

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Nationwide Childrens Hospital Group Return. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 700 CHILDRENS DRIVE. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: COLUMBUS, OH 43205

D Employer identification number: 01-0782751. E Telephone number: (614) 722-5958. G Gross receipts \$ 3,140,107,733

F Name and address of principal officer: TIMOTHY C ROBINSON, 700 CHILDRENS DRIVE, COLUMBUS, OH 43205

H(a) Is this a group return for subordinates? [X] Yes [] No. H(b) Are all subordinates included? [X] Yes [] No. H(c) Group exemption number: 4235

I Tax-exempt status: [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.NATIONWIDECCHILDRENS.ORG

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Year of formation: M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: NATIONWIDE CHILDREN'S HOSPITAL'S MISSION IS BASED ON THE PREMISE THAT NO CHILD SHOULD BE REFUSED NECESSARY CARE FOR LACK OF ABILITY TO PAY.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: TIMOTHY C ROBINSON DIRECTOR / CEO - NCH. Date: 2022-11-16

Paid Preparer Use Only: Print/Type preparer's name: ERNST & YOUNG US LLP. Preparer's signature. Date. Check if self-employed. PTIN: P01268401. Firm's EIN: 34-6565596. Firm's address: 221 EAST 4TH STREET SUITE 2900, CINCINNATI, OH 45202. Phone no. (513) 612-1400

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

NATIONWIDE CHILDREN'S HOSPITAL (NCH) BELIEVES THAT NO CHILD SHOULD BE REFUSED NECESSARY CARE AND ATTENTION FOR LACK OF ABILITY TO PAY. UPON THIS FUNDAMENTAL BELIEF, NCH IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, EDUCATION OF PATIENTS, FAMILIES AND FUTURE PROVIDERS, AND OUTSTANDING SERVICE TO ACCOMMODATE THE NEEDS OF PATIENTS AND FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,403,081,246** including grants of \$ **57,621,026**) (Revenue \$ **1,993,373,715**)
 PATIENT CARE (SEE SCHEDULE O)

4b (Code:) (Expenses \$ **230,302,195** including grants of \$ **46,060,080**) (Revenue \$ **0**)
 RESEARCH (SEE SCHEDULE O)

4c (Code:) (Expenses \$ **42,657,400** including grants of \$ **978,095**) (Revenue \$ **1,618,925**)
 EDUCATION (SEE SCHEDULE O)

(Code:) (Expenses \$ **5,276,721** including grants of \$ **2,855,552**) (Revenue \$ **0**)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **5,276,721** including grants of \$ **2,855,552**) (Revenue \$)

4e Total program service expenses **1,681,317,562**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	Yes	
27	Did the organization provide Part I or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		705
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, numerical input fields (e.g., 2a, 7d, 10a, 11a, 12b, 13b, 13c), and Yes/No response columns. Row 2a contains the value 17,974.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (87), 1b (56), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, AR, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTINA SHAVER 700 CHILDRENS DRIVE COLUMBUS, OH 43205 (614) 355-3119

