

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
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	2b Employer Identification Number (EIN) 31-4379441 2c Plan Sponsor's telephone number 614-355-4114 2d Business code (see instructions) 622000
	700 CHILDREN'S DRIVE COLUMBUS, OH 43205	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 15512
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 10060 6a(2) 10848 6b 0 6c 5670 6d 16518 6e 24 6f 16542 6g(1) 15285 6g(2) 16270 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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.
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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	243	01/01/2023	12/31/2023

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 18236	(b) Total amount of fees paid
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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
DALE D VAN VALKENBURG
7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 44323

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17163			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KARL B RUBIN
7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

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

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

HAROLD C MORLEY

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 44325

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
206			3

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

NICHOLAS T DISALLE

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54			3

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

RANDY A SHARP

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

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

GLENN R LEWIS

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			3

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

JOHN F ROESCH

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

MARSHA M CROSBY

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-59			3

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

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

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

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

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

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

(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	5632518
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	15475583

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	5261659
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	213013	
	7c(4)	313520	
	7c(5)	2614	

▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS,
COLLATERAL INTEREST EARNED

(6) Total additions	7c(6)	529147
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5790806
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	156774	
	7e(2)	1013	
	7e(3)		
	7e(4)	501	

▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS,
COLLATERAL INTEREST EARNED

(5) Total deductions	7e(5)	158288
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5632518
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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. ▶

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
<div>A Name of plan</div> <div>NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 005</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NATIONWIDE CHILDREN'S HOSPITAL</div>	<div>D Employer Identification Number (EIN)</div> <div>31-4379441</div>	

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.
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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	3436	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	80395038
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	72806575

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**

77176966

c Additions: (1) Contributions deposited during the year**7c(1)**

3381283

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

2943950

(4) Transferred from separate account.....

7c(4)

9358973

(5) Other (specify below)

7c(5)

124329

(6) Total additions.....

7c(6)

15808535

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

92985501

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

6337557

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

6232768

(4) Other (specify below)

7e(4)

20138

(5) Total deductions.....

7e(5)

12590463

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

80395038

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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)

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		470699	Yes ☒ No ☐	Yes ☒ No ☐	0	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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15475583
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 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17885886
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
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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
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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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	

A Name of plan NATIONWIDE CHILDREN'S HOSPITAL INC 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 31-4379441

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1960369	2081128
(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)	4194989	5359233
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	21407213	17885886
(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)	508156536	637963700
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	86959935	90516892
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	622679042	753806839
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 through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	622679042	753806839

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)	56549198	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	5646558	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		62195756
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)	299166	
(F) Other	2b(1)(F)	2960591	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3259757
(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)	15551227	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15551227
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		-2840345
(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)		86635146
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		164801541

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33673744	
(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)		33673744
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33673744

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		131127797
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ 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) ☒ 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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 _____.

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) 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) 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)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	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
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>08 / 17 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500954A</u> .	

• **Financial Statements**
• with Supplementary Information

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

• December 31, 2023 and 2022



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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

We have performed audits 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 statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 audits 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 qualified institutions as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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 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

We conducted our audits 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 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 audits. 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 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the 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 audits 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 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 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

To the Plan Administrator and Plan Participants
Nationwide Children's Hospital, Inc.
403(b) Tax-Sheltered Annuity Plan
Page 4

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.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the 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 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 its 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).

GBQ Partners LLC

Columbus, Ohio
October 11, 2024

NATIONWIDE CHILDREN'S HOSPITAL, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
Assets		
Investments, at fair value:		
Registered investment companies	\$ 567,567,428	\$ 449,915,354
Variable annuity contracts	54,920,689	44,831,698
Insurance company general account	51,076,813	48,697,377
Pooled separate accounts	33,361,469	34,816,697
Stable value fund	29,318,225	28,479,589
Cash held as collateral for Plan loans	310,309	328,654
Money market funds	1,770,819	1,631,715
Total investments, at fair value	<u>738,325,752</u>	<u>608,701,084</u>
Investments, at contract value:		
Guaranteed investment contracts	10,121,854	9,782,969
Participant notes receivable	<u>5,359,233</u>	<u>4,194,989</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 753,806,839</u>	<u>\$ 622,679,042</u>

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, 2023 and 2022

	2023	2022
Additions to Net Assets Attributed to		
Investment income:		
Interest and dividends	\$ 15,809,160	\$ 16,160,631
Net appreciation in fair value of investments	86,497,459	-
Total investment income	102,306,619	16,160,631
Interest on notes receivable from participants	299,166	196,375
Contributions:		
Employee	56,549,198	49,523,458
Rollover	5,646,558	12,554,429
Total contributions	62,195,756	62,077,887
Total additions	164,801,541	78,434,893
Deductions from Net Assets Attributed to		
Net depreciation in fair value of investments	-	119,205,747
Benefits paid to participants	33,673,744	27,445,033
Total deductions	33,673,744	146,650,780
Net increase (decrease)	131,127,797	(68,215,887)
Net Assets Available for Benefits		
Beginning of year	622,679,042	690,894,929
End of year	\$ 753,806,839	\$ 622,679,042

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

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

Plan Description

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

General

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

Contributions

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

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

Participant Accounts

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

Vesting

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

Investment Options

All employee deferral contributions are deposited to Teachers Insurance and Annuity Association (TIAA) and College Retirement Equity Fund (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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

Plan Description (continued)

Payment of Benefits

In general, participants are entitled to receive their account balance upon reaching the age of 59½, 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 lesser 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 9.50%. 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 2.75% to 8.50%. 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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

Plan Description (continued)

SECURE Act 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2023 or 2022 financial statements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

Summary of Significant Accounting Policies (continued)

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, 2023 and 2022. 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.

Contributions

Contributions from Plan participants are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Benefits are recorded when paid.

Guaranteed Investment Contracts

The Plan holds various fully benefit-responsive guaranteed investment contracts (the Contracts) with Voya. The Contracts totaled \$5,632,517 and \$5,261,658 at December 31, 2023 and 2022, 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 \$4,489,337 and \$4,521,311 at December 31, 2023 and 2022, 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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

Guaranteed Investment Contracts (continued)

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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
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Information Prepared and Certified by the Custodians (continued)

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 Teachers Insurance and Annuity Association and College Retirement Equity Fund, Fidelity Management Trust Company, Voya Retirement Insurance and Annuity Company and Variable Annuity Life Insurance Company, the custodians of the Plan.

