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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/2004

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

NATIONWIDE CHILDREN'S HOSPITAL

SUSANNE EBERSBACH

700 CHILDREN'S DRIVE
COLUMBUS, OH 43205

700 CHILDREN'S DRIVE
COLUMBUS, OH 43205

2b Employer Identification Number (EIN)
31-4379441

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

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	SUSANNE EBERSBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	13804
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)**	9267
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9523
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	5039
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	14562
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	27
f Total. Add lines **6d** and **6e**	**6f**	14589
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	14388
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] 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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
31-4379441

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	405903	3363	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	68486588
5	Current value of plan's interest under this contract in separate accounts at year end	5	81919969

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	64991872
c	Additions: (1) Contributions deposited during the year	7c(1)	2744317		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1919137		
	(4) Transferred from separate account	7c(4)	6157646		
	(5) Other (specify below)	7c(5)	80326		
	▶				
	(6) Total additions			7c(6)	10901426
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	75893298
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2907429		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	4483211		
	(4) Other (specify below)	7e(4)	16070		
	▶				
	(5) Total deductions			7e(5)	7406710
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	68486588

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
31-4379441

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE1103	272	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
22086	0

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

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

HAROLD C MORLEY
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108	0	ALLOCATED NON-CASH COMP	3

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

JOHN F ROESCH
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40	0	ALLOCATED NON-CASH COMP	3

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

GLENN R LEWIS
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9	0	ALLOCATED NON-CASH COMP	3

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

DALE D VAN VALKENBURG
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21062	0	ALLOCATED NON-CASH COMP	3

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

RANDY A SHARP
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
48	0	ALLOCATED NON-CASH COMP	3

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

NICHOLAS T DISALLE
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
53	0	ALLOCATED NON-CASH COMP	3

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

KARL B RUBIN
545 METRO PL S STE 100
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
766	0	ALLOCATED NON-CASH COMP	3

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	6031111
5	Current value of plan's interest under this contract in separate accounts at year end	5	18739978

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	5717117
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	225073		
	(4) Transferred from separate account	7c(4)	390139		
	(5) Other (specify below)	7c(5)	4950		
	▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED				
	(6) Total additions			7c(6)	620162
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	6337279
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	301295		
	(2) Administration charge made by carrier	7e(2)	1106		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	3767		
	▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED				
	(5) Total deductions			7e(5)	306168
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6031111

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
31-4379441

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA

71-0294708

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

TIAA

13-1624203

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

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

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

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

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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)

FIDELITY

04-2647786

(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?
37 64 65	RECORDKEEPER	6889	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GBQ PARTNERS

230 WEST STREET, SUITE 700
COLUMBUS, OH 43215

20-2122306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	0	Yes [ ] No [X]	Yes [ ] No [X]	8500	Yes [ ] No [X]

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

TIAA - TEACHERS INSURANCE ANNUITY

730 THIRD AVE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	389487	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
31-4379441

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

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

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	18739978

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	18939609

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
31-4379441

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1445563	1873771
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2616702	3725147
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	32286843	37679587
(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)	474494162	568618261
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	75254146	78998163
(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	586097416	690894929
	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	586097416	690894929

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)	43828587	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	4714950	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		48543537
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	170089	
	(F) Other	2b(1)(F)	19868714	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20038803
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	67334796	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		67334796

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		135917136
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30971257	
(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)		30971257
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	148366	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		148366
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31119623
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		104797513
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] 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 **(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**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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 _____.

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
31-4379441

Part I Distributions

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

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

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

EIN(s): 13-1624203 51-6559589

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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: _____% 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 _____

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GBQ Partners

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

Independent Auditor's Report

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the qualified institutions as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2021 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter — 2021 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the 2021 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter — Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated October 13, 2021, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

