

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

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

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	932
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	585
	<b>6c</b>	270
	<b>6d</b>	855
	<b>6e</b>	46
	<b>6f</b>	901
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONWIDE CHILDREN'S HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>31-4379441</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>72478737</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>73551739</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>648</u>	<u>51790527</u>	<u>51790527</u>
<b>b</b> For terminated vested participants .....	<u>285</u>	<u>12946676</u>	<u>12946676</u>
<b>c</b> For active participants .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>d</b> Total .....	<u>933</u>	<u>64737203</u>	<u>64737203</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.09 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>210000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>210000</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>DANIELLE M ZANDER</u> Type or print name of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Firm name  <u>8400 NORMANDALE LAKE BOULEVARD</u> <u>SUITE 1700</u> <u>MINNEAPOLIS, MN 55437-3837</u>  Address of the firm	<u>09/12/2025</u> Date  <u>23-09025</u> Most recent enrollment number  <u>952-842-7000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	3201457
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	3201457
<b>10</b>	Interest on line 9 using prior year's actual return of <u>16.46</u> % .....	0	526960
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	3728417

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	107.85 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	113.61 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	105.29 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b>
<b>22</b> Weighted average retirement age .....			<b>22</b>
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0	
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0	
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0	

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	210000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	210000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 27 50	NONE	67608	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50	NONE	32809	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	19328	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PNC CAPITAL ADVISORS, LLC

27-0640560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	6818	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATIONWIDE CHILDREN'S HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>31-4379441</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	217118	92237
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	5552210	2637842
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	12018125	15176581
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	10579492	8182250
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	44114673	49925259
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	72481618	76014169
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	72481618	76014169

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	159350	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	413530	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	403898	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		976778
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	750387	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		750387
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	26776801	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	26150253	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		626548
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	6523673	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		626656
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		9504042

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5750797	
(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)		5750797
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	58954	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	67608	
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	94132	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		220694
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		5971491

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		3532551
<b>l</b> 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, LLC**

(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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 545809.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 31-1389836

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

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

3		1
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (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 \_\_\_\_\_

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**a** Name of contributing employer \_\_\_\_\_

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(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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

**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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

• **Financial Statements**  
• with Supplementary Information

• **Nationwide Children's**  
• **Hospital Pension Plan**

• December 31, 2024 and 2023



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To the Plan Administrator and Plan Participants  
Nationwide Children's Hospital  
Pension 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 Pension 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, 2024 and 2023, 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 a qualified institution as of December 31, 2024 and 2023, 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 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  
Pension 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 Schedules Required by ERISA***

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ending December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules 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 schedules 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 10, 2025

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
<b>Assets</b>		
Investments, at fair value:		
Money market fund	\$ 2,637,842	\$ 5,552,210
U.S. Government bonds and mortgage backed and government agency securities	3,399,965	12,018,125
Corporate bonds and asset backed securities	2,293,239	10,579,492
Mutual funds	67,630,298	44,114,673
	<u>75,961,344</u>	<u>72,264,500</u>
Interest receivable	52,825	217,118
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 76,014,169</u></u>	<u><u>\$ 72,481,618</u></u>

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

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023



	2024	2023
<b>Additions to Net Assets Attributed to</b>		
Interest and dividend income	\$ 1,727,167	\$ 1,631,471
Net appreciation in fair value of investments	7,776,875	8,861,175
Total additions	9,504,042	10,492,646
<b>Deductions from Net Assets Attributed to</b>		
Benefits paid to participants and beneficiaries	5,750,797	5,770,837
Administrative fees	220,694	230,359
Total deductions	5,971,491	6,001,196
Net increase	3,532,551	4,491,450
<b>Net Assets Available for Benefits</b>		
Beginning of year	72,481,618	67,990,168
End of year	\$ 76,014,169	\$ 72,481,618

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

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Plan Description

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

#### General

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

#### Pension Benefits

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

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

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

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

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Plan Description (continued)

#### Pension Benefits (continued)

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

The Plan permits early retirement at age 55 with 10 years of credited service or at age 60 with 20 years of credited service. Unless a participant elects an optional form of annuity payment, a married participant will receive a qualified joint survivor annuity and an unmarried participant will receive a 10-year certain and continuous annuity for the life of the participant. Employees may only receive a lump-sum distribution upon retirement or termination if the actuarial equivalent present value of the accrued monthly benefit does not exceed \$5,000. The lump-sum distribution threshold was increased to \$7,000 through a plan amendment effective January 1, 2024.