	2023	2022
Insurance company general account	\$ 51,076,813	\$ 48,697,377
Guaranteed investment contracts	10,121,854	9,782,969
Registered investment companies	567,567,428	449,915,354
Variable annuity contracts	54,920,689	44,831,698
Pooled separate accounts	33,361,469	34,816,697
Stable value fund	29,318,225	28,479,589
Money market funds	1,770,819	1,631,715
Cash held as collateral for plan loans	215,108	192,014
Participant notes receivable	5,359,233	4,194,989
Total	\$ 753,711,638	\$ 622,542,402

The custodians also certified to the completeness and accuracy of the following related to the aforementioned assets for the year ended December 31:

	2023	2022
Net appreciation (depreciation) in investment value	\$ 86,497,459	\$ (119,205,747)
Interest and dividend income	16,107,707	16,355,671

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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

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Notes to Financial Statements
December 31, 2023 and 2022

Fair Value Measurements (continued)

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, 2023 and 2022.

*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.

*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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

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Notes to Financial Statements
December 31, 2023 and 2022

Fair Value Measurements (continued)

*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, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

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Notes to Financial Statements
December 31, 2023 and 2022

Fair Value Measurements (continued)

Investments at Fair Value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Registered investment companies	\$ 567,567,428	\$ -	\$ -	\$ 567,567,428
Insurance company general accounts	-	-	51,076,813	51,076,813
Pooled separate accounts	-	15,475,583	-	15,475,583
Stable value fund	-	-	29,318,225	29,318,225
Cash held as collateral for plan loans	310,309	-	-	310,309
Money market funds	1,770,819	-	-	1,770,819
Investments Measured at Net Asset Value:				
Variable annuity contracts*	-	-	-	54,920,689
Pooled separate account*	-	-	-	17,885,886
Total investments at fair value	\$ 569,648,556	\$ 15,475,583	\$ 80,395,038	\$ 738,325,752

Investments at Fair Value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Registered investment companies	\$ 449,915,354	\$ -	\$ -	\$ 449,915,354
Insurance company general accounts	-	-	48,697,377	48,697,377
Pooled separate accounts	-	13,409,484	-	13,409,484
Stable value fund	-	-	28,479,589	28,479,589
Cash held as collateral for plan loans	328,654	-	-	328,654
Money market funds	1,631,715	-	-	1,631,715
Investments Measured at Net Asset Value:				
Variable annuity contracts*	-	-	-	44,831,698
Pooled separate account*	-	-	-	21,407,213
Total investments at fair value	\$ 451,875,723	\$ 13,409,484	\$ 77,176,966	\$ 608,701,084

* 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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

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, 2023.

	Insurance Company General Account	Stable Value Fund
Purchases	\$ 8,479,148	\$ 4,711,836
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, 2022.

	Insurance Company General Account	Stable Value Fund
Purchases	\$ 7,356,636	\$ 7,158,203
Issuances	-	-
Transfers in	-	-
Transfers out	-	-

NATIONWIDE CHILDREN'S HOSPITAL, INC.

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Notes to Financial Statements
December 31, 2023 and 2022

Plan Loan Collateral Balances

The following table sets forth the Plan loan collateral fund balances held in cash at December 31, 2023 and 2022 by custodian:

	2023	2022
Voya	\$ 95,201	\$ 136,640
VALIC	46,313	45,099
Fidelity	168,795	146,915
Total cash held as collateral for Plan loans	\$ 310,309	\$ 328,654

At December 31, 2023 and 2022, the amount of collateralized loans held by TIAA and CREF are \$805,755 and \$1,161,633, 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.

NATIONWIDE CHILDREN'S HOSPITAL, INC.

403(b) TAX-SHELTERED ANNUITY PLAN

Notes to Financial Statements
December 31, 2023 and 2022

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, 2023, 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 2023 statement of net assets available for benefits.

Subsequent Events

Subsequent to year-end, in April 2024, the Plan's recordkeeping function switched from TIAA and CREF to Nationwide Retirement Solutions (Nationwide). All account balances held with TIAA and CREF, with the exception of the TIAA and CREF proprietary assets, were transitioned to Nationwide. Certain assets will remain with TIAA and CREF indefinitely, unless the participant contacts Nationwide to initiate a transfer. The TIAA Traditional Retirement Choice 84 contracts will transfer to Nationwide in 60-monthly installment payments starting in April 2024. The assets currently held with Fidelity, Voya and VALIC will remain with those vendors and not transition to Nationwide unless the participant initiates a transfer.

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, 2023

(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
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	\$ 88,204,921
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2040	75,708,775
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2055	38,267,419
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH	37,889,134
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2050	36,278,819
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2035	33,724,538
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2045	30,408,488
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2030	28,997,940
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2025	21,966,489
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2060	21,346,334
	VANGUARD	VANGUARD SMALL-CAP INDEX	20,765,469
	VANGUARD	VANGUARD MID-CAP INDEX	17,697,923
	VANGUARD	VANGUARD VALUE INDEX INSTITUTIONAL	15,969,167
	JP MORGAN	JPMORGAN US EQUITY R5	13,076,126
	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	11,515,933
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2020	7,056,615
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	6,204,273
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT INC	5,799,678
	BLACKROCK	BLACKROCK INFLATATION PROTECTED BOND	5,322,758
	METROPOLITAN WEST	METROPOLITAN WEST TOTAL RETURN BOND I	4,876,039
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2065	4,202,783
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	4,067,898
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	3,498,519
	AllianceBernstein	Large Cap Growth Fund	2,940,307
	ALLSPRING	ALLSPRING SPECIAL SMALLCAP VALUE R6	2,930,420
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2040 INVESTMENT	1,913,071
*	FIDELITY INVESTMENTS	FIDELITY GROWTH COMPANY	1,708,928
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	1,671,527
*	FIDELITY INVESTMENTS	FIDELITY 500 INDEX	1,482,395
*	FIDELITY INVESTMENTS	FIDELITY CONTRAFUND	1,150,472
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2030 INVESTMENT	908,281
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP GROWTH	873,933
*	FIDELITY INVESTMENTS	FIDELITY GROWTH & INCOME	845,285
*	FIDELITY INVESTMENTS	FIDELITY TOTAL MARKET INDEX	829,797
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2035 INVESTMENT	792,535
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	790,497
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	656,871
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	634,172
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2025 INVESTMENT	613,267
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2020 INVESTMENT	558,772
*	FIDELITY INVESTMENTS	FIDELITY SELECT SEMICONDUCTORS	436,882
*	FIDELITY INVESTMENTS	FIDELITY OTC PORTFOLIO	396,152
*	FIDELITY INVESTMENTS	FIDELITY US BOND INDEX	388,368