GBQ Partners LLC

Columbus, Ohio
October 12, 2022

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

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

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	*Pooled Separate Accounts (*continued*):*		
*	VOYA FINANCIAL	TEMPLETON GLOBAL BOND FUND A	24,193
*	VOYA FINANCIAL	VOYA CLARION REAL ESTATE PORFOLIO	24,128
*	VOYA FINANCIAL	CALVERT VP SRI BALANCED PORTFOLIO	20,325
*	VOYA FINANCIAL	DELAWARE IVY SCIENCE & TECHNOLOGY FUND CLASS Y	14,590
*	VOYA FINANCIAL	AMERICAN FUNDS SMALL CAP R4	10,600
*	VOYA FINANCIAL	STRATEGIC ALLOCATION CONSERVATIVE PORTFOLIO	10,471
*	VOYA FINANCIAL	INTERNATIONAL HIGH DIVIDEND LOW VOLATILITY FUND A	10,117
*	VOYA FINANCIAL	FIDELITY VIP OVERSEAS PORTFOLIO	8,044
*	VOYA FINANCIAL	VOYA MULTI-MANAGER INTERNATIONAL SMALL CAP FUND	7,687
*	VOYA FINANCIAL	WANGER INTERNATIONAL	6,760
*	VOYA FINANCIAL	INVESCO V.I. MAIN STREET SMALL CAP FUND SERIES I	6,096
*	VOYA FINANCIAL	VOYA T. ROWE PRICE EQUITY INCOME PORTFOLIO	6,062
*	VOYA FINANCIAL	VOYA INVESCO GROWTH & INCOME PORTFOLIO	5,889
*	VOYA FINANCIAL	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	5,821
*	VOYA FINANCIAL	ARIEL FUND INVESTOR	3,381
*	VOYA FINANCIAL	JANUS HENDERSON VIT BALANCED PORTFOLIO INSTITUTIONAL	3,101
*	VOYA FINANCIAL	JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO	1,493
*	VOYA FINANCIAL	VOYA US BOND INDEX PORTFOLIO	101
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	100
*	VOYA FINANCIAL	JANUS HENDERSON GLOBAL RESEARCH INSTITUTIONAL	2
			37,679,587
*	TIAA and CREF	TIAA STABLE VALUE FUND	25,031,010
	Money Market Funds		
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT CASH RESERVE	1,150,212
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET	315,468
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET PREMIUM	73,959
*	FIDELITY INVESTMENTS	FIDELITY TREASURY ONLY MONEY MARKET	12,945
			1,552,584
	Cash Held as Collateral for Plan Loans		321,187
*	*Notes Receivable from Participants*	Interest rates range from 3.25% to 6.50%	3,725,147
			$ 690,894,929

* Denotes party-in-interest
** Reported at contract value

See Independent Auditor's Report.

Financial Statements
with Supplementary Information

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

December 31, 2021 and 2020

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GBQ Partners

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

Independent Auditor's Report

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Nationwide Children's Hospital, Inc. 403(b) Tax-Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the qualified institutions as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2021 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter — 2021 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the 2021 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter — Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated October 13, 2021, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

GBQ Partners LLC

Columbus, Ohio
October 12, 2022

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value:		
Registered investment companies	**$ 505,637,901**	$ 417,722,734
Variable annuity contracts	**62,980,360**	56,771,428
Insurance company general account	**43,455,578**	41,127,684
Pooled separate accounts	**37,679,587**	32,286,843
Stable value fund	**25,031,010**	23,864,188
Cash held as collateral for Plan loans	**321,187**	402,398
Money market funds	**1,552,584**	1,043,165
Total investments, at fair value	**676,658,207**	573,218,440
Investments, at contract value:		
Guaranteed investment contracts	**10,511,575**	10,262,274
Participant notes receivable	**3,725,147**	2,616,702
NET ASSETS AVAILABLE FOR BENEFITS	**$ 690,894,929**	$ 586,097,416

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2021 and 2020

	2021	2020
Additions to Net Assets Attributed to		
Investment income:		
Interest and dividends	**$ 19,868,714**	$ 10,737,107
Net appreciation in fair value of investments	**67,334,796**	64,224,182
Total investment income	**87,203,510**	74,961,289
Interest on notes receivable from participants	**170,089**	125,469
Contributions:		
Employee	**43,828,587**	41,028,284
Rollover	**4,714,950**	5,716,664
Total contributions	**48,543,537**	46,744,948
Total additions	**135,917,136**	121,831,706
Deductions from Net Assets Attributed to		
Benefits paid to participants	**31,119,623**	24,541,979
Net increase	**104,797,513**	97,289,727
Net Assets Available for Benefits		
Beginning of year	**586,097,416**	488,807,689
End of year	**$ 690,894,929**	$ 586,097,416

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

Plan Description

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

General

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

Contributions

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

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

Participant Accounts

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

Vesting

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

Investment Options

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

Plan Description (continued)

Payment of Benefits

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

Notes Receivable from Participants

Beginning in June 2019, participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lessor of $50,000 or 50% of their vested account balance. Loans must be repaid within five years unless the loan is granted to allow the participant to purchase his or her principal residence. The loans are secured by the balance in the participant's account and bear interest commensurate with local prevailing rates and range from 3.25% to 6.50%. Principal and interest are paid ratably through payroll deductions.