#### Death and Disability Benefits

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

#### 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. However, there is no material impact to the Plan's 2024 and 2023 financial statements.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Summary of Significant Accounting Policies

#### Basis of Accounting

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

#### Use of Estimates

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

#### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### Actuarial Present Value of Accumulated Plan Benefits

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

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Summary of Significant Accounting Policies (continued)

#### Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were (a) life expectancy of participants (the Pri-2012 Mortality Tables with a base year of 2012 with separate rates for non-annuitants and annuitants projected forward generationally using Scale MP-2021 for both 2024 and 2023), (b) retirement age assumptions (the assumed average retirement age was 65 for both 2024 and 2023), (c) no salary increase assumptions due to the plan being frozen and (d) investment return. The valuation included assumed average rates of return of 7.00% for both 2024 and 2023. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

#### Administrative Expenses

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

#### Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

### Funding Policy

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

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

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023



### Plan Termination

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

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

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

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

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

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Actuarial Present Value of Accumulated Plan Benefits

Actuarial valuation information for the Plan as of January 1, 2024 and 2023 and for the years then ended is presented below:

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 45,819,624	\$ 47,514,522
Terminated participants with benefits deferred	10,985,687	11,013,666
	<b>\$ 56,805,311</b>	<b>\$ 58,528,188</b>
	2024	2023
Actuarial present value of accumulated plan benefits at the beginning of year	\$ 58,528,188	\$ 59,339,487
Decrease during the year attributed to:		
Benefits paid	(5,770,837)	(5,814,623)
Additional benefits earned, including experience gains and losses	4,484,405	5,003,324
Change of assumptions	(436,445)	-
Net decrease	<b>(1,722,877)</b>	<b>(811,299)</b>
Actuarial present value of accumulated plan benefits at the end of year	<b>\$ 56,805,311</b>	<b>\$ 58,528,188</b>

### Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by The Northern Trust Company (Northern Trust), the Plan's trustee.

	2024	2023
Money market fund	\$ 2,637,842	\$ 5,552,210
U.S. Government bonds and mortgage backed and government agency securities	3,399,965	12,018,125
Corporate bonds and asset backed securities	2,293,239	10,579,492
Mutual funds	67,630,298	44,114,673
	<b>\$ 75,961,344</b>	<b>\$ 72,264,500</b>

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Information Prepared and Certified by the Trustee (continued)

Northern Trust certified the completeness and accuracy of \$7,776,875 of net appreciation in fair value of investments and \$1,727,167 of interest and dividend income related to the aforementioned investments for the year ended December 31, 2024. Northern Trust also certified the completeness and accuracy of \$8,861,175 of net appreciation in fair value of investments and \$1,631,471 of interest and dividend income related to the aforementioned investments for the year ended December 31, 2023.

### Fair Value Measurements

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

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

The level of the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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, 2024 and 2023.

*Money Market Fund:* Valued using the amortized cost method to maintain a stable net asset value (NAV) of \$1.00 per share.

*Mutual Funds:* Valued at the NAV of shares held by the Plan at year-end.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Fair Value Measurements (continued)

*Corporate bonds and asset backed securities:*

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

*U.S. Government bonds and mortgage backed and government agency securities:*

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

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

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

Assets at Fair Value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,637,842	\$ -	\$ -	\$ 2,637,842
U.S. Government bonds and mortgage backed and government agency securities	-	3,399,965	-	3,399,965
Corporate bonds and asset backed securities	-	2,293,239	-	2,293,239
Mutual funds	67,630,298	-	-	67,630,298
<b>Total assets at fair value</b>	<b>\$ 70,268,140</b>	<b>\$ 5,693,204</b>	<b>\$ -</b>	<b>\$ 75,961,344</b>

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 5,552,210	\$ -	\$ -	\$ 5,552,210
U.S. Government bonds and mortgage backed and government agency securities	-	12,018,125	-	12,018,125
Corporate bonds and asset backed securities	-	10,579,492	-	10,579,492
Mutual funds	44,114,673	-	-	44,114,673
<b>Total assets at fair value</b>	<b>\$ 49,666,883</b>	<b>\$ 22,597,617</b>	<b>\$ -</b>	<b>\$ 72,264,500</b>

### Tax Status

The Plan obtained its latest determination letter on December 28, 2017, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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, 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain Plan investments are shares of a money market fund managed by Northern Trust. Northern Trust is the trustee, as defined in the plan agreement and therefore, these transactions qualify as party-in-interest. Willis Towers Watson is the Plan's actuary, and therefore, these transactions qualify as party-in-interest. Huntington National Bank and PNC Capital Advisors, LLC are investment managers who were paid fees from the Plan, and, therefore, these transactions qualify as party-in-interest. Total administrative fees paid to the Plan's parties-in-interest were approximately \$127,000 and \$139,000 in 2024 and 2023, respectively.

### Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying 2024 statement of net assets available for benefits.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

Notes to Financial Statements  
December 31, 2024 and 2023



## **Risks and Uncertainties** (continued)

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

## **Concentrations**

At December 31, 2024, approximately 50% of total plan investments were held in two mutual funds. At December 31, 2023, approximately 37% of total plan investments were held in one mutual fund.

## **Plan Amendment**

Effective January 1, 2024, the Plan amended to increase the maximum threshold for automatic payment of small benefits following a participant's annuity starting date or death from \$5,000 to \$7,000.

