXED	$680,000 SEMI-ANN. 2.500% 05/15/2024	701,179	732,754
	UNITED STATES OF AMERICA NOTES FIXED	$400,000 SEMI-ANN. 2.875% 05/15/2028	411,192	463,435
	UNITED STATES OF AMERICA NOTES FIXED	$300,000 SEMI-ANN. 2.000% 02/15/2025	292,432	321,197
	UNITED STATES OF AMERICA NOTES FIXED	$600,000 SEMI-ANN. 2.000% 08/15/2025	598,413	646,265
	Total U.S. Government and Agency Obligations		11,210,716	12,122,592

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, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fixed Income Obligations:			
	ABBOTT LABORATORIES CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 2.550% 03/15/2022	200,546	205,384
	ABBVIE INC CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 3.600% 05/14/2025	15,466	16,711
	AFLAC INC CALLABLE NOTES FIXED	$250,000 SEMI-ANN. 3.625% 11/15/2024	257,124	278,555
	AIR PRODUCTS AND CHEMICALS INC CALLABLE	$20,000 SEMI-ANN. 1.850% 05/15/2027	19,983	21,170
	ALLSTATE CORP/THE CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 1.450% 12/15/2030	14,950	14,972
	ALPHABET INC CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 1.100% 08/15/2030	14,960	14,795
	AMAZON.COM INC CALLABLE NOTES FIXED	$30,000 SEMI-ANN. 1.500% 06/03/2030	29,969	30,510
	AMERICAN CAMPUS COMMUNITIES OPERATING PA	$35,000 SEMI-ANN. 4.125% 07/01/2024	35,920	38,201
	AMERICAN EXPRESS CO CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 3.000% 10/30/2024	19,993	21,844
	AMERICAN WATER CAPITAL CORP CALLABLE NOTES	$20,000 SEMI-ANN. 2.950% 09/01/2027	20,077	22,113
	AMERIPRISE FINANCIAL INC CALLABLE NOTES	$100,000 SEMI-ANN. 2.875% 09/15/2026	100,281	110,549
	AMERIPRISE FINANCIAL INC CALLABLE NOTES	$15,000 SEMI-ANN. 3.000% 03/22/2022	15,009	15,490
	AMPHENOL CORP CALLABLE NOTES FIXED	$30,000 SEMI-ANN. 2.050% 03/01/2025	30,294	31,692
	APPLE INC CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.350% 02/09/2027	198,242	228,156
	APPLE INC CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.450% 05/06/2024	100,946	110,120
	AT&T INC CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 2.300% 06/01/2027	25,033	26,664
	AT&T INC CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.900% 03/11/2024	203,577	219,380
	ATMOS ENERGY CORP CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 3.000% 06/15/2027	25,519	27,663
	AVALONBAY COMMUNITIES INC CALLABLE MEDIUM	$15,000 SEMI-ANN. 3.350% 05/15/2027	16,767	16,801
	AVALONBAY COMMUNITIES INC CALLABLE NOTES	$200,000 SEMI-ANN. 2.950% 09/15/2022	202,302	207,556
	BANK OF AMERICA CORP CALLABLE MEDIUM TERM	$200,000 SEMI-ANN. FLOATING 04/24/2028	201,297	227,692
	BANK OF AMERICA CORP CALLABLE MEDIUM TERM	$20,000 SEMI-ANN. FLOATING 10/24/2031	20,050	20,264