Plan Loans to Participants

Through May 2019, participants were able to borrow from the custodians in an amount up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. When the loans were granted, an amount equal to the outstanding loan balance was transferred from the participant's investment account to a loan collateral fund and is held as collateral for the issued loan. Loan collateral funds with Voya, Fidelity and VALIC are held in cash. Loan collateral funds with TIAA and CREF are held in the TIAA Traditional Annuity. Loans bear interest at a rate commensurate with local prevailing rates as determined at the time of the loan application. The interest rate on Plan loans range from 3.25% to 7.65%. The participant pays principal and interest payments directly to the custodian periodically, on at least a quarterly basis, as evidenced by a signed legally enforceable note. At the time of payment, an amount equal to the principal repayment will be released from the loan collateral fund to the participant's investment accounts. Any and all unpaid loan balances are considered deemed loans and deducted from available benefits upon the occurrence of a distributable event.

Administrative Costs

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

Summary of Significant Accounting Policies

Basis of Accounting

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

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Guaranteed Investment Contracts

The Plan holds fully benefit-responsive guaranteed investment contracts (the Fixed Account and Fixed Account Plus, collectively, (the "Contracts") with Voya. The Contracts totaled $6,031,111 and $5,717,117 at December 31, 2021 and 2020, respectively. Additionally, the Plan holds various fixed investment options (the Fixed Options) with VALIC, which also qualify as fully benefit-responsive. The Fixed Options totaled $4,480,464 and $4,545,157 at December 31, 2021 and 2020, respectively.

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

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

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

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

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

Insurance Company General Accounts

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

Information Prepared and Certified by the Custodians

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

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

	2021	2020
Insurance company general account	**$ 43,455,578**	$ 41,127,684
Guaranteed investment contracts	**10,511,575**	10,262,274
Registered investment companies	**505,637,901**	417,722,734
Variable annuity contracts	**62,980,360**	56,771,428
Pooled separate accounts	**37,679,587**	32,286,843
Stable value fund	**25,031,010**	23,864,188
Money market funds	**1,552,584**	1,043,165
Cash held as collateral for plan loans	**168,346**	220,029
Participant notes receivable	**3,725,147**	2,616,702
Total	**$ 690,742,088**	$ 585,915,047

The custodians also certified to the completeness and accuracy of $67,334,796 and $64,224,182 of net appreciation in fair value of investments and $20,036,889 and $10,862,576 of interest and dividend income related to the aforementioned assets for the years ended December 31, 2021 and 2020, respectively.

Fair Value Measurements

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

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

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

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

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, 2021 and 2020.

Registered Investment Companies and Money Market Funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

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

Fair Value Measurements (continued)

Insurance Company General Account:	Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers, if any.
Pooled Separate Accounts:	*TIAA and CREF*: Valued at the NAV provided by the administrator of the fund. Issues and redemptions of units are recorded upon receipt of the unit holder's instructions based on the determined NAV per unit, which is determined daily. The NAV is used as a practical expedient to estimate fair value. The NAV is based principally on the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals. Any securities held in the account are valued using independent pricing sources. For this fund, there are no unfunded commitments and participants can transact daily; however participant transfers out of this account are limited to one per calendar quarter per participant. *Voya*: Valued at "Accumulation Unit Value," which is first valued at $10.00 for a new fund and then determined on a daily basis based on the net asset value of shares in the underlying fund.
Stable Value Fund:	Valued at contract value, which approximates fair value, and equals the accumulated cash contributions, interest credited and transfers, if any, less any withdrawals and transfers, if any.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Fair Value Measurements (continued)

Investments at Fair Value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Registered investment companies	**$ 505,637,901**	**$ -**	**$ -**	**$ 505,637,901**
Insurance company general accounts	**-**	**-**	**43,455,578**	**43,455,578**
Pooled separate accounts	**-**	**18,739,978**	**-**	**18,739,978**
Stable value fund	**-**	**-**	**25,031,010**	**25,031,010**
Cash held as collateral for plan loans	**321,187**	**-**	**-**	**321,187**
Money market funds	**1,552,584**	**-**	**-**	**1,552,584**
Investments Measured at Net Asset Value:				
Variable annuity contracts*	**-**	**-**	**-**	**62,980,360**
Pooled separate account*	**-**	**-**	**-**	**18,939,609**
Total investments at fair value	**$ 507,511,672**	**$ 18,739,978**	**$ 68,486,588**	**$ 676,658,207**

Investments at Fair Value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Registered investment companies	$ 417,722,734	$ -	$ -	$ 417,722,734
Insurance company general accounts	-	-	41,127,684	41,127,684
Pooled separate accounts	-	16,775,155	-	16,775,155
Stable value fund	-	-	23,864,188	23,864,188
Cash held as collateral for plan loans	402,398	-	-	402,398
Money market funds	1,043,165	-	-	1,043,165
Investments Measured at Net Asset Value:				
Variable annuity contracts*	-	-	-	56,771,428
Pooled separate account*	-	-	-	15,511,688
Total investments at fair value	$ 419,168,297	$ 16,775,155	$ 64,991,872	$ 573,218,440

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

Fair Value Measurements (continued)

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits.