## **Subsequent Event – Date of Management's Evaluation**

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

**SUPPLEMENTARY INFORMATION**

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Money Market Fund</b>			
*	Northern Trust	U.S. Government Money Market Fund	\$ 2,637,842	\$ 2,637,842
			2,637,842	2,637,842
	<b>U.S. Government Bonds and Mortgage Backed and Government Agency Securities:</b>			
	FEDERAL HOMELOAN MORTGAGE CORP POOL	\$37,175.83, 5.500%, 11/01/2052	37,078	36,694
	FEDERAL HOMELOAN MORTGAGE CORP	\$17,512.8, 5.500%, 10/01/2052	17,692	17,327
	FEDERAL HOMELOAN MORTGAGE CORP	\$19,331.66, 6.00%, 11/01/2052	19,707	19,464
	FEDERAL HOMELOAN MORTGAGE CORP MULTICLASS	\$12,917.25, 3.500%, 09/15/2046	13,094	12,442
	FEDERAL HOMELOAN MORTGAGE POOL	\$36,574.38, 5.000%, 10/01/2052	36,031	35,370
	FEDERAL HOMELOAN BANKS	\$25,000, 3.250%, 11/16/2028	28,312	24,119
	FEDERAL NATIONAL MORTGAGE ASSOCIATION	\$24,280.28, 2.500%, 09/01/2050	25,611	20,138
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$10,673.05, 3.000%, 07/01/2030	10,928	10,290
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$8,464.93, 3.000%, 09/01/2031	8,675	8,109
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$20,283.36, 4.500%, 07/01/2048	19,323	19,354
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$9,830.26, 3.500%, 12/01/2029	10,197	9,618
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$16,381.59, 1.500%, 11/01/2035	16,755	14,151
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$20,605.13, 2.000%, 02/01/2051	21,352	16,291
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$48,877.96, 4.500%, 08/01/2052	47,777	46,048
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$12,015.29, 3.5%, 09/01/2034	12,669	11,451
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$9,563.49, 2.500%, 12/01/2034	10,035	8,776
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$25,604.73, 2.500%, 08/01/2050	26,978	21,097
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$28,432, 5.500%, 10/01/2052	28,241	28,128
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$8,555.19, 3.500%, 07/01/2049	8,845	7,675
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$12,803, 3.000%, 02/01/2035	13,592	12,248
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$12,288, 1.500%, 01/01/2031	12,606	11,412
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$30,654.04, 1.500%, 12/01/2035	31,219	26,479
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$38,330.97, 2.000%, 02/01/2036	39,798	34,118
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$21,038.82, 2.500%, 02/01/2035	22,097	19,901
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$37,292.32, 3.500%, 01/01/2051	34,367	33,351
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$23,387.14, 2.500%, 08/01/2051	24,480	19,452
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$29,967.02, 4.000%, 07/01/2052	28,698	27,832
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$8,871.58, 4.000%, 12/01/2045	9,427	8,235
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$8,768.62, 2.500%, 11/01/2031	8,788	8,279
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$12,266.29, 3.000%, 02/01/2033	12,549	11,673
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$29,801.41, 4.000%, 05/01/2049	27,231	27,589
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$22,778.11, 2.000%, 02/01/2036	23,831	20,190
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$24,096.52, 2.000%, 03/01/2031	25,045	22,640
	FEDERAL NATIONAL MORTGAGE ASSOCIATION POOL	\$28,767.85, 5.000%, 10/01/2052	27,444	27,845
	UNITED STATES OF AMERICA TREASURY BOND	\$275,000, 2.375%, 05/15/2027	263,149	263,334
	UNITED STATES OF AMERICA TREASURY BOND	\$15,000, 3.125%, 11/15/2025	14,765	14,351
	UNITED STATES OF AMERICA TREASURY NOTES	\$50,000, 0.625%, 08/15/2030	41,860	40,600
	UNITED STATES OF AMERICA TREASURY NOTES	\$80,000, 1.500%, 01/31/2027	75,423	75,650
	UNITED STATES OF AMERICA TREASURY NOTES	\$210,000, 3.875%, 08/15/2033	205,384	199,886
	UNITED STATES OF AMERICA TREASURY NOTES	\$55,000, 4.125%, 07/31/2028	55,959	54,613
	UNITED STATES OF AMERICA TREASURY NOTES	\$125,000, 4.375%, 05/15/2034	127,315	123,106
	UNITED STATES OF AMERICA TREASURY NOTES	\$5,000, 4.375%, 08/31/2028	5,065	5,003
	UNITED STATES OF AMERICA TREASURY BOND	\$55,000, 1.750%, 11/15/2029	48,843	48,770
	UNITED STATES OF AMERICA TREASURY NOTES	\$485,000, 2.875%, 08/15/2028	458,884	461,299
	UNITED STATES OF AMERICA TREASURY NOTES	\$40,000, 0.625%, 05/15/2030	33,554	32,817
	UNITED STATES OF AMERICA TREASURY BONDS DTD	\$135,000, 1.625%, 08/15/2029	120,229	119,802
	UNITED STATES OF AMERICA TREASURY BONDS DTD	\$65,000, 2.000%, 11/15/2026	62,078	62,380
	UNITED STATES OF AMERICA TREASURY NOTES	\$10,000, 1.125%, 02/28/2027	9,075	9,360
	UNITED STATES OF AMERICA TREASURY NOTES	\$115,000, 1.625%, 05/15/2026	110,791	110,993