	BANK OF AMERICA CORP CALLABLE NOTES VARI	$25,000 SEMI-ANN. FLOATING 01/23/2026	25,887	27,523
	BANK OF AMERICA CORP MEDIUM TERM NOTE FIXED	$35,000 SEMI-ANN. 4.200% 08/26/2024	35,766	39,182
	BANK OF NEW YORK MELLON CORP/THE CALLABLE	$15,000 SEMI-ANN. 3.400% 05/15/2024	14,922	16,407
	BANK OF NEW YORK MELLON CORP/THE MEDIUM	$250,000 SEMI-ANN. 3.450% 08/11/2023	259,757	270,240
	BERKSHIRE HATHAWAY FINANCE CORP CALLABLE	$15,000 SEMI-ANN. 1.450% 10/15/2030	14,970	15,195
	BMW VEHICLE OWNER TRUST 2019-A 2019-A A3	$20,000 MONTHLY 1.920% 01/25/2024	19,401	20,305
	BOEING CO/THE CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 2.800% 03/01/2027	25,430	25,982
	BP CAPITAL MARKETS AMERICA INC CALLABLE	$15,000 SEMI-ANN. 3.588% 04/14/2027	16,826	17,060
	BP CAPITAL MARKETS AMERICA INC CALLABLE	$25,000 SEMI-ANN. 3.633% 04/06/2030	25,000	29,124
	BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 1.125% 11/13/2027	19,939	20,200
	CAMDEN PROPERTY TRUST CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 3.500% 09/15/2024	27,063	27,150
	CAPITAL ONE BANK USA NA NOTES FIXED	$200,000 SEMI-ANN. 3.375% 02/15/2023	200,039	211,350
	CAPITAL ONE FINANCIAL CORP CALLABLE NOTE	$20,000 SEMI-ANN. 3.900% 01/29/2024	21,683	21,908
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	$35,000 MONTHLY 1.660% 06/17/2024	34,362	35,316
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	$15,000 MONTHLY 2.290% 07/15/2025	14,997	15,528
	CAPITAL ONE PRIME AUTO RECEIVABLES TRUST	$10,000 MONTHLY 2.510% 11/15/2023	9,998	10,171
	CATERPILLAR FINANCIAL SERVICES CORP MEDI	$10,000 QUARTERLY FLOATING 11/12/2021	10,000	10,014
	CBOE GLOBAL MARKETS INC CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.650% 01/12/2027	203,282	227,490
	CHARLES SCHWAB CORP/THE CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.450% 02/13/2026	102,266	113,315
	CHEVRON CORP CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 1.995% 05/11/2027	25,000	26,512
	CHEVRON CORP CALLABLE NOTES FIXED	$10,000 SEMI-ANN. 2.895% 03/03/2024	10,104	10,716
	CIGNA CORP CALLABLE NOTES FIXED	$10,000 SEMI-ANN. 4.375% 10/15/2028	11,454	12,087
	CITIGROUP INC BOND FIXED	$15,000 SEMI-ANN. 3.875% 03/26/2025	15,626	16,740
	CITIGROUP INC CALLABLE NOTES VARIABLE 10	$10,000 SEMI-ANN. FLOATING 01/10/2028	10,237	11,461
	CITIGROUP INC CALLABLE NOTES VARIABLE 24	$25,000 SEMI-ANN. FLOATING 01/24/2023	25,338	25,707
	CNH EQUIPMENT TRUST 2018-B 2018-B A3	$24,745 MONTHLY 3.190% 11/15/2023	24,818	25,218
	CNH EQUIPMENT TRUST 2019-C 2019-C A3	$30,000 MONTHLY 2.010% 12/16/2024	29,997	30,672
	CNH INDUSTRIAL CAPITAL LLC CALLABLE NOTE	$10,000 SEMI-ANN. 1.950% 07/02/2023	9,948	10,295