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2021.

	Insurance Company General Account	Stable Value Fund
Purchases	**$ 4,407,581**	**$ 4,657,080**
Issuances	**-**	**-**
Transfers in	**-**	**-**
Transfers out	**-**	**-**

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2020.

	Insurance Company General Account	Stable Value Fund
Purchases	$ 6,120,159	$ 8,116,150
Issuances	-	-
Transfers in	-	-
Transfers out	-	-

Plan Loan Collateral Balances

The following table sets forth the Plan loan collateral fund balances held in cash at December 31, 2021 and 2020 by custodian:

	2021	2020
Voya	**$ 152,841**	$ 182,369
VALIC	**48,035**	49,722
Fidelity	**120,311**	170,307
Total cash held as collateral for Plan loans	**$ 321,187**	$ 402,398

At December 31, 2021 and 2020, the amount of collateralized loans held by TIAA and CREF are $1,886,948 and $2,977,631, respectively. The balances are included in the insurance company general account balance on the accompanying Statements of Net Assets Available for Benefits.

Plan Termination

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

Party-in-Interest Transactions

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

Tax Status

Children's has adopted a volume submitter 403(b) plan document which receivable a favorable advisory letter from the Internal Revenue Service (IRS) on August 7, 2017 that stated that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (Internal Revenue Code). Although the Plan has been amended since receiving the advisory opinion, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Tax Status (continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2021 statement of net assets available for benefits.

Plan Amendments

Effective March 27, 2020 the Plan Sponsor adopted a Volume Submitter Plan document to replace the individually designed plan document previously in place. No significant changes to the terms of the Plan were adopted.

As a result of the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law. The CARES Act includes relief provisions available to tax-qualified retirement plans and their participants. This relief includes the following for qualified participants: a temporary waiver of required minimum distributions, a temporary waiver of early withdrawal penalties for COVID-19 related distributions, and a temporary increase in the maximum amount for retirement plan loans.

Plan management is continuing to evaluate the relief provisions available to plan participants under the CARES Act and has implemented the following provisions effective March 27, 2020:

- As it relates to distributions, the 10% early withdrawal penalty has been waived, participants may be taxed pro rata over a three-year period (2021 – 2023) and participants under age 59.5 are eligible to take a distribution from the Plan up to $50,000.

- As it relates to participant loans, participants are permitted to suspend loan payments through December 31, 2021 and participants may borrow 100% of their account balance up to $50,000.

Subsequent Events - Date of Management's Evaluation

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

SUPPLEMENTARY INFORMATION

NATIONWIDE CHILDREN'S HOSPITAL INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN #31-4379441 - PLAN #005
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies:		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	$ 79,477,224
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2040	71,304,453
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH	34,315,263
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2035	29,466,337
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2055	29,289,646
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2050	28,522,137
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2030	26,124,394
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2045	24,153,739
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2025	22,983,041
	VANGUARD	VANGUARD MID-CAP INDEX	17,688,533
	VANGUARD	VANGUARD SMALL-CAP INDEX	16,664,396
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2060	12,986,506
	VANGUARD	VANGUARD VALUE INDEX INSTITUTIONAL	12,584,809
	JP MORGAN	JPMORGAN US EQUITY R5	11,987,348
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2020	9,520,540
	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	7,981,208
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	6,876,037
	METROPOLITAN WEST	METROPOLITAN WEST TOTAL RETURN BOND I	6,245,713
	BLACKROCK	BLACKROCK INFLATATION PROTECTED BOND	5,376,316
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2015	4,524,356
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	4,357,277
	EAGLE	EAGLE SMALL CAP GROWTH CLASS I	2,184,386
*	FIDELITY INVESTMENTS	FIDELITY GROWTH COMPANY	2,097,057
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT INC	1,998,346
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2040 INVESTMENT	1,978,003
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP GROWTH	1,916,416
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	1,864,699
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	1,762,009
	ALLSPRING	ALLSPRING SPECIAL SMALLCAP VALUE R6	1,649,351
*	FIDELITY INVESTMENTS	FIDELITY CONTRAFUND	1,494,050
*	FIDELITY INVESTMENTS	FIDELITY 500 INDEX	1,076,924
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	1,055,493
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2035 INVESTMENT	969,874
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2065	968,846
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	966,944
*	FIDELITY INVESTMENTS	FIDELITY TOTAL MARKET INDEX	902,851
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP VALUE ENHANCED INDEX	771,844
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2030 INVESTMENT	742,043
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	721,954
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2020 INVESTMENT	624,136
*	FIDELITY INVESTMENTS	FIDELITY GROWTH & INCOME	540,742
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EX US INDEX	498,179
*	FIDELITY INVESTMENTS	FIDELITY OTC PORTFOLIO	496,020