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FIDELITY SELECT TECHNOLOGY	\$ 382,474
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2045 INVESTMENT	365,592
*	FIDELITY INVESTMENTS	FIDELITY LOW PRICED STOCK	350,709
*	FIDELITY INVESTMENTS	FIDELITY PURITAN	273,766
*	FIDELITY INVESTMENTS	FIDELITY EQ DIV INCOME	254,371
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC CORE FUND	250,507
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	246,033
*	FIDELITY INVESTMENTS	FIDELITY GROWTH DISCOVERY	236,258
*	FIDELITY INVESTMENTS	FIDELITY DIVERSIFIED INTERNATIONAL	235,295
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2050 INVESTMENT	215,907
*	FIDELITY INVESTMENTS	FIDELITY INVESTMENT GRADE BOND	212,772
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EX US INDEX	212,631
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	208,140
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP VALUE	191,644
*	FIDELITY INVESTMENTS	FIDELITY FOCUSED STOCK	190,384
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP INDEX	188,740
*	FIDELITY INVESTMENTS	FIDELITY SELECT SOFTWARE	181,564
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP GROWTH	178,964
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC INCOME	178,750
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL INDEX	174,499
*	FIDELITY INVESTMENTS	FIDELITY SELECT BIOTECH	172,299
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH FUND	167,369
*	FIDELITY INVESTMENTS	FIDELITY TOTAL BOND	166,029
*	FIDELITY INVESTMENTS	FIDELITY NASDAQ COMPOSITE INDEX	165,952
*	FIDELITY INVESTMENTS	FIDELITY INFLATION PROTECTED BOND INDEX	165,840
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP VALUE	155,219
*	FIDELITY INVESTMENTS	FIDELITY MID CAP STOCK	151,301
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL DISCOVERY	148,111
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 50%	144,928
*	FIDELITY INVESTMENTS	FIDELITY EXTD MARKET INDEX	142,239
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 60%	141,550
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY	136,992
*	FIDELITY INVESTMENTS	FIDELITY BALANCED	136,881
*	FIDELITY INVESTMENTS	FIDELITY MID CAP INDEX	136,503
*	FIDELITY INVESTMENTS	FIDELITY NEW MARKETS INC	130,898
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC VALUE FUND	129,912
*	FIDELITY INVESTMENTS	FIDELITY OVERSEAS	125,054
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INC	123,631
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2070 INV	123,516
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL & INCOME	115,569
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GROWTH	114,312
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT ALL CAPITAL	113,310
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	112,534

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	\$ 108,842
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTHCARE	108,377
*	FIDELITY INVESTMENTS	FIDELITY DIVIDEND GROWTH	99,924
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	90,501
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION SERVICE	89,337
*	FIDELITY INVESTMENTS	FIDELITY SELECT INDUSTRIALS	89,161
*	FIDELITY INVESTMENTS	FIDELITY LEVERAGED COMPANY STOCK	89,089
*	FIDELITY INVESTMENTS	FIDELITY EQUITY INCOME	87,990
*	FIDELITY INVESTMENTS	FIDELITY GNMA	87,883
*	FIDELITY INVESTMENTS	FIDELITY SELECT TEC HARDWARE	86,951
*	FIDELITY INVESTMENTS	FIDELITY SELECT BANKING	86,384
	VANGUARD	VANGUARD WINDSOR II	85,625
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND	85,494
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP	81,818
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT LARGE CAP VALUE	79,731
*	FIDELITY INVESTMENTS	FIDELITY SELECT BROKERAGE	77,777
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES INDEX FUND	76,265
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALIC COMPANY I CAPITAL APPRECIATION	74,623
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENTERTAINMENT TECH SVC	72,974
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL SOCIALLY RESPONSIBLE FUND	70,279
*	FIDELITY INVESTMENTS	FIDELITY FID FUND	70,269
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	69,362
*	FIDELITY INVESTMENTS	FIDELITY GROWTH STRATEGIC	65,136
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINTECH	64,118
*	FIDELITY INVESTMENTS	FIDELITY MULTI ASSET INDEX	61,717
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	61,640
*	FIDELITY INVESTMENTS	FIDELITY SELECT GOLD	60,221
*	FIDELITY INVESTMENTS	FIDELITY EMRG MARKETS INDEX	58,365
*	FIDELITY INVESTMENTS	FIDELITY FDM INDEX 2015 IPR	58,277
*	FIDELITY INVESTMENTS	FIDELITY VALUE DISCOVERY	57,965
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL VALUE FUND	57,748
*	FIDELITY INVESTMENTS	FIDELITY CONVERTIBLE SECURITY	56,581
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL COM DTY STK	55,064
*	FIDELITY INVESTMENTS	FIDELITY FLOAT RATE HIGH INCOME	54,255
*	FIDELITY INVESTMENTS	FIDELITY TREND	53,802
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT INCOME	51,804
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS	51,541
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE BOND	50,470
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL GROWTH	47,680
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL CAPITAL APPRECIATION	47,335
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2015 INVESTMENT	46,622
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2010 INVESTMENT	46,062
*	FIDELITY INVESTMENTS	FIDELITY SELECT MEDICAL TECHNOLOGY & DEVICES	45,993

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FIDELITY DISCIPLINED EQUITY	\$ 44,041
*	FIDELITY INVESTMENTS	FIDELITY HIGH INCOME	43,854
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONS DISCRETIONARY	42,975
*	FIDELITY INVESTMENTS	FIDELITY VALUE	42,820
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE TREASURY BOND INDEX	42,295
*	FIDELITY INVESTMENTS	FIDELITY MID CAP VALUE	41,956
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	40,193
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT MID CAP	38,620
*	FIDELITY INVESTMENTS	FIDELITY PACIFIC BASIN	37,566
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP DISCOVERY	37,324
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINANCIAL	36,995
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP STOCK	35,675
*	FIDELITY INVESTMENTS	FIDELITY LATIN AMERICA	35,251
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	34,402
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INVESTMENT	34,291
*	FIDELITY INVESTMENTS	FIDELITY ENVIRONMENTAL ENERGY	33,292
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC GROWTH FUND	32,351
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONSTR/HOUSE	32,293
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND INDEX	31,778
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP STOCK	31,086
*	FIDELITY INVESTMENTS	FIDELITY NATURAL RESOURCES	30,790
*	FIDELITY INVESTMENTS	FIDELITY MORTGAGE SECURITIES	27,525
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	24,410
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL VALUE	23,019
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	22,749
*	FIDELITY INVESTMENTS	FIDELITY LONG TERM TREASURY BOND INDEX	21,808
*	FIDELITY INVESTMENTS	FIDELITY EMERGING ASIA	21,686
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALIC COMPANY I CONSERVATIVE GROWTH LIFESTYLE FUND	21,639
*	FIDELITY INVESTMENTS	FIDELITY SELECT WIRELESS	21,391
*	FIDELITY INVESTMENTS	FIDELITY SELECT LEISURE	21,250
*	FIDELITY INVESTMENTS	FIDELITY VALUE STRATEGIC	20,079
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP OPPORTUNITIES	18,792
*	FIDELITY INVESTMENTS	FIDELITY FIDM INDEX 2040 IPR	18,532
*	FIDELITY INVESTMENTS	FIDELITY JAPAN	17,513
*	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	17,125
*	FIDELITY INVESTMENTS	FIDELITY CANADA	16,644
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 70%	15,515
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL APPRECIATION	14,826
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INDEX	13,310
*	FIDELITY INVESTMENTS	FIDELITY SELECT DEFENSE	13,181
*	FIDELITY INVESTMENTS	FIDELITY SELECT INSURANCE	12,620
*	FIDELITY INVESTMENTS	FIDELITY TOTAL EMERGING MARKETS	12,608
*	FIDELITY INVESTMENTS	FIDELITY SELECT UTILITIES	10,264