See Independent Auditor's Report.

(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)			
	COCA-COLA CO/THE CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.875% 10/27/2025	100,926	110,883
	COCA-COLA CO/THE CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 3.450% 03/25/2030	15,859	17,681
	CONNECTICUT LIGHT AND POWER CO/THE CALLABLE	$10,000 SEMI-ANN. 3.200% 03/15/2027	11,135	11,223
	CONSOLIDATED EDISON CO OF NEW YORK INC NOTES	$30,000 QUARTERLY FLOATING 06/25/2021	30,030	30,053
	CONSOLIDATED EDISON INC CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 0.650% 12/01/2023	19,996	20,040
	CVS HEALTH CORP CALLABLE NOTES FIXED	$10,000 SEMI-ANN. 1.300% 08/21/2027	9,982	10,046
	CVS HEALTH CORP CALLABLE NOTES FIXED	$3,000 SEMI-ANN. 4.300% 03/25/2028	3,060	3,570
	DUKE ENERGY CORP CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.150% 08/15/2027	208,740	223,192
	DUKE ENERGY CORP CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.950% 10/15/2023	101,144	108,714
	DUPONT DE NEMOURS INC CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 4.205% 11/15/2023	26,245	27,581
	EMERSON ELECTRIC CO CALLABLE NOTES FIXED	$30,000 SEMI-ANN. 1.800% 10/15/2027	29,975	31,703
	ENERGY TRANSFER OPERATING LP CALLABLE NOTES	$30,000 SEMI-ANN. 4.050% 03/15/2025	29,209	32,910
	ENTERGY LOUISIANA LLC CALLABLE BOND FIXED	$20,000 SEMI-ANN. 0.620% 11/17/2023	19,996	20,066
	EOG RESOURCES INC CALLABLE NOTES FIXED	$250,000 SEMI-ANN. 2.625% 03/15/2023	245,147	260,893
	EQUINIX INC CALLABLE NOTES FIXED	$10,000 SEMI-ANN. 2.150% 07/15/2030	9,979	10,172
	EQUINIX INC CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 5.375% 05/15/2027	21,797	21,800
	ESTEE LAUDER COS INC/THE CALLABLE NOTES	$100,000 SEMI-ANN. 2.000% 12/01/2024	105,339	105,644
	EUROPEAN INVESTMENT BANK BOND FIXED	$25,000 SEMI-ANN. 0.625% 07/25/2025	24,925	25,239
	EXXON MOBIL CORP CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 3.176% 03/15/2024	15,310	16,179
	FIRST NIAGARA FINANCIAL GROUP INC NOTES	$30,000 SEMI-ANN. 7.250% 12/15/2021	31,522	31,910
	GENERAL DYNAMICS CORP CALLABLE NOTES FIXED	$300,000 SEMI-ANN. 3.750% 05/15/2028	351,076	350,970
	GILEAD SCIENCES INC CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.700% 04/01/2024	203,712	217,986
	GOLDMAN SACHS GROUP INC/THE CALLABLE NOTES	$30,000 SEMI-ANN. 3.500% 01/23/2025	30,547	33,110
	HERSHEY CO/THE CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 1.700% 06/01/2030	20,009	20,577