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Alex Fischer CHAIR / DIRECTOR - NCH	3.0 0	X		X				0	0	0
(2) Lynn Rosenthal PRES / DIRECTOR - CCFA	50.0 0	X		X				245,506	0	44,181
(3) Timothy C Robinson DIRECTOR / CEO - NCH	60.0 6.0	X		X				1,534,239	0	62,437
(4) Abigail S Wexner DIRECTOR - NCH	6.0 3.0	X						0	0	0
(5) Albert Covelli DIRECTOR - NCH FOUNDATION	3.0 0	X						0	0	0
(6) ANDREW GROSSMAN DIRECTOR - CCFA	3.0 0	X						0	0	0
(7) Ann DiMarco DIRECTOR - NCH FOUNDATION (As of 5/2021)	3.0 0	X						0	0	0
(8) Ann I Wolfe DIRECTOR - NCH	6.0 3.0	X						0	0	0
(9) Audrey G Tuckerman DIRECTOR - CCFA	3.0 0	X						0	0	0
(10) Ben Maiden PHD DIRECTOR - RINCH (TO 11/2021)	3.0 0	X						0	0	0
(11) Billy Vickers DIRECTOR - NCH FOUNDATION (As of 1/2021)	3.0 0	X						0	0	0
(12) Bishop Callon Holloway DIRECTOR - CCFA	3.0 0	X						0	0	0
(13) Brenda Frecka DIRECTOR - NCH FOUNDATION (As of 11/2021)	3.0 0	X						0	0	0
(14) Brent Crawford DIRECTOR - NCH FOUNDATION (As of 11/2021)	3.0 0	X						0	0	0
(15) Brett Meyer DIRECTOR - CCFA	3.0 0	X						0	0	0
(16) Bruce Soll DIRECTOR - NCH	3.0 3.0	X						0	0	0
(17) Bruce Thorn DIRECTOR - NCH	3.0 3.0	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Bryan Stewart DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(19) C Robert Kidder DIRECTOR - NCH	3.03.0	X						0	0	0
(20) Carol Bradford MD DIRECTOR - NCH (As of 1/2021)	3.03.0	X						0	0	0
(21) Carrie Birch DIRECTOR - CCFA	3.00	X						0	0	0
(22) Cecily Alexander DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(23) Chad A Jester DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(24) Chris Olsen DIRECTOR - NCH (To 8/2021)	3.03.0	X						0	0	0
(25) Cindy Monroe DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(26) Dallas Baldwin DIRECTOR - CCFA	3.00	X						0	0	0
(27) Dan Sullivan DIRECTOR - NCH	3.03.0	X						0	0	0
(28) Danielle Skestos DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(29) Dwight Smith DIRECTOR - NCH	6.03.0	X						0	0	0
(30) Edward Shepherd MD DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(31) Elly Bradford DIRECTOR - NCH FOUNDATION (As of 11/2021)	3.00	X						0	0	0
(32) George Barrett DIRECTOR - NCH	6.03.0	X						0	0	0
(33) Holly May DIRECTOR - NCH FOUNDATION (As of 11/2021)	3.00	X						0	0	0
(34) Honorable Algenon Marbley DIRECTOR - NCH	3.03.0	X						0	0	0
(35) John Havens DIRECTOR - NCH FOUNDATION (as of 11/2021)	3.00	X						0	0	0