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL OPPORTUNITIES	\$ 8,643
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	8,364
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	8,209
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	7,468
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC REAL RETURN	7,376
*	FIDELITY INVESTMENTS	FIDELITY MEGA CAP STOCK	6,708
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INCOME	3,558
*	GOLDMAN SACHS	GOLDMAN SACHS VIT GOVERNMENT MONEY MARKET FUND INST	3,263
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE BOND FUND	3,221
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	3,119
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	2,391
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2055 INVESTMENT	2,200
*	FIDELITY INVESTMENTS	FIDELITY SELECT CHEMICALS	2,074
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,920
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONS STAPLES	1,878
*	FIDELITY INVESTMENTS	FIDELITY WORLDWIDE	1,630
*	FIDELITY INVESTMENTS	FIDELITY CHINA REGION	1,101
			567,567,428
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	25,376,662
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	12,077,327
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	5,927,360
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,460,915
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	2,502,716
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	2,280,726
*	CREF VARIABLE ANNUITY ACCOUNT	CORE BOND ACCOUNT	1,574,705
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	720,278
			54,920,689
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL BENEFIT RESPONSIVE	21,649,986
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	28,564,068
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	208,123
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	654,636
			51,076,813
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	5,525,361
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,738,771
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	750,565
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	82,119
*	VOYA FINANCIAL	VOYA SHORT-TERM GAA**	19,561
*	VOYA FINANCIAL	VOYA LONG-TERM GAA**	5,477
			10,121,854

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL INC.

403(b) TAX-SHELTERED ANNUITY PLAN

EIN #31-4379441 - PLAN #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2023

(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
	<i>Pooled Separate Accounts:</i>		
*	TIAA	TIAA REAL ESTATE ACCOUNT	\$ 17,885,886
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO I	3,005,087
*	VOYA FINANCIAL	FIDELITY VIP CONTRAFUND PORTFOLIO	2,380,725
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	1,423,528
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	1,061,097
*	VOYA FINANCIAL	VOYA GLOBAL PORTFOLIO	949,614
*	VOYA FINANCIAL	FIDELITY VIP GROWTH PORTFOLIO I	696,103
*	VOYA FINANCIAL	VOYA T. ROWE PRICE GROWTH EQUITY PORTFOLIO I	620,803
*	VOYA FINANCIAL	T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	471,506
*	VOYA FINANCIAL	FIDELITY VIP EQUITY INCOME PORTFOLIO I	451,176
*	VOYA FINANCIAL	VOYA INDEX PLUS MID CAP PORTFOLIO I	443,612
*	VOYA FINANCIAL	VOYA INVESCO EQUITY & INCOME PORTFOLIO	440,418
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORTFOLIO I	377,110
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GRADE INDEX PORTFOLIO I	350,783
*	VOYA FINANCIAL	VOYA INVESCO COM STOCK PORTFOLIO	331,273
*	VOYA FINANCIAL	VOYA BALANCED PORTFOLIO I	312,150
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION GROWTH PORTFOLIO I	193,930
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	152,738
*	VOYA FINANCIAL	VOYA SOLUTION 2025 PORTFOLIO	151,230
*	VOYA FINANCIAL	VOYA INTERMEDIATE BOND PORTFOLIO I	151,125
*	VOYA FINANCIAL	VOYA BARON GROWTH PORTFOLIO	140,190
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP INDEX PORTFOLIO I	137,116
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION MODERATE PORTFOLIO I	125,864
*	VOYA FINANCIAL	VOYA GOVERNMENT MONEY MARKET PORTFOLIO I	120,274
*	VOYA FINANCIAL	BLACKROCK HEALTH OPPORTUNITIES PORTFOLIO	93,018
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	91,440
*	VOYA FINANCIAL	LORD ABBETT FUND MID CAP STOCK	79,578
*	VOYA FINANCIAL	T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	63,742
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO	62,732
*	VOYA FINANCIAL	AMERICAN FUNDS WASHINGTON MUTUAL R4	62,101
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	61,847
*	VOYA FINANCIAL	VOYA GLOBAL HIGH DIVIDEND LOW VOLATILITY PORTFOLIO I	44,679
*	VOYA FINANCIAL	INVESCO V.I. CORE EQUITY FUND	40,073
*	VOYA FINANCIAL	AMERICAN FUNDS GROWTH FUND R4	37,312
*	VOYA FINANCIAL	INVESCO V.I. AMERICAN FRANCHISE FUND	35,583
*	VOYA FINANCIAL	VOYA HIGH YIELD PORTFOLIO	34,588
*	VOYA FINANCIAL	AMERICAN FUNDS EUROPACIFIC R4	27,503
*	VOYA FINANCIAL	ALLSPRING SPECIAL SMALL CAP VALUE FUND CLASS A	27,004
*	VOYA FINANCIAL	VOYA INDEX PLUS SMALL CAP PORTFOLIO I	24,703
*	VOYA FINANCIAL	INVESCO DEVELOPING MARKETS FUND A	23,301
*	VOYA FINANCIAL	VOYA GLOBAL BOND PORTFOLIO I	20,887
*	VOYA FINANCIAL	PIMCO VIT REAL RETURN PORTFOLIO	15,042
*	VOYA FINANCIAL	VOYA CLARION GLOBAL REAL ESTATE	13,663
*	VOYA FINANCIAL	DELAWARE IVY SCIENCE & TECHNOLOGY FUND CLASS Y	13,523
*	VOYA FINANCIAL	TEMPLETON GLOBAL BOND FUND A	13,125
*	VOYA FINANCIAL	CALVERT VP SRIBALANCED PORTFOLIO	12,633