	HOLLYFRONTIER CORP CALLABLE BOND FIXED	$30,000 SEMI-ANN. 5.875% 04/01/2026	31,080	33,501
	HOME DEPOT INC/THE CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 2.700% 04/15/2030	25,012	27,903
	HOME DEPOT INC/THE CALLABLE NOTES FIXED	$125,000 SEMI-ANN. 4.200% 04/01/2043	132,113	162,595
	HONDA AUTO RECEIVABLES 2020-3 OWNER TRUST	$10,000 MONTHLY 0.460% 04/19/2027	9,997	10,033
	HONEYWELL INTERNATIONAL INC CALLABLE NOTES	$15,000 QUARTERLY FLOATING 08/19/2022	15,000	15,015
	HONEYWELL INTERNATIONAL INC CALLABLE NOTES	$15,000 SEMI-ANN. 1.950% 06/01/2030	14,984	15,849
	HORMEL FOODS CORP CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 1.800% 06/11/2030	14,961	15,514
	HOST HOTELS & RESORTS LP CALLABLE NOTES	$15,000 SEMI-ANN. 3.875% 04/01/2024	15,352	15,854
	HOST HOTELS & RESORTS LP CALLABLE NOTES	$10,000 SEMI-ANN. 3.500% 09/15/2030	9,909	10,535
	INTEL CORP CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 2.700% 12/15/2022	200,007	209,460
	INTEL CORP CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.150% 05/11/2027	196,647	225,744
	INTERCONTINENTAL EXCHANGE INC CALLABLE NOTE	$15,000 SEMI-ANN. 1.850% 09/15/2032	14,927	15,117
	INTERNATIONAL BUSINESS MACHINES CORP CALLABLE	$125,000 SEMI-ANN. 4.000% 06/20/2042	127,581	154,913
	INVESCO FINANCE PLC CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 4.000% 01/30/2024	101,995	109,767
	JOHN DEERE CAPITAL CORP MEDIUM TERM NOTE	$10,000 SEMI-ANN. 1.750% 03/09/2027	10,010	10,501
	JOHN DEERE OWNER TRUST 2019-A 2019-A A3	$26,575 MONTHLY 2.910% 07/17/2023	26,572	27,084
	JOHN DEERE OWNER TRUST 2019-B 2019-B A3	$20,000 MONTHLY 2.210% 12/15/2023	19,996	20,386
	JOHNSON & JOHNSON CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 1.300% 09/01/2030	19,994	20,149
*	JPMORGAN CHASE & CO CALLABLE NOTES VARIABLE	$30,000 SEMI-ANN. FLOATING 12/05/2024	30,015	33,049
*	JPMORGAN CHASE & CO MEDIUM TERM NOTE FIX	$100,000 SEMI-ANN. 3.625% 05/13/2024	100,768	110,567
*	JPMORGAN CHASE & CO NOTES FIXED	$100,000 SEMI-ANN. 3.875% 02/01/2024	101,537	110,044
*	JPMORGAN CHASE & CO NOTES FIXED	$15,000 SEMI-ANN. 4.125% 12/15/2026	15,554	17,536
	KELLOGG CO CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 2.100% 06/01/2030	14,962	15,756
	KIMBERLY-CLARK CORP CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 1.050% 09/15/2027	15,000	15,204
	KIMCO REALTY CORP CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.125% 06/01/2023	99,791	105,345