(36) Jonathan Ramsden DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(37) Jordan Miller Jr DIRECTOR - NCH	3.03.0	X						0	0	0
(38) Joseph A Chlapaty DIRECTOR - NCH	3.03.0	X						0	0	0
(39) Joseph Tobias MD DIRECTOR - CAA	50.00	X					717,392	0	67,728	0
(40) Judge Dana Preisse DIRECTOR - CCFA	3.00	X						0	0	0
(41) Katherine Wolfe Lloyd DIRECTOR - CCFA	3.00	X						0	0	0
(42) Kaydian Comer DIRECTOR - CCFA	3.00	X						0	0	0
(43) Kent Johnson PHD DIRECTOR - RINCH	3.00	X						0	0	0
(44) Kevin O'Connor DIRECTOR - CCFA	3.00	X						0	0	0
(45) Kirt Walker DIRECTOR - NCH	3.03.0	X						0	0	0
(46) Lee Ann Wallace SR VP & CHIEF NURSING OFFICER - NCH	50.03.0	X					625,899	0	62,741	0
(47) Libby Germain DIRECTOR - NCH	6.03.0	X						0	0	0
(48) Lou Von Thaeer DIRECTOR - NCH	6.03.0	X						0	0	0
(49) Melisa Miller DIRECTOR - NCH FOUNDATION (TO 2/2021)	3.00	X						0	0	0
(50) Meredith Merz Lind MD DIRECTOR - NCH (To 12/2021)	47.06.0	X					565,211	0	66,318	0
(51) Michael Fitzpatrick DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(52) Olivia Thomas MD DIRECTOR - CCFA	3.03.0	X						0	0	0
(53) Oluyinka Olutoye MD DIRECTOR - CSA	47.03.0	X					1,069,421	0	61,241	0
(54) Pamela Farber DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(55) Peter Mohler PHD DIRECTOR - RINCH	3.00	X						0	0	0
(56) RAJESH KRISHNAMURTHY MD DIRECTOR - CRI	50.00	X					666,271	0	70,266	0
(57) Ralph Andretta DIRECTOR - NCH (As of 1/2021)	3.03.0	X						0	0	0
(58) Richard Germain DIRECTOR - NCH FOUNDATION (To 8/2021)	3.00	X						0	0	0
(59) Rob Snyder MD DIRECTOR - NCH	20.03.0	X					141,110	0	2,350	0
(60) SHAMLAL MANGRAY MD DIRECTOR - PPAC	50.00	X					452,810	0	70,478	0
(61) Stanley Partlow DIRECTOR - CCFA	3.00	X						0	0	0
(62) Sue Zazon DIRECTOR - CCFA	3.00	X						0	0	0
(63) Thomas N Brigdon DIRECTOR - NCH FOUNDATION (to 5/2021)	3.00	X						0	0	0
(64) Thomas Walker DIRECTOR - RINCH	3.00	X						0	0	0
(65) Timothy Johnson DIRECTOR - NCH FOUNDATION	3.00	X						0	0	0
(66) William Long MD DIRECTOR - NCH (As of 1/2021)	20.06.0	X					102,865	0	1,209	0
(67) Andrew Lenobel ASST SECRETARY - CAA	52.00			X			162,861	0	43,238	0
(68) John A Barnard MD PRESIDENT - RINCH	38.03.0			X			596,877	0	56,490	0
(69) Kristen Maiorino ASST SECRETARY - PPAC	50.00			X			130,074	0	7,842	0
(70) Laura Hillock ASST SECRETARY - RINCH (to 3/2021)	50.00			X			77,364	0	1,190	0