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, 2023

(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
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	INTERNATIONAL HIGH DIVIDEND LOW VOLATILITY FUND A	\$ 10,322
*	VOYA FINANCIAL	AMERICAN FUNDS NEW PERSPECTIVE	8,872
*	VOYA FINANCIAL	AMERICAN FUNDS SMALL CAP R4	8,618
*	VOYA FINANCIAL	VOYA T. ROWE PRICE EQUITY INCOME PORTFOLIO	6,243
*	VOYA FINANCIAL	VOYA INVESCO GROWTH & INCOME PORTFOLIO	6,074
*	VOYA FINANCIAL	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	5,966
*	VOYA FINANCIAL	INVESCO V.I. MAIN STREET SMALL CAP FUND SERIES I	5,937
*	VOYA FINANCIAL	FIDELITY VIP OVERSEAS PORTFOLIO	5,898
*	VOYA FINANCIAL	WANGER INTERNATIONAL	5,100
*	VOYA FINANCIAL	ARIEL FUND INVESTOR	3,098
*	VOYA FINANCIAL	JANUS HENDERSON VIT BALANCED PORTFOLIO INSTITUTIONAL	2,916
*	VOYA FINANCIAL	LAZARD INTERNATIONAL EQUITY PORTFOLIO OPN	2,712
*	VOYA FINANCIAL	COLUMBIA CONTRARIAN CORE PT S	2,308
*	VOYA FINANCIAL	AMERICAN FUNDS BOND FUND OF AMERICA R4	2,257
*	VOYA FINANCIAL	COLUMBIA LARGE CAP VALUE FUND ADV	2,007
*	VOYA FINANCIAL	METROPOLITAN WEST TOTAL RETURN BOND FUND M	1,942
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	1,468
*	VOYA FINANCIAL	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO I	1,437
*	VOYA FINANCIAL	VOYA JPMORGAN EMERGING MARKETS EQ PORTFOLIO	1,145
*	VOYA FINANCIAL	DELAWARE SMALL CAP VALUE FUND A	933
*	VOYA FINANCIAL	STRATEGIC ALLOCATION CONSERVATIVE PORTFOLIO	926
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	736
*	VOYA FINANCIAL	PIONEER HIGH YIELD VCT PORTFOLIO I	676
*	VOYA FINANCIAL	BLACKROCK MID CAP VALUE FUND A	659
*	VOYA FINANCIAL	COLUMBIA SELECT MID CAP VALUE FUND A	648
*	VOYA FINANCIAL	TWC TOTAL RETURN BOND FUND N	639
*	VOYA FINANCIAL	VOYA CLARION REAL ESTATE PORTFOLIO	425
*	VOYA FINANCIAL	VOYA US BOND INDEX PORTFOLIO	90
*	VOYA FINANCIAL	JANUS HENDERSON GLOBAL RESEARCH INSTITUTIONAL	2
			33,361,469
*	TIAA and CREF	TIAA STABLE VALUE FUND	29,318,225
	<i>Money Market Funds</i>		
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT CASH RESERVE	1,275,055
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET	284,666
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET PREMIUM	197,381
*	FIDELITY INVESTMENTS	FIDELITY TREASURY ONLY MONEY MARKET	13,717
			1,770,819
	<i>Cash Held as Collateral for Plan Loans</i>		310,309
*	Notes Receivable from Participants	Interest rates range from 3.25% to 8.50%	5,359,233
			\$ 753,806,839

* Denotes party-in-interest

** Reported at contract value

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)
December 31, 2023

(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
	<i>Registered Investment Companies:</i>		
	VANGUARD	VANGUARD INSTITUTIONAL INDEX	\$ 88,204,921
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2040	75,708,775
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2055	38,267,419
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH	37,889,134
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2050	36,278,819
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2035	33,724,538
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2045	30,408,488
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2030	28,997,940
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2025	21,966,489
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2060	21,346,334
	VANGUARD	VANGUARD SMALL-CAP INDEX	20,765,469
	VANGUARD	VANGUARD MID-CAP INDEX	17,697,923
	VANGUARD	VANGUARD VALUE INDEX INSTITUTIONAL	15,969,167
	JP MORGAN	JPMORGAN US EQUITY R5	13,076,126
	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	11,515,933
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2020	7,056,615
	NEUBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	6,204,273
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT INC	5,799,678
	BLACKROCK	BLACKROCK INFLATATION PROTECTED BOND	5,322,758
	METROPOLITAN WEST	METROPOLITAN WEST TOTAL RETURN BOND I	4,876,039
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2065	4,202,783
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	4,067,898
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	3,498,519
	AllianceBernstein	Large Cap Growth Fund	2,940,307
	ALLSPRING	ALLSPRING SPECIAL SMALLCAP VALUE R6	2,930,420
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2040 INVESTMENT	1,913,071
*	FIDELITY INVESTMENTS	FIDELITY GROWTH COMPANY	1,708,928
*	FIDELITY INVESTMENTS	FIDELITY MAGELLAN	1,671,527
*	FIDELITY INVESTMENTS	FIDELITY 500 INDEX	1,482,395
*	FIDELITY INVESTMENTS	FIDELITY CONTRAFUND	1,150,472
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2030 INVESTMENT	908,281
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP GROWTH	873,933
*	FIDELITY INVESTMENTS	FIDELITY GROWTH & INCOME	845,285
*	FIDELITY INVESTMENTS	FIDELITY TOTAL MARKET INDEX	829,797
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2035 INVESTMENT	792,535
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	STOCK INDEX FUND	790,497
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP INDEX FUND	656,871
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SCIENCE & TECHNOLOGY FUND	634,172
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2025 INVESTMENT	613,267
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2020 INVESTMENT	558,772
*	FIDELITY INVESTMENTS	FIDELITY SELECT SEMICONDUCTORS	436,882
*	FIDELITY INVESTMENTS	FIDELITY OTC PORTFOLIO	396,152
*	FIDELITY INVESTMENTS	FIDELITY US BOND INDEX	388,368