See Independent Auditor's Report.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>U.S. Government Bonds and Mortgage Backed and Government</b>			
	<b>Agency Securities (continued):</b>			
	UNITED STATES OF AMERICA TREASURY NOTES	\$335,000, 1.875%, 02/15/2032	283,934	281,753
	UNITED STATES OF AMERICA TREASURY NOTES	\$40,000, 2.875%, 05/15/2028	37,649	38,203
	UNITED STATES OF AMERICA TREASURY NOTES	\$135,000, 2.750%, 02/15/2028	130,310	128,888
	UNITED STATES OF AMERICA TREASURY NOTES	\$20,000, 0.375%, 09/30/2027	18,002	17,995
	UNITED STATES OF AMERICA TREASURY NOTES	\$230,000, 1.125%, 02/15/2031	192,927	189,786
	UNITED STATES OF AMERICA TREASURY BOND	\$35,000, 5.250%, 02/15/2029	37,044	36,274
	US TREASURY N/B	\$35,000, 1.500%, 02/15/2030	30,521	30,387
	US TREASURY N/B	\$285,000, 2.375%, 05/15/2029	261,649	262,668
	WI TREASURY SEC.	\$120,000, 1.625%, 11/30/2026	111,550	114,261
	Total U.S. Government and Agency Obligations		3,476,432	3,399,965
	<b>Corporate Bonds and Asset Backed Securities:</b>			
	ABBVIE INC	\$20,000, 4.950%, 03/15/2031	19,979	20,000
	ALLSTATE CORP	\$25,000, 1.450%, 12/15/2030	19,395	20,364
	AMAZON COM INC	\$30,000, 2.100%, 05/12/2031	29,995	25,621
	AMERICAN ELECTRIC POWER CO INC	\$15,000, 5.625%, 03/01/2033	14,945	15,164
	AMERICAN EXPRESS CO	\$20,000, 5.098%, 02/16/2028	20,022	20,117
	AMERICAN EXPRESS CO	\$15,000, 6.489%, 10/30/2031	15,014	16,038
	AMERIPRISE FINANCIAL INC	\$20,000, 5.700%, 12/15/2028	20,120	20,606
	AMERICAN HONDA FINANCE CORPORATION	\$15,000, 4.900%, 03/13/2029	15,022	14,948
	AT&T INC FIXED	\$15,000, 4.300%, 02/15/2030	16,313	14,534
	AUTOZONE INC	\$15,000, 5.100%, 07/15/2029	15,327	15,086
	BA CREDIT CARD TRUST	\$50,000, 4.790%, 05/15/2028	49,989	50,219
	BANK OF AMERICA CORP	\$30,000, 2.087%, 06/14/2029	28,946	27,221
	BANK OF AMERICA CORP	\$15,000, 5.015%, 07/22/2033	14,920	14,706
	BANK MONTREAL QUE FIXED	\$20,000, 5.203%, 02/01/2028	19,999	20,154
	BANK OF NOVA SCOTIA	\$30,000, 4.404%, 09/28/2028	30,000	29,693
	BRISTOL MYERS SQUIBB CO	\$25,000, 5.750%, 02/01/2031	24,943	26,009
	CANADIAN IMPERIAL BANK OF COMMERCE	\$30,000, 4.508%, 09/11/2027	30,000	29,865
	CAPITAL ONE FINANCIAL CORP	\$25,000, 1.878%, 11/02/2027	22,149	23,619
	CAPITAL ONE MULTI-ASSET EXECUTION	\$35,000, 4.950%, 10/15/2027	34,995	35,129
	CAPITAL ONE MULTI-ASSET EXECUTION	\$15,000, 4.420%, 05/15/2028	14,997	15,001
	CDW LLC/CDW FIN CORP	\$15,000, 4.250%, 04/01/2028	14,620	14,535
	CIGNA GROUP	\$20,000, 5.000%, 05/15/2029	20,071	19,988
	CISCO SYS INC	\$15,000, 5.050%, 02/26/2034	15,062	14,962
	CITIGROUP INC	\$15,000, 4.910%, 05/24/2032	13,585	14,508
	CITIGROUP INC	\$35,000, 3.875%, 03/26/2025	36,943	34,906
	CITIGROUP INC	\$15,000, 3.887%, 01/10/2028	16,532	14,705
	CITIGROUP INC	\$15,000, 4.542%, 09/19/2030	15,027	14,578
	CN LT & PWR CO	\$10,000, 3.200%, 03/15/2027	11,119	9,701
	COCA COLA CONS INC	\$15,000, 5.250%, 06/01/2029	15,025	15,207
	CNH INDL CAP LLC	\$30,000, 3.950%, 05/23/2025	19,284	19,930
	CNH EQUIPMENT TRUST	\$35,000, 4.030%, 01/15/2030	34,995	34,504
	COMMONWEALTH EDDISON CO	\$15,000, 5.300%, 06/01/2034	14,946	15,050
	CONSOLIDATED EDISON CO NY INC	\$20,000, 2.400%, 06/15/2031	20,071	17,176
	CROWN CASTLE INTL CORP NEW	\$15,000, 3.300%, 07/01/2030	14,873	13,628
	DIAMONDBACK ENERGY INC	\$20,000, 5.150%, 01/30/2030	19,594	20,038
	DISCOVER CARD EXECUTION NT TR SER 23- A1 CL A	\$35,000, 4.310%, 03/15/2028	34,998	34,920
	DISCOVER CARD EXECUTION NT TR SR 22- A3 CL A3	\$30,000, 3.560%, 07/15/2027	29,996	29,847
	DOW CHEMICAL CO	\$20,000, 4.800%, 11/30/2028	23,861	19,888
	DUKE ENERGY CORP NEW SR NT	\$25,000, 2.550%, 06/15/2031	21,685	21,349
	DUKE ENERGY PROGRESS LLC	\$30,000, 2.000%, 08/15/2031	29,325	24,832