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	(e) Current Value
	Registered Investment Companies (continued):		
*	FIDELITY INVESTMENTS	FIDELITY LOW PRICED STOCK	486,674
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2025 INVESTMENT	429,606
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	AB LARGE CAP GROWTH FUND I	351,241
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	340,581
*	FIDELITY INVESTMENTS	FIDELITY NASDAQ COMPOSITE INDEX	335,191
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP INDEX	330,320
*	FIDELITY INVESTMENTS	FIDELITY MID CAP INDEX	326,585
*	FIDELITY INVESTMENTS	FIDELITY SELECT SEMICONDUCTORS	304,043
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	299,497
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2045 INVESTMENT	291,884
*	FIDELITY INVESTMENTS	FIDELITY PURITAN	290,723
*	FIDELITY INVESTMENTS	FIDELITY SELECT TECHNOLOGY	288,523
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH I FUND	265,499
*	FIDELITY INVESTMENTS	FIDELITY DIVERSIFIED INTERNATIONAL	263,549
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC CORE FUND	253,594
*	FIDELITY INVESTMENTS	FIDELITY FOCUSED STOCK	251,885
*	FIDELITY INVESTMENTS	FIDELITY INFLATION PROTECTED BOND INDEX	242,002
*	FIDELITY INVESTMENTS	FIDELITY INVESTMENT GRADE BOND	236,024
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP FUND	226,126
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP GROWTH	221,377
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL INDEX	214,948
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP VALUE	211,725
*	FIDELITY INVESTMENTS	FIDELITY GROWTH DISCOVERY	198,912
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CAPITAL APPRECIATION FUND	191,266
*	FIDELITY INVESTMENTS	FIDELITY US BOND INDEX	187,742
*	FIDELITY INVESTMENTS	FIDELITY SELECT BIOTECH	185,095
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC INCOME	184,389
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP VALUE	181,924
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	174,381
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL DISCOVERY	172,651
*	FIDELITY INVESTMENTS	FIDELITY MID CAP VALUE	169,039
*	FIDELITY INVESTMENTS	FIDELITY MID CAP STOCK	167,350
*	FIDELITY INVESTMENTS	FIDELITY BALANCED	155,459
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL ENHANCED INDEX	153,453
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2050 INVESTMENT	153,003
	VANGUARD	VANGUARD WINDSOR II	152,050
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL & INCOME	149,910
*	FIDELITY INVESTMENTS	FIDELITY TOTAL BOND	149,270
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 60%	147,288
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTHCARE	142,333
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INC	142,273
*	FIDELITY INVESTMENTS	FIDELITY OVERSEAS	137,926
*	FIDELITY INVESTMENTS	FIDELITY NEW MARKETS INC	137,677
*	FIDELITY INVESTMENTS	FIDELITY CONVERTIBLE SECURITY	133,550
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC VALUE FUND	127,712