(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)			
	KINDER MORGAN INC CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 4.300% 03/01/2028	17,390	17,591
	KLA CORP CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 4.650% 11/01/2024	26,007	28,456
	KROGER CO/THE CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.850% 08/01/2023	100,061	107,787
	KROGER CO/THE CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 4.000% 02/01/2024	100,606	109,867
	MANUFACTURERS & TRADERS TRUST CO NOTES FIXED	$100,000 SEMI-ANN. 3.400% 08/17/2027	105,428	113,059
	MARATHON PETROLEUM CORP CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 4.700% 05/01/2025	20,562	22,911
	MASTERCARD INC CALLABLE NOTES FIXED	$10,000 SEMI-ANN. 2.950% 06/01/2029	9,988	11,224
	MASTERCARD INC CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.375% 04/01/2024	201,418	219,154
	MCDONALD'S CORP CALLABLE MEDIUM TERM NOTE	$200,000 SEMI-ANN. 3.500% 07/01/2027	229,623	229,426
	MERCK & CO INC CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.400% 03/07/2029	102,750	116,337
	MORGAN STANLEY CALLABLE MEDIUM TERM NOTE	$15,000 SEMI-ANN. 4.000% 07/23/2025	15,425	17,166
	MORGAN STANLEY CALLABLE MEDIUM TERM NOTE	$45,000 QUARTERLY FLOATING 01/20/2023	45,070	45,144
	MORGAN STANLEY MEDIUM TERM NOTE FIXED	$16,000 SEMI-ANN. 4.100% 05/22/2023	16,493	17,364
	MPLX LP CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 4.125% 03/01/2027	19,399	23,067
	MUFG AMERICAS HOLDINGS CORP CALLABLE NOTE	$30,000 SEMI-ANN. 3.000% 02/10/2025	30,483	32,762
	NASDAQ INC CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 1.650% 01/15/2031	14,879	14,862
	NATIONAL RETAIL PROPERTIES INC CALLABLE	$35,000 SEMI-ANN. 3.300% 04/15/2023	36,582	36,961
	NATIONAL RETAIL PROPERTIES INC CALLABLE	$100,000 SEMI-ANN. 2.500% 04/15/2030	102,592	102,942
	NEXTERA ENERGY CAPITAL HOLDINGS INC CALLABLE	$250,000 SEMI-ANN. 3.500% 04/01/2029	266,086	286,230
	NORTHERN TRUST CORP NOTES FIXED	$100,000 SEMI-ANN. 2.375% 08/02/2022	99,697	103,335
	NORTHROP GRUMMAN CORP CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 3.250% 08/01/2023	98,720	107,481
	NSTAR ELECTRIC CO CALLABLE BOND FIXED	$15,000 SEMI-ANN. 3.200% 05/15/2027	15,117	16,912
	OKLAHOMA GAS AND ELECTRIC CO CALLABLE NOTE	$250,000 SEMI-ANN. 3.800% 08/15/2028	271,252	289,345
	ORACLE CORP CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 2.650% 07/15/2026	202,602	219,788
	PARKER-HANNIFIN CORP CALLABLE MEDIUM TERM	$100,000 SEMI-ANN. 3.500% 09/15/2022	100,472	105,022
	PEPSICO INC CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.625% 07/29/2029	110,759	110,392
	PFIZER INC CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.750% 06/03/2026	101,910	110,499
	PROLOGIS LP CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.750% 11/01/2025	227,601	227,060
	PUBLIC STORAGE CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 3.094% 09/15/2027	24,809	27,945
	PUBLIC STORAGE CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.385% 05/01/2029	211,660	228,892
	QUALCOMM INC CALLABLE NOTES FIXED	$200,000 SEMI-ANN. 3.450% 05/20/2025	199,600	222,692
	REALTY INCOME CORP CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 3.250% 01/15/2031	14,988	17,004
	REALTY INCOME CORP CALLABLE NOTES FIXED	$30,000 SEMI-ANN. 3.000% 01/15/2027	32,590	33,194
	ROYAL BANK OF CANADA MEDIUM TERM NOTE FIXED	$10,000 SEMI-ANN. 3.700% 10/05/2023	9,988	10,903
	SEMPRA ENERGY CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 2.875% 10/01/2022	14,971	15,610
	SOUTHERN CALIFORNIA EDISON CO CALLABLE BOND	$30,000 SEMI-ANN. 3.400% 06/01/2023	31,317	31,841
	SOUTHERN CALIFORNIA GAS CO CALLABLE BOND	$100,000 SEMI-ANN. 3.150% 09/15/2024	108,021	109,370
	SOUTHERN CO/THE CALLABLE NOTES FIXED	$15,000 SEMI-ANN. 3.250% 07/01/2026	15,218	16,827
	SPIRIT REALTY LP CALLABLE NOTES FIXED	$35,000 SEMI-ANN. 3.200% 01/15/2027	35,231	37,178
	STARBUCKS CORP CALLABLE NOTES FIXED	$10,000 SEMI-ANN. 2.000% 03/12/2027	9,965	10,612
	STATE STREET CORP NOTES FIXED	$100,000 SEMI-ANN. 2.650% 05/19/2026	101,057	110,017
	SUMITOMO MITSUI FINANCIAL GROUP INC NOTE	$20,000 SEMI-ANN. 2.778% 10/18/2022	20,053	20,843
	TARGET CORP CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.900% 01/15/2022	99,998	102,764
	TARGET CORP CALLABLE NOTES FIXED	$150,000 SEMI-ANN. 3.375% 04/15/2029	176,293	175,841
	TD AMERITRADE HOLDING CORP CALLABLE NOTE	$350,000 SEMI-ANN. 3.750% 04/01/2024	355,042	384,255
	TORONTO-DOMINION BANK/THE MEDIUM TERM NOTE	$15,000 QUARTERLY FLOATING 12/01/2022	15,000	15,120
	TORONTO-DOMINION BANK/THE MEDIUM TERM NOTE	$20,000 QUARTERLY FLOATING 01/27/2023	20,000	20,075
	TOYOTA AUTO RECEIVABLES 2017-A	$8,608 MONTHLY 2.100% 09/15/2022	8,607	8,614
	TOYOTA AUTO RECEIVABLES 2017-C	$565 MONTHLY 1.780% 11/15/2021	565	566
	TOYOTA AUTO RECEIVABLES 2019-A	$35,000 MONTHLY 3.000% 05/15/2024	34,999	36,682