See Independent Auditor's Report.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

## EIN # 31-4379441 - PLAN #001

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

#### December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Corporate Bonds and Asset Backed Securities</b> (continued):			
	ENBRIDGE INC	\$15,000, 5.250%, 04/05/2027	15,000	15,174
	ENBRIDGE INC	\$10,000, 5.700%, 03/08/2033	10,074	10,109
	ENERGY TRANSFER	\$25,000, 5.250%, 04/15/2029	29,247	25,085
	EXELON CORP	\$30,000, 5.150%, 03/15/2028	29,955	30,177
	FISERV INC	\$20,000, 4.200%, 10/01/2028	23,065	19,449
	FORD CREDIT AUTO OWNER TRUST SER 22-D CL A3	\$17,285.96, 5.270%, 05/17/2027	17,283	17,361
	FOX CORP	\$20,000, 4.709%, 01/25/2029	22,148	19,768
	GLOBAL PMTS INC	\$30,000, 4.950%, 08/15/2027	29,924	30,037
	GM FINANCIAL SECURITIZED TERM SER 23-2 CL A3	\$60,000, 4.470%, 02/16/2028	59,998	59,998
	GOLDMAN SACHS GROUP INC	\$45,000, 1.948%, 10/21/2027	39,778	42,694
	HF SINCLAIR CORPORATION	\$25,000, 5.000%, 02/01/2028	24,877	24,695
	HOME DEPOT INC	\$15,000, 4.850%, 06/25/2031	14,893	14,998
	HONDA AUTO RECEIVABLES 2023-2 SRS 23-2 CL A3	\$20,000, 4.930%, 11/15/2027	19,997	20,130
	HP ENTERPRISE CO	\$20,000, 4.550%, 10/15/2029	19,979	19,504
	HUNTINGTON BANCSHARES INC SR NT	\$20,000, 4.443%, 08/04/2028	19,573	19,795
	HYUNDAI AUTO RECEIVABLES TR 2022- CNT CLA- 3	\$15,67.38, 5.390%, 06/15/2027	15,667	15,749
	INTEL CORP	\$25,000, 4.875%, 02/10/2028	25,124	24,870
	INTERCONTINENTAL	\$30,000, 2.100%, 06/15/2030	24,175	25,934
	JOHN DEERE OWNER FIXED	\$19,055.36, 5.090%, 06/15/2027	19,054	19,111
	JOHN DEERE OWNER TR 2022- B ASSET BACKED NT CL A- 3	\$9,156.84, 3.740%, 02/16/2027	9,156	9,117
	JPMORGAN CHASE & CO	\$20,000, 4.979%, 07/22/2028	19,996	20,067
	JPMORGAN CHASE & CO	\$30,000, 2.522%, 04/22/2031	30,338	26,415
	JPMORGAN CHASE & CO	\$25,000, 5.299%, 07/24/2029	25,000	25,252
	KEYCORP MEDIUM TERM SR NTS BOOK ENTRY	\$20,000, 3.878%, 05/23/2025	18,966	20,018
	KINDER MORGAN INC	\$15,000, 5.000%, 02/01/2029	14,980	14,952
	KROGER CO	\$25,000, 1.700%, 01/15/2031	18,926	20,601
	KROGER CO	\$10,000, 5.358%, 09/15/2034	10,024	9,674
	LYB INTL FIN III	\$20,000, 1.250%, 10/01/2025	19,308	19,471
	MARATHON PETE CORP	\$20,000, 4.700%, 05/01/2025	20,551	19,978
	MARRIOTT INTERNATIONAL INC	\$15,000, 4.875%, 05/15/2029	14,849	14,944
	MERCEDES BENZ AUTO RECEIVABLES TR SER 22- 1 CL A3	\$13,944.49, 5.210%, 08/16/2027	13,942	14,008
	MERCEDES- BENZ AUTO FIXED	\$32,596.05, 4.510%, 11/15/2027	32,592	32,600
	MORGAN STANLEY	\$15,000, 2.943%, 01/21/2033	11,865	12,862
	MORGAN STANLEY	\$40,000, 3.772%, 01/24/2029	45,333	38,559
	MPLX LP	\$20,000, 5.000%, 03/01/2033	19,043	19,213
	NEXTERA ENERGY CAPITAL HOLDINGS INC	\$10,000, 2.750%, 11/01/2029	9,213	9,068
	NEXTERA ENERGY CAPITAL HOLDINGS INC	\$30,000, 6.051%, 03/01/2025	30,226	30,053
	NISSAN AUTO FIXED	\$14,997.68, 4.460%, 05/17/2027	14,995	14,994
	NISOURCE INC	\$20,000, 5.200%, 07/01/2029	19,971	20,161
	ORACLE CORP FIXED	\$15,000, 2.950%, 04/01/2030	16,529	13,549
	PHILLIPS 66 COMPANY	\$15,000, 5.250%, 06/15/2031	15,503	15,046
	PROLOGIS L P	\$15,000, 2.250%, 04/15/2030	14,185	13,120
	REALTY INCOME CORP	\$25,000, 3.200%, 01/15/2027	23,471	24,236
	ROYAL BANK CANADA	\$20,000, 5.069%, 07/23/2027	19,995	20,091
	RTX CORP	\$25,000, 1.900%, 09/01/2031	21,240	20,462
	SOUTHERN CO. SR NT SER 2021B	\$20,000, 1.750%, 03/15/2028	19,177	18,144
	STATE STREET CORP	\$15,000, 5.104%, 05/18/2026	15,044	15,023
	STATE STR CORP FLTG RT	\$15,000, 4.857%, 01/26/2026	15,000	14,998
	SYSCO CORP	\$15,000, 5.95%, 04/01/2030	18,776	15,625
	T-MOBILE USA INC	\$20,000, 3.375%, 04/15/2029	18,161	18,667
	TAKE TWO INTERACTIVE SOFTWARE	\$25,000, 5.400%, 6/12/2029	25,280	25,340
	TORONTO DOMINION BK ONT	\$15,000, 5.146%, 09/10/2034	15,057	14,640
	TORONTO DOMINION FIXED	\$25,000, 5.532%, 07/17/2026	25,000	25,285