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	(e) Current Value
	Registered Investment Companies (continued):		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GROWTH	124,418
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	122,497
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY	121,656
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	121,648
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INVESTMENT	120,579
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP DISCOVERY	115,555
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT ALL CAPITAL	110,925
*	FIDELITY INVESTMENTS	FIDELITY SELECT MEDICAL TECHNOLOGY & DEVICES	103,794
*	FIDELITY INVESTMENTS	FIDELITY VALUE	103,483
*	FIDELITY INVESTMENTS	FIDELITY SELECT SOFTWARE	103,131
*	FIDELITY INVESTMENTS	FIDELITY EUROPE	102,388
*	FIDELITY INVESTMENTS	FIDELITY VALUE DISCOVERY	97,776
*	FIDELITY INVESTMENTS	FIDELITY LEVERAGED COMPANY STOCK	97,325
*	FIDELITY INVESTMENTS	FIDELITY EXTD MARKET INDEX	96,301
*	FIDELITY INVESTMENTS	FIDELITY DIVIDEND GROWTH	95,996
*	FIDELITY INVESTMENTS	FIDELITY EMERGING ASIA	94,284
*	FIDELITY INVESTMENTS	FIDELITY GNMA	94,058
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES INDEX FUND	91,364
*	FIDELITY INVESTMENTS	FIDELITY SELECT TEC HARDWARE	91,271
*	FIDELITY INVESTMENTS	FIDELITY EQUITY INCOME	86,639
*	FIDELITY INVESTMENTS	FIDELITY SELECT BANKING	86,023
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND	84,307
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP	82,129
	VANGUARD	VANGUARD LONG-TERM INVESTMENT-GRADE FUND	79,269
*	FIDELITY INVESTMENTS	FIDELITY HIGH INCOME	78,906
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL HIGH INCOME	74,678
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECTOR LARGE CAP VALUE	73,700
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE TREASURY BOND INDEX	72,958
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALIC COMPANY I CAPITAL APPRECIATION	72,737
*	FIDELITY INVESTMENTS	FIDELITY FID FUND	72,524
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	72,240
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT MID CAP	71,911
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL SOCIALLY RESPONSIBLE FUND	71,806
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS DISCOVERY	71,377
*	FIDELITY INVESTMENTS	FIDELITY MID CAP ENHANCED INDEX	70,311
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINANCIAL	69,774
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP ENHANCED INDEX	67,497
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 50%	63,781
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 70%	63,488
*	FIDELITY INVESTMENTS	FIDELITY MULTI ASSET INDEX	63,136
*	FIDELITY INVESTMENTS	FIDELITY FDM INDEX 2015 IPR	61,195
*	FIDELITY INVESTMENTS	FIDELITY SELECT GOLD	58,837
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	58,751
*	FIDELITY INVESTMENTS	FIDELITY CORPORATE BOND	58,418
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS	58,357

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL VALUE FUND	57,528
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT INCOME	57,202
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINTECH	54,341
*	FIDELITY INVESTMENTS	FIDELITY SELECT MATERIALS	52,620
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE BOND	52,393
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTH CARE SERVICES	51,895
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL GROWTH	51,350
*	FIDELITY INVESTMENTS	FIDELITY EMRG MARKETS INDEX	50,535
*	FIDELITY INVESTMENTS	FIDELITY VALUE STRATEGIC	50,350
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2015 INVESTMENT	49,013
*	FIDELITY INVESTMENTS	FIDELITY FLOAT RATE HIGH INCOME	48,942
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2010 INVESTMENT	48,386
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION SERVICE	46,854
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP GROWTH ENHANCED INDEX	46,564
*	FIDELITY INVESTMENTS	FIDELITY DISCIPLND EQUITY	45,659
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INDEX	44,688
*	FIDELITY INVESTMENTS	FIDELITY PACIFIC BASIN	43,195
*	FIDELITY INVESTMENTS	FIDELITY NATURAL RESOURCES	42,082
*	FIDELITY INVESTMENTS	FIDELITY GROWTH STRATEGIC	42,009
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONSTR/HOUSE	41,523
*	FIDELITY INVESTMENTS	FIDELITY TELECOM & UTIL	40,601
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	39,900
*	FIDELITY INVESTMENTS	FIDELITY SELECT BROKERAGE	39,797
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE BOND FUND	39,602
*	FIDELITY INVESTMENTS	FIDELITY CONSERVATIVE INCOME BOND	39,439
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP STOCK	38,477
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	BLUE CHIP GROWTH FUND	37,263
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	33,815
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONS STAPLES	32,409
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND INDEX	32,229
*	FIDELITY INVESTMENTS	FIDELITY SELECT INDUSTRIALS	31,861
*	FIDELITY INVESTMENTS	FIDELITY MORTGAGE SECURITIES	29,891
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	29,842
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	29,767
*	FIDELITY INVESTMENTS	FIDELITY LONG TERM TREASURY BOND INDEX	29,713
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP STOCK	27,342
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL COMDTY STK	26,888
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL VALUE	25,992
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	HIGH YIELD BOND FUND	24,003
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALIC COMPANY I CONSERVATIVE GROWTH LIFESTYLE FUND	22,664
*	FIDELITY INVESTMENTS	FIDELITY SELECT IT SERVICES	21,542
*	FIDELITY INVESTMENTS	FIDELITY JAPAN	19,436
*	FIDELITY INVESTMENTS	FIDELITY EQ DIV INCOME	19,022
	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	17,871
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	17,866