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FIDELITY SELECT TECHNOLOGY	\$ 382,474
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2045 INVESTMENT	365,592
*	FIDELITY INVESTMENTS	FIDELITY LOW PRICED STOCK	350,709
*	FIDELITY INVESTMENTS	FIDELITY PURITAN	273,766
*	FIDELITY INVESTMENTS	FIDELITY EQ DIV INCOME	254,371
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC CORE FUND	250,507
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	LARGE CAPITAL GROWTH	246,033
*	FIDELITY INVESTMENTS	FIDELITY GROWTH DISCOVERY	236,258
*	FIDELITY INVESTMENTS	FIDELITY DIVERSIFIED INTERNATIONAL	235,295
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2050 INVESTMENT	215,907
*	FIDELITY INVESTMENTS	FIDELITY INVESTMENT GRADE BOND	212,772
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL EX US INDEX	212,631
	VANGUARD	VANGUARD WELLINGTON FUND, INC.	208,140
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP VALUE	191,644
*	FIDELITY INVESTMENTS	FIDELITY FOCUSED STOCK	190,384
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP INDEX	188,740
*	FIDELITY INVESTMENTS	FIDELITY SELECT SOFTWARE	181,564
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP GROWTH	178,964
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC INCOME	178,750
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL INDEX	174,499
*	FIDELITY INVESTMENTS	FIDELITY SELECT BIOTECH	172,299
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GROWTH FUND	167,369
*	FIDELITY INVESTMENTS	FIDELITY TOTAL BOND	166,029
*	FIDELITY INVESTMENTS	FIDELITY NASDAQ COMPOSITE INDEX	165,952
*	FIDELITY INVESTMENTS	FIDELITY INFLATION PROTECTED BOND INDEX	165,840
*	FIDELITY INVESTMENTS	FIDELITY BLUE CHIP VALUE	155,219
*	FIDELITY INVESTMENTS	FIDELITY MID CAP STOCK	151,301
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL DISCOVERY	148,111
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 50%	144,928
*	FIDELITY INVESTMENTS	FIDELITY EXTD MARKET INDEX	142,239
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 60%	141,550
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENERGY	136,992
*	FIDELITY INVESTMENTS	FIDELITY BALANCED	136,881
*	FIDELITY INVESTMENTS	FIDELITY MID CAP INDEX	136,503
*	FIDELITY INVESTMENTS	FIDELITY NEW MARKETS INC	130,898
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC VALUE FUND	129,912
*	FIDELITY INVESTMENTS	FIDELITY OVERSEAS	125,054
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INC	123,631
	VANGUARD	VANGUARD INSTITUTIONAL TARGET RETIREMENT 2070 INV	123,516
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL & INCOME	115,569
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP STRATEGIC GROWTH	114,312
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT ALL CAPITAL	113,310
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP INDEX FUND	112,534

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP GROWTH FUND	\$ 108,842
*	FIDELITY INVESTMENTS	FIDELITY SELECT HEALTHCARE	108,377
*	FIDELITY INVESTMENTS	FIDELITY DIVIDEND GROWTH	99,924
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP VALUE FUND	90,501
*	FIDELITY INVESTMENTS	FIDELITY SELECT COMMUNICATION SERVICE	89,337
*	FIDELITY INVESTMENTS	FIDELITY SELECT INDUSTRIALS	89,161
*	FIDELITY INVESTMENTS	FIDELITY LEVERAGED COMPANY STOCK	89,089
*	FIDELITY INVESTMENTS	FIDELITY EQUITY INCOME	87,990
*	FIDELITY INVESTMENTS	FIDELITY GNMA	87,883
*	FIDELITY INVESTMENTS	FIDELITY SELECT TEC HARDWARE	86,951
*	FIDELITY INVESTMENTS	FIDELITY SELECT BANKING	86,384
	VANGUARD	VANGUARD WINDSOR II	85,625
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND	85,494
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP	81,818
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT LARGE CAP VALUE	79,731
*	FIDELITY INVESTMENTS	FIDELITY SELECT BROKERAGE	77,777
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL EQUITIES INDEX FUND	76,265
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALIC COMPANY I CAPITAL APPRECIATION	74,623
*	FIDELITY INVESTMENTS	FIDELITY SELECT ENTERTAINMENT TECH SVC	72,974
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL SOCIALLY RESPONSIBLE FUND	70,279
*	FIDELITY INVESTMENTS	FIDELITY FID FUND	70,269
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GROWTH FUND	69,362
*	FIDELITY INVESTMENTS	FIDELITY GROWTH STRATEGIC	65,136
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINTECH	64,118
*	FIDELITY INVESTMENTS	FIDELITY MULTI ASSET INDEX	61,717
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	MID CAP VALUE FUND	61,640
*	FIDELITY INVESTMENTS	FIDELITY SELECT GOLD	60,221
*	FIDELITY INVESTMENTS	FIDELITY EMRG MARKETS INDEX	58,365
*	FIDELITY INVESTMENTS	FIDELITY FDM INDEX 2015 IPR	58,277
*	FIDELITY INVESTMENTS	FIDELITY VALUE DISCOVERY	57,965
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL VALUE FUND	57,748
*	FIDELITY INVESTMENTS	FIDELITY CONVERTIBLE SECURITY	56,581
*	FIDELITY INVESTMENTS	FIDELITY GLOBAL COM DTY STK	55,064
*	FIDELITY INVESTMENTS	FIDELITY FLOAT RATE HIGH INCOME	54,255
*	FIDELITY INVESTMENTS	FIDELITY TREND	53,802
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT INCOME	51,804
*	FIDELITY INVESTMENTS	FIDELITY EMERGING MARKETS	51,541
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE BOND	50,470
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL GROWTH	47,680
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL CAPITAL APPRECIATION	47,335
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2015 INVESTMENT	46,622
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2010 INVESTMENT	46,062
*	FIDELITY INVESTMENTS	FIDELITY SELECT MEDICAL TECHNOLOGY & DEVICES	45,993