(71) Luke Brown TREASURER / SR VP / CFO - NCH	61.06.0			X			912,339	0	88,287	0
(72) Rhonda Comer SECRETARY / SR VP / LEGAL SRVCS - NCH	61.06.0			X			956,070	0	170,275	0
(73) Richard Miller COO - NCH	52.03.0			X			1,588,102	0	69,237	0
(74) Sara Evans ASST SECRETARY - FOUNDATION	47.03.0			X			252,982	0	63,296	0
(75) Shilpi Banerjee ASST SECRETARY - RINCH (As of 8/2021)	50.00			X			173,498	0	9,577	0
(76) Stephen Testa PRES - NCH FOUNDATION	50.00			X			665,947	0	117,728	0
(77) Amy Roscoe VICE PRESIDENT - RINCH	50.00			X			261,342	0	23,774	0
(78) Denise Zabawski VP / CIO - NCH	50.00			X			501,042	0	47,801	0
(79) Dennis Minzler VP / CIO - NCH	50.00			X			305,930	0	43,862	0
(80) Lorina Wise VP / HR - NCH	50.00			X			681,967	0	51,722	0
(81) Marissa Larouere VP CLINICAL SERVICES - NCH	50.00			X			206,324	0	47,095	0
(82) Patricia McClimon SR VP / PLAN & DEV'T - NCH	50.00			X			817,613	0	166,737	0
(83) Rustin Morse MD CHIEF MEDICAL OFFICER - NCH	51.03.0			X			710,410	0	69,487	0
(84) Jeffrey Leonard MD NEUROSURGEON - CSA	50.00				X		1,469,975	0	65,969	0
(85) Kevin Klingele MD ORTHOPEDIC SURGEON - CSA	50.00				X		1,231,618	0	67,728	0
(86) Mark Galantowicz MD CHIEF OF CT SURGERY - CSA	50.00				X		1,931,198	0	62,423	0
(87) Richard Kirschner MD PLASTIC SURGEON - CSA	50.00				X		1,189,110	0	67,728	0
(88) Walter Samora MD ORTHOPEDIC SURGEON - CSA	50.00				X		1,143,421	0	67,728	0
(89) Karen Days FORMER PRES / DIRECTOR - CCFA	50.00					X	256,488	0	35,513	0
(90) Steve Allen MD FORMER DIRECTOR / CEO	3.00					X	984,589	0	0	0
(91) Wanda Stackpole FORMER VP/EXEC DIRECTOR - NCH HOMECARE	50.00					X	247,516	0	27,854	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							23,575,381	0	1,981,530	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										1,428
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									No	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PEDIATRIC ACADEMIC ASSOCIATION 555 SOUTH 18TH STREET COLUMBUS, OH 43205	MEDICAL SERVICES	77,228,219
THE OHIO STATE UNIVERSITY 410 WEST 10TH AVENUE COLUMBUS, OH 43210	MEDICAL SERVICES	48,252,593
OHIOHEALTH 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202	MEDICAL SERVICES	31,810,021
MT CARMEL HEALTH 6150 EAST BROAD STREET COLUMBUS, OH 43212	MEDICAL SERVICES	8,016,830
NBBJ PO BOX 101800 PASADENA, CA 91189	ARCHITECTURAL SERVICES	5,030,257