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Registered Investment Companies (continued):		
*	FIDELITY INVESTMENTS	FIDELITY SELECT LEISURE	17,038
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	16,428
*	FIDELITY INVESTMENTS	FIDELITY CANADA	15,463
*	FIDELITY INVESTMENTS	FIDELITY TOTAL EMERGING MARKETS	14,246
*	FIDELITY INVESTMENTS	FIDELITY FDM INDEX 2040 IPR	13,229
*	FIDELITY INVESTMENTS	FIDELITY ENV ALT ENERGY	12,564
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	11,840
*	FIDELITY INVESTMENTS	FIDELITY SELECT DEFENSE	10,606
*	FIDELITY INVESTMENTS	FIDELITY SELECT INSURANCE	10,366
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL OPPORTUNITIES	10,214
*	FIDELITY INVESTMENTS	FIDELITY SELECT UTILITIES	9,870
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	8,812
	VANGUARD	VANGUARD LONG-TERM TREASURY	8,756
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	7,900
*	FIDELITY INVESTMENTS	FIDELITY MEGA CAP STOCK	5,826
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL CAPITAL APPRECIATION	4,155
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INCOME	3,168
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT MONEY MARKET FUND	3,150
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2055 INVESTMENT	2,344
*	FIDELITY INVESTMENTS	FIDELITY LATIN AMERICA	2,192
*	FIDELITY INVESTMENTS	FIDELITY SELECT CHEMICALS	2,135
*	FIDELITY INVESTMENTS	FIDELITY WORLDWIDE	1,756
*	FIDELITY INVESTMENTS	FIDELITY CHINA REGION	1,451
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE GOVERNMENT INCOME	1,143
			505,637,901
	Variable Annuity Contracts:		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	28,211,296
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	14,172,660
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	7,008,132
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	5,125,028
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	3,668,879
*	CREF VARIABLE ANNUITY ACCOUNT	BOND MARKET ACCOUNT	1,934,747
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	1,953,584
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	906,034
			62,980,360
	Insurance Company General Account:		
*	TIAA-CREF	TIAA TRADITIONAL ANNUITY	21,627,205
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	20,019,535
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	1,014,161
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	794,677
			43,455,578
	Guaranteed Investment Contracts:		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	5,907,024
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,741,668
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	738,797
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	100,915
*	VOYA FINANCIAL	VOYA SHORT-TERM GAA**	18,092
*	VOYA FINANCIAL	VOYA LONG-TERM GAA**	5,079
			10,511,575

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Pooled Separate Accounts:		
*	TIAA	TIAA REAL ESTATE ACCOUNT	18,939,609
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO I	3,536,390
*	VOYA FINANCIAL	FIDELITY VIP CONTRAFUND PORTFOLIO	2,720,909
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	1,943,258
*	VOYA FINANCIAL	VOYA INVESCO GLOBAL PORTFOLIO	1,298,127
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	1,261,063
*	VOYA FINANCIAL	FIDELITY VIP GROWTH PORTFOLIO I	800,170
*	VOYA FINANCIAL	VOYA T. ROWE PRICE GROWTH EQUITY PORTFOLIO I	745,645
*	VOYA FINANCIAL	T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	542,379
*	VOYA FINANCIAL	VOYA INDEX PLUS MID CAP PORTFOLIO I	532,902
*	VOYA FINANCIAL	VOYA INVESCO EQUITY & INCOME PORTFOLIO	531,371
*	VOYA FINANCIAL	FIDELITY VIP EQUITY INCOME PORTFOLIO I	473,026
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORTFOLIO I	442,167
*	VOYA FINANCIAL	VOYA BALANCED PORTFOLIO I	402,818
*	VOYA FINANCIAL	VOYA SOLUTION 2025 PORTFOLIO	373,269
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GRADE INDEX PORTFOLIO I	354,590
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION GROWTH PORTFOLIO I	310,677
*	VOYA FINANCIAL	VOYA INTERMEDIATE BOND PORTFOLIO I	236,018
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	169,180
*	VOYA FINANCIAL	VOYA BARON GROWTH PORTFOLIO	165,050
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION MODERATE PORTFOLIO I	149,752
*	VOYA FINANCIAL	VOYA GOVERNMENT MONEY MARKET PORTFOLIO I	140,451
*	VOYA FINANCIAL	T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	114,445
*	VOYA FINANCIAL	LORD ABBETT FUND MID CAP STOCK	109,394
*	VOYA FINANCIAL	VOYA INVESCO COMSTOCK PORTFOLIO	107,201
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP INDEX PORTFOLIO I	101,170
*	VOYA FINANCIAL	BLACKROCK HEALTH OPPORTUNITIES PORTFOLIO	97,879
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	85,181
*	VOYA FINANCIAL	VOYA GLOBAL HIGH DIVIDEND LOW VOLATILITY PORTFOLIO I	73,424
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	69,638
*	VOYA FINANCIAL	AMERICAN FUNDS NEW PERSPECTIVE	67,613
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO	67,202
*	VOYA FINANCIAL	AMERICAN FUNDS WASHINGTON MUTUAL R4	59,389
*	VOYA FINANCIAL	VOYA HIGH YIELD PORTFOLIO	53,057
*	VOYA FINANCIAL	INVESCO V.I. CORE EQUITY FUND	48,827
*	VOYA FINANCIAL	VOYA INDEX PLUS SMALL CAP PORTFOLIO I	43,469
*	VOYA FINANCIAL	INVESCO DEVELOPING MARKETS FUND A	42,888
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	42,715
*	VOYA FINANCIAL	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO I	38,801
*	VOYA FINANCIAL	AMERICAN FUNDS GROWTH FUND R4	37,768
*	VOYA FINANCIAL	INVESCO V.I. AMERICAN FRANCHISE FUND	37,592
*	VOYA FINANCIAL	PIMCO VIT REAL RETURN PORTFOLIO	32,361
*	VOYA FINANCIAL	VOYA CLARION GLOBAL REAL ESTATE	30,318
*	VOYA FINANCIAL	AMERICAN FUNDS EUROPACIFIC R4	29,671
*	VOYA FINANCIAL	ALLSPRING SPECIAL SMALL CAP VALUE FUND CLASS A	27,105
*	VOYA FINANCIAL	VOYA GLOBAL BOND PORTFOLIO I	24,699