See Independent Auditor's Report.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<b>Corporate Bonds and Asset Backed Securities:</b>			
	TOYOTA AUTO RECEIVABLES OWNER TRUST SER 24- B CL A3	\$15,000, 5.330%, 01/16/2029	14,998	15,204
	TOYOTA MOTOR CREDIT CORP	\$30,000, 5.100%, 03/21/2031	29,991	30,092
	TRUIST FINANCIAL CORPORATION	\$20,000, 1.887%, 06/07/2029	18,348	18,043
	U S BANCORP	\$15,000, 5.775%, 06/12/2029	15,261	15,341
	U S BANCORP	\$20,000, 5.836%, 06/12/2034	19,765	20,399
	UNITED PARCEL SERVICE INC	\$15,000, 5.150%, 05/22/2034	14,976	14,980
	UNITEDHEALTH GROUP INC	\$20,000, 2.000%, 05/15/2030	18,728	17,244
	UNITEDHEALTH GROUP INC	\$15,000, 4.950%, 01/15/2032	15,357	14,813
	VALERO ENERGY CORP NEW	\$25,000, 2.800%, 12/01/2031	20,861	21,338
	VERIZON MASTER TR SER 24- 3 CL A1A	\$25,000, 5.340%, 04/20/2027	24,994	25,419
	VERIZON MASTER TR SR 2022-4 CL A STP UP	\$25,000, 3.40%, 11/20/2028	24,999	24,892
	VISA INC	\$25,000, 2.050%, 04/15/2030	24,999	21,868
	WELLS FARGO & CO MEDIUM TERM SR NTS BOOK	\$15,000, 3.526%, 03/24/2028	15,000	14,546
	WELLS FARGO & COMPANY	\$15,000, 5.557%, 07/25/2034	14,674	14,977
	WELLS FARGO & COMPANY	\$15,000, 5.707%, 04/22/2028	15,000	15,249
	WESTPAC BKG CORP	\$35,000, 4.322%, 11/23/2031	34,797	34,453
	WESTPAC BKG CORP	\$15,000, 5.050%, 04/16/2029	14,972	15,164
	Total fixed income obligations		2,337,905	2,293,239
	<b>Mutual Funds:</b>			
	CAUSEWAY CAPITAL MANAGEMENT INTERNATIONAL VALUE FUND	189,780 Shares	2,693,677	3,522,317
	FIDELITY INVESTMENT TRUST INTERNATIONAL DISCOVERY FUND	74,730 Shares	2,471,760	3,580,322
	BAIRD INTERMEDIATE BOND FUND	574,219 Shares	5,925,838	5,897,224
	PIMCO MODERATE DURATION INSTITUTIONAL FUND	645,285 Shares	5,923,703	5,910,809
	FIDELITY INTERMEDIATE BOND FUND	585,601 Shares	5,908,746	5,897,005
	VANGUARD MID- CAP INDEX INSTITUTIONAL FUND	14,248 Shares	1,248,023	5,073,848
	VANGUARD SMALL- CAP INDEX INSTITUTIONAL FUND	65,291 Shares	3,891,564	7,518,256
	VANGUARD INSTITUTIONAL INDEX FUND	63,128 Shares	8,293,340	30,230,517
	Total Mutual Funds		36,356,651	67,630,298
			\$ 44,808,830	\$ 75,961,344

\* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

# NATIONWIDE CHILDREN'S HOSPITAL PENSION PLAN

EIN # 31-4379441 - PLAN #001

## Schedule H, Line 4j – Schedule of Reportable Transactions For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Category (i) - individual transaction in a security issue aggregating 5% or more of plan assets</u>						
Baird Intermediate Bond Fund	Mutual Fund	\$ 5,881,975	\$ -	\$ 5,881,975	\$ 5,881,975	\$ -
Fidelity Intermediate Bond Fund	Mutual Fund	5,881,975	-	5,881,975	5,881,975	-
PIMCO Moderate Duration Institutional Fund	Mutual Fund	5,881,975	-	5,881,975	5,881,975	-
<u>Category (iii) - series of transactions in a security issue aggregating 5% or more of plan assets</u>						
Baird Intermediate Bond Fund	Mutual Fund 3 purchases	\$ 5,925,838	\$ -	\$ 5,925,838	\$ 5,925,838	\$ -
Fidelity Intermediate Bond Fund	Mutual Fund 4 purchases	5,908,746	-	5,908,746	5,908,746	-
PIMCO Moderate Duration Institutional Fund	Mutual Fund 4 purchases	5,923,703	-	5,923,703	5,923,703	-

*See Independent Auditor's Report.*

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

- Applicable month                      December
- Interest rate basis                      Full Yield Curve

#### Interest rates:

- Effective interest rate                  5.09%

#### Annual rates of increase

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

As permitted by law, a yield curve reflecting returns on high-quality corporate bonds (A, AA and AAA) is used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by the law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

Plan Name:                      Nationwide Children's Hospital Pension Plan  
EIN / PN:                        31-4379441/001  
Plan Sponsor:                  Nationwide Children's Hospital, Inc.  
Valuation Date:                January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant. Participation in this plan is frozen.
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Mortality</b>	Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
<b>Termination</b>	None
<b>Disability</b>	None
<b>Benefit commencement date:</b>	
<ul style="list-style-type: none"><li>• Preretirement death benefit</li><li>• Deferred vested benefit</li></ul>	<p>Death of the participant</p> <p>The later of age 65 or termination of employment</p>
<b>Form of payment</b>	Participants are assumed to elect the normal form for single participants.
<b>Percent married</b>	100% of participants are assumed married.
<b>Spouse age</b>	Male spouses are assumed to be three years older than female spouses.
<b>Covered pay</b>	Not applicable; the plan froze benefit accruals December 31, 2011.

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Plan-related expenses** The amount included this year for plan-related expenses is \$210,000, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

**Timing of benefit payments** Annuity payments are assumed to be payable annually at the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits as required by regulations under IRC §430

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430

**Actuarial value of assets for determining minimum required contributions** Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the Hospital. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data were collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

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

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Administrative expenses</b>	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year with an estimate of any change in upcoming PBGC premium.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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## Source of Prescribed Methods

<b>Funding methods</b>	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The full corporate bond yield curve used to calculate the funding target was updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated as required by guidance issued by IRS under IRC §430. It was updated to separate rate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021).

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

Plan Name	Nationwide Children's Hospital Pension Plan
Plan Sponsor EIN	31-4379441
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>	
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	72,478,737
	<b>b</b> Actuarial value .....	<b>2b</b>	73,551,739
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	648	51,790,527
	<b>b</b> For terminated vested participants .....	285	12,946,676
	<b>c</b> For active participants .....	0	0
	<b>d</b> Total .....	933	64,737,203
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.09%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	210,000
	<b>c</b> Target normal cost .....	<b>6c</b>	210,000

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

<b>SIGN HERE</b>	Danielle M Zander Signature of actuary	<b>9/12/2025</b> Date 2309025 Most recent enrollment number 952-842-7000 Telephone number (including area code)
	Danielle M Zander Type or print name of actuary  Willis Towers Watson US LLC Firm name  8400 Normandale Lake Boulevard Suite 1700 Minneapolis MN 55437-3837 Address of the firm	

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



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

**21** Discount rate:

**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b**

**22** Weighted average retirement age ..... **22**

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

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	210,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	210,000

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....

	<b>33</b>	
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**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....

	<b>39</b>	0
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**40** Unpaid minimum required contributions for all years .....

	<b>40</b>	0
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**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Nationwide Children's Hospital, Inc
<b>EIN/PN</b>	31-4379441/001
<b>Plan Name</b>	Nationwide Children's Hospital Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Danielle M Zander
<b>Enrollment Number</b>	23-09025

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

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

- Applicable month                      December
- Interest rate basis                      Full Yield Curve

#### Interest rates:

- Effective interest rate                  5.09%

#### Annual rates of increase

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

As permitted by law, a yield curve reflecting returns on high-quality corporate bonds (A, AA and AAA) is used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by the law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

Plan Name:                      Nationwide Children's Hospital Pension Plan  
EIN / PN:                        31-4379441/001  
Plan Sponsor:                  Nationwide Children's Hospital, Inc.  
Valuation Date:                January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant. Participation in this plan is frozen.
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Mortality</b>	Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
<b>Termination</b>	None
<b>Disability</b>	None
<b>Benefit commencement date:</b>	
• Preretirement death benefit	Death of the participant
• Deferred vested benefit	The later of age 65 or termination of employment
<b>Form of payment</b>	Participants are assumed to elect the normal form for single participants.
<b>Percent married</b>	100% of participants are assumed married.
<b>Spouse age</b>	Male spouses are assumed to be three years older than female spouses.
<b>Covered pay</b>	Not applicable; the plan froze benefit accruals December 31, 2011.