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns			39,911	
b Membership dues			14,000	
c Fundraising events			2,593,289	
d Related organizations			75,694,710	
e Government grants (contributions)			81,200,538	
f All other contributions, gifts, grants, and similar amounts not included above			90,197,234	
g Noncash contributions included in lines 1a - 1f:\$			2,820,631	
h Total. Add lines 1a-1f				249,739,682

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
2a NET PATIENT SERVICES REVENUE		900099	1,961,681,193	1,961,681,193		
b PHYSICIAN SERVICES REVENUE		900099	15,920,063	15,920,063		
c REFERENCE LAB		541380	4,334,831		4,334,831	
d POISON CENTER		900099	858,826	858,826		
e RETAIL PHARMACY		446110	884,899		884,899	
f All other program service revenue.			252,327	252,327	0	0
g Total. Add lines 2a-2f.			1,983,932,139			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		85,647,488		244,668	85,402,820	
	4 Income from investment of tax-exempt bond proceeds		70			70	
	5 Royalties		64,534,629			64,534,629	
	6a Gross rents	(i) Real	5,034,573				
		(ii) Personal					
		6b Less: rental expenses	2,588,503				
	c Rental income or (loss)	6c	2,446,070	0			
	d Net rental income or (loss)		2,446,070		2,074,190	371,880	
	7a Gross amount from sales of assets other than inventory	(i) Securities	723,826,849	293,638			
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	590,691,852	6,303		
	c Gain or (loss)	7c	133,134,997	287,335			
	d Net gain or (loss)		133,422,332			133,422,332	
	8a Gross income from fundraising events (not including \$ 2,593,289 of contributions reported on line 1c). See Part IV, line 18						
		8a	122,386				
	b Less: direct expenses	8b	526,164				
	c Net income or (loss) from fundraising events			-403,778			-403,778
	9a Gross income from gaming activities. See Part IV, line 19						
		9a	149,596				
	b Less: direct expenses	9b	77,425				
c Net income or (loss) from gaming activities			72,171			72,171	
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a CAFETERIA	722210		6,264,465			6,264,465	
b BILLING SERVICES TO AFFIL	541200		7,064,905	7,064,905			
c OTHER RESEARCH REVENUE	541380		1,634,819	-534	1,635,353		
d All other revenue			11,862,494	3,996,130	154,405	7,711,959	
e Total. Add lines 11a-11d			26,826,683				
12 Total revenue. See instructions			2,546,217,486	1,989,772,910	9,328,346	297,376,548	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	106,648,258	106,648,258		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	866,495	866,495		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	18,260,001	5,460,772	12,407,392	391,837
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	147,719		147,719	
7 Other salaries and wages	878,937,979	679,046,585	198,075,469	1,815,925
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,454,325	26,304,503	10,149,822	
9 Other employee benefits	127,142,543	98,736,776	27,900,302	505,465
10 Payroll taxes	59,337,047	42,249,153	17,087,894	
11 Fees for services (non-employees):				
a Management				
b Legal	8,879,863		8,879,863	
c Accounting	603,000		603,000	
d Lobbying	806,826		806,826	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	217,227,566	159,574,309	57,618,077	35,180
12 Advertising and promotion	3,393,135	184,727	1,471,868	1,736,540
13 Office expenses	45,668,977	30,229,736	15,385,144	54,097
14 Information technology	21,105,759	6,722,810	14,382,949	
15 Royalties	19,490,621	19,490,621		
16 Occupancy	98,803,151	80,408,149	18,395,002	
17 Travel	1,672,413	1,072,186	578,475	21,752
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,613,489	1,208,570	404,745	174
20 Interest	26,024,206		26,024,206	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,780,340	77,854,951	29,925,389	
23 Insurance	3,309,349	-1,168,583	4,477,932	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS	169,166,848	168,948,481	218,367	
b MEDICAL SUPPLIES	112,042,693	112,042,693		
c HOSPITAL FRANCHISE FEES	49,411,199	49,411,199		
d TEXTILES & PAPER GOODS	9,450,670	8,293,889	1,156,781	
e All other expenses	28,466,852	7,731,282	20,624,944	110,626
25 Total functional expenses. Add lines 1 through 24e	2,152,711,324	1,681,317,562	466,722,166	4,671,596
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	185,476,086	1	128,082,937
	2 Savings and temporary cash investments	1,890,961	2	1,883,360
	3 Pledges and grants receivable, net	36,545,115	3	42,989,282
	4 Accounts receivable, net	284,269,279	4	398,111,898
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1,500,000	5	2,538,206
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	16,743,747	8	18,035,716
	9 Prepaid expenses and deferred charges	16,001,190	9	30,483,673
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,374,404,693		
	b Less: accumulated depreciation	10b 825,776,781	1,503,258,454	10c 1,548,627,912
	11 Investments—publicly traded securities	3,905,411,143	11	4,570,644,994
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	10,859,509	14	23,246,613
	15 Other assets. See Part IV, line 11	94,485,220	15	95,911,083
16 Total assets: Add lines 1 through 15 (must equal line 33)	6,056,440,704	16	6,860,555,674	
Liabilities	17 Accounts payable and accrued expenses	219,469,523	17	246,408,095
	18 Grants payable	0	18	0
	19 Deferred revenue	7,127,495	19	8,834,502
	20 Tax-exempt bond liabilities	656,965,000	20	643,770,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	460,867,808	25	449,082,552
	26 Total liabilities. Add lines 17 through 25	1,344,429,826	26	1,348,095,149
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,329,442,192	27	5,102,345,368
	28 Net assets with donor restrictions	382,568,686	28	410,115,157
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,712,010,878	32	5,512,460,525
33 Total liabilities and net assets/fund balances	6,056,440,704	33	6,860,555,674	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,546,217,486
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,152,711,324
3	Revenue less expenses. Subtract line 2 from line 1	3	393,506,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,712,010,878
5	Net unrealized gains (losses) on investments	5	392,967,245
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,976,240
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	5,512,460,525