See Independent Auditor's Report.

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

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

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	*Pooled Separate Accounts (*continued*):*		
*	VOYA FINANCIAL	TEMPLETON GLOBAL BOND FUND A	24,193
*	VOYA FINANCIAL	VOYA CLARION REAL ESTATE PORFOLIO	24,128
*	VOYA FINANCIAL	CALVERT VP SRI BALANCED PORTFOLIO	20,325
*	VOYA FINANCIAL	DELAWARE IVY SCIENCE & TECHNOLOGY FUND CLASS Y	14,590
*	VOYA FINANCIAL	AMERICAN FUNDS SMALL CAP R4	10,600
*	VOYA FINANCIAL	STRATEGIC ALLOCATION CONSERVATIVE PORTFOLIO	10,471
*	VOYA FINANCIAL	INTERNATIONAL HIGH DIVIDEND LOW VOLATILITY FUND A	10,117
*	VOYA FINANCIAL	FIDELITY VIP OVERSEAS PORTFOLIO	8,044
*	VOYA FINANCIAL	VOYA MULTI-MANAGER INTERNATIONAL SMALL CAP FUND	7,687
*	VOYA FINANCIAL	WANGER INTERNATIONAL	6,760
*	VOYA FINANCIAL	INVESCO V.I. MAIN STREET SMALL CAP FUND SERIES I	6,096
*	VOYA FINANCIAL	VOYA T. ROWE PRICE EQUITY INCOME PORTFOLIO	6,062
*	VOYA FINANCIAL	VOYA INVESCO GROWTH & INCOME PORTFOLIO	5,889
*	VOYA FINANCIAL	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	5,821
*	VOYA FINANCIAL	ARIEL FUND INVESTOR	3,381
*	VOYA FINANCIAL	JANUS HENDERSON VIT BALANCED PORTFOLIO INSTITUTIONAL	3,101
*	VOYA FINANCIAL	JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO	1,493
*	VOYA FINANCIAL	VOYA US BOND INDEX PORTFOLIO	101
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	100
*	VOYA FINANCIAL	JANUS HENDERSON GLOBAL RESEARCH INSTITUTIONAL	2
			37,679,587
*	TIAA and CREF	TIAA STABLE VALUE FUND	25,031,010
	Money Market Funds		
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT CASH RESERVE	1,150,212
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET	315,468
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET PREMIUM	73,959
*	FIDELITY INVESTMENTS	FIDELITY TREASURY ONLY MONEY MARKET	12,945
			1,552,584
	Cash Held as Collateral for Plan Loans		321,187
*	*Notes Receivable from Participants*	Interest rates range from 3.25% to 6.50%	3,725,147
			$ 690,894,929

* Denotes party-in-interest
** Reported at contract value

See Independent Auditor's Report.