See Independent Auditor's Report.

(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)			
	TOYOTA MOTOR CREDIT CORP MEDIUM TERM NOTE	$35,000 QUARTERLY FLOATING 08/13/2021	34,838	35,016
	UNION ELECTRIC CO CALLABLE NOTES FIXED	$275,000 SEMI-ANN. 3.500% 04/15/2024	285,488	298,250
	UNION PACIFIC CORP CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.400% 02/05/2030	104,409	107,651
	UNION PACIFIC CORP CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.750% 03/01/2026	99,595	109,352
	UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED	$20,000 SEMI-ANN. 2.000% 05/15/2030	19,880	21,214
	US BANCORP CALLABLE MEDIUM TERM NOTE FIXED	$25,000 SEMI-ANN. 3.000% 07/30/2029	24,998	27,923
	US BANK NA/CINCINNATI OH CALLABLE MEDIUM	$100,000 SEMI-ANN. 2.050% 01/21/2025	105,543	105,821
	VALERO ENERGY CORP CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 2.850% 04/15/2025	26,370	26,626
	VEREIT OPERATING PARTNERSHIP LP CALLABLE	$20,000 SEMI-ANN. 4.600% 02/06/2024	21,578	21,996
	VERIZON OWNER TRUST 2019-A 2019-A A1A	$40,000 MONTHLY 2.930% 09/20/2023	40,075	40,776
	VF CORP CALLABLE NOTES FIXED	$30,000 SEMI-ANN. 2.800% 04/23/2027	30,073	32,814
	VISA INC CALLABLE NOTES FIXED	$25,000 SEMI-ANN. 2.050% 04/15/2030	24,999	26,738
	WALGREENS BOOTS ALLIANCE INC CALLABLE NOTE	$20,000 SEMI-ANN. 3.450% 06/01/2026	19,456	22,120
	WELLS FARGO & CO CALLABLE MEDIUM TERM NOTE	$20,000 SEMI-ANN. FLOATING 06/02/2024	20,019	20,558
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	$25,000 SEMI-ANN. 4.100% 06/03/2026	25,683	28,661
	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	$100,000 SEMI-ANN. 4.125% 08/15/2023	100,636	109,232
	WESTPAC BANKING CORP CALLABLE MEDIUM TERM	$25,000 SEMI-ANN. FLOATING 11/23/2031	25,510	28,507
	XILINX INC CALLABLE NOTES FIXED	$100,000 SEMI-ANN. 2.375% 06/01/2030	101,776	104,976
	Total fixed income obligations		11,381,709	12,125,933
	Mutual Funds:			
	CAUSEWAY INTERNATIONAL VALUE FUND	241,289.17 Shares	3,235,854	3,918,536
	FIDELITY INTERNATIONAL DISCOVERY FUND	71,459.75 Shares	2,046,590	3,793,798
	VANGUARD INSTITUTIONAL INDEX FUND	85,693.48 Shares	7,966,913	28,405,675
	VANGUARD MID-CAP INDEX FUND	87,407.58 Shares	1,311,673	4,950,765
	VANGUARD SMALL-CAP INDEX FUND	82,435.05 Shares	4,601,889	7,684,598
	Total Mutual Funds		19,162,919	48,753,372
			$ 41,755,344	$ 77,297,632

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - single transaction in a security issue aggregating 5% or more of plan assets						
* JPMORGAN US GOVT MMKT FUND CAPITAL SHARES	Money Market Fund Purchase	$ 4,500,000	$ -	$ 4,500,000	$ 4,500,000	$ -
Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets						
* JPMORGAN US GOVT MMKT FUND CAPITAL SHARES	Money Market Fund 290 Purchases 150 Sales	$ 21,216,406 -	$ - 20,470,523	$ 21,216,406 20,470,523	$ 21,216,406 20,470,523	$ - -

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2020

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
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	1	0	0	0	2
70 & over	0	0	0	0	0	0	1	0	0	0	1
Total	0	0	0	0	0	1	2	0	0	0	3

[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, 2020

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	3.64%	2.79%
Second segment rate	5.21%	3.92%
Third segment rate	5.94%	4.38%
Effective interest rate	5.19%	3.92%

Annual rates of increase

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

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-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

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

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect the normal form for single participants.
Percent married	100% of participants are assumed married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Not applicable; The plan froze benefit accruals December 31, 2011.
Plan-related expenses	The amount included this year for plan-related expenses is $560,000, 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

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

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 2019 plan year.)

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.

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, 2020. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the Hospital. 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.

SCHEDULE SB ATTACHMENTS

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

Assumptions Rationale - Significant Demographic Assumptions

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

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described herein, 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 and methods 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 2018 to September 2019 as required by IRC §430. The basis for this assumption remains unchanged.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan-related expenses included in the target normal cost were changed from $790,000 for 2019 to $560,000 for 2020. 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. The basis for this assumption remains unchanged.