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	FIDELITY INVESTMENTS	FIDELITY DISCIPLINED EQUITY	\$ 44,041
*	FIDELITY INVESTMENTS	FIDELITY HIGH INCOME	43,854
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONS DISCRETIONARY	42,975
*	FIDELITY INVESTMENTS	FIDELITY VALUE	42,820
*	FIDELITY INVESTMENTS	FIDELITY INTERMEDIATE TREASURY BOND INDEX	42,295
*	FIDELITY INVESTMENTS	FIDELITY MID CAP VALUE	41,956
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SMALL CAP SPECIAL VALUE FUND	40,193
*	FIDELITY INVESTMENTS	FIDELITY STOCK SELECT MID CAP	38,620
*	FIDELITY INVESTMENTS	FIDELITY PACIFIC BASIN	37,566
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP DISCOVERY	37,324
*	FIDELITY INVESTMENTS	FIDELITY SELECT FINANCIAL	36,995
*	FIDELITY INVESTMENTS	FIDELITY SMALL CAP STOCK	35,675
*	FIDELITY INVESTMENTS	FIDELITY LATIN AMERICA	35,251
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	NASDAQ-100(R) INDEX FUND	34,402
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INVESTMENT	34,291
*	FIDELITY INVESTMENTS	FIDELITY ENVIRONMENTAL ENERGY	33,292
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SYSTEMATIC GROWTH FUND	32,351
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONSTR/HOUSE	32,293
*	FIDELITY INVESTMENTS	FIDELITY SHORT TERM BOND INDEX	31,778
*	FIDELITY INVESTMENTS	FIDELITY LARGE CAP STOCK	31,086
*	FIDELITY INVESTMENTS	FIDELITY NATURAL RESOURCES	30,790
*	FIDELITY INVESTMENTS	FIDELITY MORTGAGE SECURITIES	27,525
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	EMERGING ECONOMIES	24,410
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL VALUE	23,019
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GLOBAL STRATEGY	22,749
*	FIDELITY INVESTMENTS	FIDELITY LONG TERM TREASURY BOND INDEX	21,808
*	FIDELITY INVESTMENTS	FIDELITY EMERGING ASIA	21,686
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	VALIC COMPANY I CONSERVATIVE GROWTH LIFESTYLE FUND	21,639
*	FIDELITY INVESTMENTS	FIDELITY SELECT WIRELESS	21,391
*	FIDELITY INVESTMENTS	FIDELITY SELECT LEISURE	21,250
*	FIDELITY INVESTMENTS	FIDELITY VALUE STRATEGIC	20,079
*	FIDELITY INVESTMENTS	FIDELITY INTERNATIONAL SMALL CAP OPPORTUNITIES	18,792
*	FIDELITY INVESTMENTS	FIDELITY FIDM INDEX 2040 IPR	18,532
*	FIDELITY INVESTMENTS	FIDELITY JAPAN	17,513
*	VANGUARD	VANGUARD LIFESTRATEGY GROWTH	17,125
*	FIDELITY INVESTMENTS	FIDELITY CANADA	16,644
*	FIDELITY INVESTMENTS	FIDELITY ASSET MANAGER 70%	15,515
*	FIDELITY INVESTMENTS	FIDELITY CAPITAL APPRECIATION	14,826
*	FIDELITY INVESTMENTS	FIDELITY REAL ESTATE INDEX	13,310
*	FIDELITY INVESTMENTS	FIDELITY SELECT DEFENSE	13,181
*	FIDELITY INVESTMENTS	FIDELITY SELECT INSURANCE	12,620
*	FIDELITY INVESTMENTS	FIDELITY TOTAL EMERGING MARKETS	12,608
*	FIDELITY INVESTMENTS	FIDELITY SELECT UTILITIES	10,264

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, 2023

(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
	<i>Registered Investment Companies (continued):</i>		
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL OPPORTUNITIES	\$ 8,643
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL APPRECIATION FUND	8,364
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	DIVIDEND VALUE	8,209
*	FIDELITY INVESTMENTS	FIDELITY NEW MILLEN	7,468
*	FIDELITY INVESTMENTS	FIDELITY STRATEGIC REAL RETURN	7,376
*	FIDELITY INVESTMENTS	FIDELITY MEGA CAP STOCK	6,708
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INCOME	3,558
*	GOLDMAN SACHS	GOLDMAN SACHS VIT GOVERNMENT MONEY MARKET FUND INST	3,263
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	CORE BOND FUND	3,221
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	ARIEL FUND	3,119
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	INTERNATIONAL GOVERNMENT BOND	2,391
*	FIDELITY INVESTMENTS	FIDELITY FREEDOM INDEX 2055 INVESTMENT	2,200
*	FIDELITY INVESTMENTS	FIDELITY SELECT CHEMICALS	2,074
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	GOVERNMENT SECURITIES FUND	1,920
*	FIDELITY INVESTMENTS	FIDELITY SELECT CONS STAPLES	1,878
*	FIDELITY INVESTMENTS	FIDELITY WORLDWIDE	1,630
*	FIDELITY INVESTMENTS	FIDELITY CHINA REGION	1,101
			567,567,428
	<i>Variable Annuity Contracts:</i>		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	25,376,662
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	12,077,327
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	5,927,360
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	4,460,915
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	2,502,716
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	2,280,726
*	CREF VARIABLE ANNUITY ACCOUNT	CORE BOND ACCOUNT	1,574,705
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	720,278
			54,920,689
	<i>Insurance Company General Account:</i>		
*	TIAA-CREF	TIAA TRADITIONAL BENEFIT RESPONSIVE	21,649,986
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	28,564,068
*	TIAA-CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	208,123
*	TIAA-CREF	PLAN LOAN DEFAULT FUND	654,636
			51,076,813
	<i>Guaranteed Investment Contracts:</i>		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT**	5,525,361
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	FIXED ACCOUNT PLUS**	3,738,771
*	VARIABLE ANNUITY LIFE INSURANCE COMPANY	SHORT TERM FIXED ACCOUNT**	750,565
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT PLUS**	82,119
*	VOYA FINANCIAL	VOYA SHORT-TERM GAA**	19,561
*	VOYA FINANCIAL	VOYA LONG-TERM GAA**	5,477
			10,121,854

See Independent Auditor's Report.

NATIONWIDE CHILDREN'S HOSPITAL INC.