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Plan-related expenses** The amount included this year for plan-related expenses is \$210,000, which is based on prior year's plan-related expense minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

**Timing of benefit payments** Annuity payments are assumed to be payable annually at the date of decrement, which is assumed to be beginning-of-year for retirement and middle-of-year otherwise.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits as required by regulations under IRC §430

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430

**Actuarial value of assets for determining minimum required contributions** Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on contributions and plan provisions was supplied by the plan sponsor. Asset information was supplied by the Hospital. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data were collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

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

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Administrative expenses</b>	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year with an estimate of any change in upcoming PBGC premium.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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## Source of Prescribed Methods

<b>Funding methods</b>	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The full corporate bond yield curve used to calculate the funding target was updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated as required by guidance issued by IRS under IRC §430. It was updated to separate rate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021).

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

November 1, 1958; amended effective January 1, 1989 to comply with the Tax Reform Act of 1986 (TRA 86); most recently restated effective January 1, 2016.

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

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

### Definitions

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

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

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

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

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

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Final average compensation</b>	<p>The greater of a) or b) below:</p> <p>a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement.</p> <p>b) The monthly average of the total compensation for the five highest consecutive calendar years of the 10 calendar years preceding the earlier of the date of determination or Normal Retirement.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
<b>Final average wage base compensation</b>	<p>The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
<b>Covered compensation</b>	<p>The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination.</p> <p>Covered compensation shall be frozen as of December 31, 2011.</p>
<b>Primary insurance amount</b>	<p>The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration.</p> <p>Primary insurance amount shall be frozen as of December 31, 2011.</p>
<b>Normal retirement date (NRD)</b>	<p>The first day of the month coincident with or next following the Participant's 65th birthday.</p>

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

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## Monthly pension benefit

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

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

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

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

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Early retirement

Retirement following the attainment of:

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

### Postponed retirement

Retirement after NRD

### Vested termination

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

## Benefits Paid Upon the Following Events

### Normal retirement

Monthly pension benefit

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

## Other Plan Provisions

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

## Future Plan Changes

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Changes in Benefits Valued Since Prior Year

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Nationwide Children's Hospital, Inc
<b>EIN/PN</b>	31-4379441/001
<b>Plan Name</b>	Nationwide Children's Hospital Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Danielle M Zander
<b>Enrollment Number</b>	23-09025

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

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

November 1, 1958; amended effective January 1, 1989 to comply with the Tax Reform Act of 1986 (TRA 86); most recently restated effective January 1, 2016.

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

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

### Definitions

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

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

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

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

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

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Final average compensation</b>	<p>The greater of a) or b) below:</p> <p>a) The monthly average of total compensation for the 60 months preceding the earlier of the date of determination or Normal Retirement.</p> <p>b) The monthly average of the total compensation for the five highest consecutive calendar years of the 10 calendar years preceding the earlier of the date of determination or Normal Retirement.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
<b>Final average wage base compensation</b>	<p>The monthly average of total compensation for the last three complete plan years prior to the year of termination. For purposes of this average, each year's pay is no greater than the Social Security wage base for that year.</p> <p>Compensation after December 31, 2011 shall not be recognized for purposes of determining a participant's average compensation.</p>
<b>Covered compensation</b>	<p>The 35-year average of the Social Security wage bases ending in the year the participant would reach Social Security retirement age. If termination occurs prior to Social Security retirement age, future wage bases are assumed to continue unchanged from the year of termination.</p> <p>Covered compensation shall be frozen as of December 31, 2011.</p>
<b>Primary insurance amount</b>	<p>The age 65 monthly benefit from the Social Security Administration based on compensation from the year prior to termination. Pay to age 65 is assumed to remain constant at this level. Prior wages are discounted by the average wages determined by the Social Security Administration.</p> <p>Primary insurance amount shall be frozen as of December 31, 2011.</p>
<b>Normal retirement date (NRD)</b>	<p>The first day of the month coincident with or next following the Participant's 65th birthday.</p>

Plan Name:	Nationwide Children's Hospital Pension Plan
EIN / PN:	31-4379441/001
Plan Sponsor:	Nationwide Children's Hospital, Inc.
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Monthly pension benefit

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

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

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

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

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Early retirement

Retirement following the attainment of:

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

### Postponed retirement

Retirement after NRD

### Vested termination

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

## Benefits Paid Upon the Following Events

### Normal retirement

Monthly pension benefit

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

## Other Plan Provisions

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

## Future Plan Changes

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

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## Changes in Benefits Valued Since Prior Year

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

Plan Name: Nationwide Children's Hospital Pension Plan  
EIN / PN: 31-4379441/001  
Plan Sponsor: Nationwide Children's Hospital, Inc.  
Valuation Date: January 1, 2024

Plan Name	Nationwide Children’s Hospital Pension Plan
Plan Sponsor EIN	31-4379441
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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