Plan Name	**Nationwide Children's Hospital Pension Plan**
Plan Sponsor EIN	**31-4379441**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2020**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	73,152,599
b Actuarial value	**2b**	69,457,046

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	610	56,882,656	56,882,656
b For terminated vested participants	396	14,163,949	14,163,949
c For active participants	3	1,471,735	1,471,735
d Total	1,009	72,518,340	72,518,340

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.19%
6 Target normal cost	**6**	560,000

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 9/29/2021

Signature of actuary

Date

LORNA M. SPRINGER

2007422

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 [ ]

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 21.03%	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)		252
	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 5.34%		13
	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		265
	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	95.77%
15	Adjusted funding target attainment percentage	15	95.77%
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	92.35%
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
04/13/2020	440,101	0			
07/09/2020	440,101	0			
01/12/2021	219,507	0			
04/15/2021	307,554	0			
07/07/2021	307,554	0			
			Totals ► 18(b)	1,714,817	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	1,643,787

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	560,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,061,294	670,216
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**	1,230,216

	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**	1,230,216
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,643,787
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	413,571
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, 2020
Enrolled Actuary	Lorna M. Springer
Enrollment Number	20-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

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	${}_{x-62}p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x * l_x / l_{62}$
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, 2020

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	3.64%	2.79%
Second segment rate	5.21%	3.92%
Third segment rate	5.94%	4.38%
Effective interest rate	5.19%	3.92%

Annual rates of increase

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

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-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

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

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect the normal form for single participants.
Percent married	100% of participants are assumed married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Not applicable; The plan froze benefit accruals December 31, 2011.
Plan-related expenses	The amount included this year for plan-related expenses is $560,000, 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

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

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 2019 plan year.)

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.

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, 2020. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the Hospital. 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.

SCHEDULE SB ATTACHMENTS

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

Assumptions Rationale - Significant Demographic Assumptions

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

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described herein, 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 and methods 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 2018 to September 2019 as required by IRC §430. The basis for this assumption remains unchanged.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan-related expenses included in the target normal cost were changed from $790,000 for 2019 to $560,000 for 2020. 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. The basis for this assumption remains unchanged.

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 restated effective January 1, 2016.

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.

SCHEDULE SB ATTACHMENTS

Final average compensation	The greater of a) or b) below: a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement. 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. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.
Final average wage base compensation	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. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.
Covered compensation	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. Covered compensation shall be frozen as of December 31, 2011.
Primary insurance amount	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. Primary insurance amount shall be frozen as of December 31, 2011.
Normal retirement date (NRD)	The first day of the month coincident with or next following the Participant's 65th birthday.

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

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.

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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2020

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
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	1	0	0	0	2
70 & over	0	0	0	0	0	0	1	0	0	0	1
Total	0	0	0	0	0	1	2	0	0	0	3

[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, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	(1,853,349)	7.00000	(1,853,349)	(300,188)
2. Shortfall	01/01/2019	3,947,437	6.00000	3,487,115	641,410
3. Shortfall	01/01/2018	1,266,981	5.00000	964,033	206,834
4. Shortfall	01/01/2017	743,918	4.00000	463,495	122,160
Total				3,061,294	670,216

Plan Name: Nationwide Children's Hospital Pension Plan
EIN / PN: 31-4379441 / 001
Plan Sponsor: Nationwide Children's Hospital, Inc.
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

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	${}_{x-62}p_{62} = l_x / l_{62}$	$q_x^r * l_x / l_{62}$	$x * q_x * l_x / l_{62}$
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
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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, 2020
Enrolled Actuary	Lorna M. Springer
Enrollment Number	20-07422

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, 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 restated effective January 1, 2016.

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.

SCHEDULE SB ATTACHMENTS

Final average compensation	The greater of a) or b) below: a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement. 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. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.
Final average wage base compensation	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. Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.
Covered compensation	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. Covered compensation shall be frozen as of December 31, 2011.
Primary insurance amount	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. Primary insurance amount shall be frozen as of December 31, 2011.
Normal retirement date (NRD)	The first day of the month coincident with or next following the Participant's 65th birthday.

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

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.

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**
Plan Sponsor EIN	**31-4379441**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2020**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	(1,853,349)	7.00000	(1,853,349)	(300,188)
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