403(b) TAX-SHELTERED ANNUITY PLAN

EIN #31-4379441 - PLAN #005

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2023

(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
	<i>Pooled Separate Accounts:</i>		
*	TIAA	TIAA REAL ESTATE ACCOUNT	\$ 17,885,886
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO I	3,005,087
*	VOYA FINANCIAL	FIDELITY VIP CONTRAFUND PORTFOLIO	2,380,725
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	1,423,528
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	1,061,097
*	VOYA FINANCIAL	VOYA GLOBAL PORTFOLIO	949,614
*	VOYA FINANCIAL	FIDELITY VIP GROWTH PORTFOLIO I	696,103
*	VOYA FINANCIAL	VOYA T. ROWE PRICE GROWTH EQUITY PORTFOLIO I	620,803
*	VOYA FINANCIAL	T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	471,506
*	VOYA FINANCIAL	FIDELITY VIP EQUITY INCOME PORTFOLIO I	451,176
*	VOYA FINANCIAL	VOYA INDEX PLUS MID CAP PORTFOLIO I	443,612
*	VOYA FINANCIAL	VOYA INVESCO EQUITY & INCOME PORTFOLIO	440,418
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORTFOLIO I	377,110
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GRADE INDEX PORTFOLIO I	350,783
*	VOYA FINANCIAL	VOYA INVESCO COM STOCK PORTFOLIO	331,273
*	VOYA FINANCIAL	VOYA BALANCED PORTFOLIO I	312,150
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION GROWTH PORTFOLIO I	193,930
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	152,738
*	VOYA FINANCIAL	VOYA SOLUTION 2025 PORTFOLIO	151,230
*	VOYA FINANCIAL	VOYA INTERMEDIATE BOND PORTFOLIO I	151,125
*	VOYA FINANCIAL	VOYA BARON GROWTH PORTFOLIO	140,190
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP INDEX PORTFOLIO I	137,116
*	VOYA FINANCIAL	VOYA STRATEGIC ALLOCATION MODERATE PORTFOLIO I	125,864
*	VOYA FINANCIAL	VOYA GOVERNMENT MONEY MARKET PORTFOLIO I	120,274
*	VOYA FINANCIAL	BLACKROCK HEALTH OPPORTUNITIES PORTFOLIO	93,018
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	91,440
*	VOYA FINANCIAL	LORD ABBETT FUND MID CAP STOCK	79,578
*	VOYA FINANCIAL	T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	63,742
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO	62,732
*	VOYA FINANCIAL	AMERICAN FUNDS WASHINGTON MUTUAL R4	62,101
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	61,847
*	VOYA FINANCIAL	VOYA GLOBAL HIGH DIVIDEND LOW VOLATILITY PORTFOLIO I	44,679
*	VOYA FINANCIAL	INVESCO V.I. CORE EQUITY FUND	40,073
*	VOYA FINANCIAL	AMERICAN FUNDS GROWTH FUND R4	37,312
*	VOYA FINANCIAL	INVESCO V.I. AMERICAN FRANCHISE FUND	35,583
*	VOYA FINANCIAL	VOYA HIGH YIELD PORTFOLIO	34,588
*	VOYA FINANCIAL	AMERICAN FUNDS EUROPACIFIC R4	27,503
*	VOYA FINANCIAL	ALLSPRING SPECIAL SMALL CAP VALUE FUND CLASS A	27,004
*	VOYA FINANCIAL	VOYA INDEX PLUS SMALL CAP PORTFOLIO I	24,703
*	VOYA FINANCIAL	INVESCO DEVELOPING MARKETS FUND A	23,301
*	VOYA FINANCIAL	VOYA GLOBAL BOND PORTFOLIO I	20,887
*	VOYA FINANCIAL	PIMCO VIT REAL RETURN PORTFOLIO	15,042
*	VOYA FINANCIAL	VOYA CLARION GLOBAL REAL ESTATE	13,663
*	VOYA FINANCIAL	DELAWARE IVY SCIENCE & TECHNOLOGY FUND CLASS Y	13,523
*	VOYA FINANCIAL	TEMPLETON GLOBAL BOND FUND A	13,125
*	VOYA FINANCIAL	CALVERT VP SRIBALANCED PORTFOLIO	12,633

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, 2023

(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
	<i>Pooled Separate Accounts (continued):</i>		
*	VOYA FINANCIAL	INTERNATIONAL HIGH DIVIDEND LOW VOLATILITY FUND A	\$ 10,322
*	VOYA FINANCIAL	AMERICAN FUNDS NEW PERSPECTIVE	8,872
*	VOYA FINANCIAL	AMERICAN FUNDS SMALL CAP R4	8,618
*	VOYA FINANCIAL	VOYA T. ROWE PRICE EQUITY INCOME PORTFOLIO	6,243
*	VOYA FINANCIAL	VOYA INVESCO GROWTH & INCOME PORTFOLIO	6,074
*	VOYA FINANCIAL	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	5,966
*	VOYA FINANCIAL	INVESCO V.I. MAIN STREET SMALL CAP FUND SERIES I	5,937
*	VOYA FINANCIAL	FIDELITY VIP OVERSEAS PORTFOLIO	5,898
*	VOYA FINANCIAL	WANGER INTERNATIONAL	5,100
*	VOYA FINANCIAL	ARIEL FUND INVESTOR	3,098
*	VOYA FINANCIAL	JANUS HENDERSON VIT BALANCED PORTFOLIO INSTITUTIONAL	2,916
*	VOYA FINANCIAL	LAZARD INTERNATIONAL EQUITY PORTFOLIO OPN	2,712
*	VOYA FINANCIAL	COLUMBIA CONTRARIAN CORE PT S	2,308
*	VOYA FINANCIAL	AMERICAN FUNDS BOND FUND OF AMERICA R4	2,257
*	VOYA FINANCIAL	COLUMBIA LARGE CAP VALUE FUND ADV	2,007
*	VOYA FINANCIAL	METROPOLITAN WEST TOTAL RETURN BOND FUND M	1,942
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	1,468
*	VOYA FINANCIAL	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO I	1,437
*	VOYA FINANCIAL	VOYA JPMORGAN EMERGING MARKETS EQ PORTFOLIO	1,145
*	VOYA FINANCIAL	DELAWARE SMALL CAP VALUE FUND A	933
*	VOYA FINANCIAL	STRATEGIC ALLOCATION CONSERVATIVE PORTFOLIO	926
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	736
*	VOYA FINANCIAL	PIONEER HIGH YIELD VCT PORTFOLIO I	676
*	VOYA FINANCIAL	BLACKROCK MID CAP VALUE FUND A	659
*	VOYA FINANCIAL	COLUMBIA SELECT MID CAP VALUE FUND A	648
*	VOYA FINANCIAL	TWC TOTAL RETURN BOND FUND N	639
*	VOYA FINANCIAL	VOYA CLARION REAL ESTATE PORTFOLIO	425
*	VOYA FINANCIAL	VOYA US BOND INDEX PORTFOLIO	90
*	VOYA FINANCIAL	JANUS HENDERSON GLOBAL RESEARCH INSTITUTIONAL	2
			33,361,469
*	TIAA and CREF	TIAA STABLE VALUE FUND	29,318,225
	<i>Money Market Funds</i>		
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT CASH RESERVE	1,275,055
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET	284,666
*	FIDELITY INVESTMENTS	FIDELITY GOVERNMENT MONEY MARKET PREMIUM	197,381
*	FIDELITY INVESTMENTS	FIDELITY TREASURY ONLY MONEY MARKET	13,717
			1,770,819
	<i>Cash Held as Collateral for Plan Loans</i>		310,309
*	<i>Notes Receivable from Participants</i>	Interest rates range from 3.25% to 8.50%	5,359,233
			\$ 753,806,839

* Denotes party-in-interest

** Reported at contract value

See Independent Auditor's Report.

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
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
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	<i>Susanne Bersbach</i>	10/11/2024	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Susanne Bersbach</i>	10/11/2024	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

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 15512
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 10060 6a(2) 10848 6b 0 6c 5670 6d 16518 6e 24 6f 16542 6g(1) 15285 6g(2) 16270 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>2</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____