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

[Return to Form](#)

Software ID: 21014044

Software Version: 2021v4.2

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part I, Line 3 REASON FOR PUBLIC CHARITY STATUS FOR GROUP RETURN SUBORDINATES	<p>NATIONWIDE CHILDREN'S HOSPITAL (NCH) EIN 31-4379441 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(III) CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) EIN 31-1439570 PUBLIC CHARITY STATUS: 509(A)(2) 2021 PUBLIC SUPPORT PERCENTAGE: 99.32% 2020 PUBLIC SUPPORT PERCENTAGE: 99.37% 2021 INVESTMENT INCOME PERCENTAGE: 0.68% 2020 INVESTMENT INCOME PERCENTAGE: 0.63% PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) EIN 31-1595013 PUBLIC CHARITY STATUS: 509(A)(2) 2021 PUBLIC SUPPORT PERCENTAGE: 99.57% 2020 PUBLIC SUPPORT PERCENTAGE: 99.65% 2021 INVESTMENT INCOME PERCENTAGE: 0.43% 2020 INVESTMENT INCOME PERCENTAGE: 0.35% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHARITY STATUS: 509(A)(2) 2021 PUBLIC SUPPORT PERCENTAGE: 100.00% 2020 PUBLIC SUPPORT PERCENTAGE: 100.00% 2021 INVESTMENT INCOME PERCENTAGE: 0.00% 2020 INVESTMENT INCOME PERCENTAGE: 0.00% CHILDREN'S ANESTHESIA ASSOCIATES (CAA) EIN 31-0650338 PUBLIC CHARITY STATUS: 509(A)(2) 2021 PUBLIC SUPPORT PERCENTAGE: 100.00% 2020 PUBLIC SUPPORT PERCENTAGE: 100.00% 2021 INVESTMENT INCOME PERCENTAGE: 0.00% 2020 INVESTMENT INCOME PERCENTAGE: 0.00% NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) EIN 31-1036370 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2021 PUBLIC SUPPORT PERCENTAGE: 61.60% 2020 PUBLIC SUPPORT PERCENTAGE: 58.70% RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-6056230 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2021 PUBLIC SUPPORT PERCENTAGE: 65.00% 2020 PUBLIC SUPPORT PERCENTAGE: 78.20% CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSP (CCFA) EIN 02-0627166 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2021 PUBLIC SUPPORT PERCENTAGE: 85.70% 2020 PUBLIC SUPPORT PERCENTAGE: 86.30%</p>

Additional Data

[Return to Form](#)

Software ID: 21014044

Software Version: 2021v4.2

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Nationwide Childrens Hospital Group Return	Employer identification number 01-0782751
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		5,305
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		132,635
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		668,886
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			806,826
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Nationwide Children's Hospital (NCH) is a section 501(c)(3) organization with a mission based on the belief that no child should be refused necessary care and attention for lack of ability to pay. Nationwide Children's is committed to providing the highest quality patient care, advocacy for children and families, pediatric research, education of patients, families and future providers, and outstanding service to accommodate the needs of patients and families. In fulfillment of this mission, NCH advocates at the local, state and federal levels on behalf of children and the providers who care for them. Professional staff in the Government Relations Department direct and perform these activities and coordinate the work of other Hospital staff that support advocacy efforts on an intermittent basis. In addition, the hospital has sent correspondence to and met directly with local, state, and federal officials. Further, NCH pays membership dues to professional organizations which, among their many responsibilities, perform certain lobbying activities on behalf of their member organizations. Based on information supplied by these professional associations, NCH has determined the total of NCH's dues applicable to their lobbying activities is \$132,635. During 2021, two hospital staff members were registered as lobbyists at the federal level and two were registered at the state level. These staff members met with elected and appointed officials regarding child health, reimbursement, and grants/funding. NCH also utilized the services of one outside consultant at the local/state level in 2021. This consultant prepared written materials and met with elected and appointed officials. Overall, NCH's total direct and indirect lobbying expenditures based on resources or time were minimal and not substantial based on revenues.

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Supplemental Financial Statements

2021

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	239,090,684	207,575,104	179,315,772	180,559,816	160,913,523
b Contributions	11,461,796	17,303,071	7,297,567	11,551,122	6,908,367
c Net investment earnings, gains, and losses	27,225,909	20,840,075	25,929,041	-7,597,607	18,358,133
d Grants or scholarships					
e Other expenditures for facilities and programs	8,180,374	6,627,566	4,967,276	5,197,559	5,620,207
f Administrative expenses					
g End of year balance	269,598,015	239,090,684	207,575,104	179,315,772	180,559,816

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 21.63 %
 - b** Permanent endowment ▶ 78.37 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,413,687		60,413,687
b Buildings		1,699,219,835	542,842,215	1,156,377,620
c Leasehold improvements		22,629,632	10,730,767	11,898,865
d Equipment		451,273,866	272,203,799	179,070,067
e Other		140,867,673		140,867,673
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,548,627,912

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	449,082,552

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	AVAILABLE ENDOWMENT FUNDS ARE USED TO SUPPORT THE NCH MISSION OF PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, AND EDUCATION OF PATIENTS, FAMILIES AND FUTURE HEALTHCARE PROVIDERS.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	NATIONWIDE CHILDREN'S RECORDS ACCRUALS FOR UNCERTAIN TAX POSITIONS UNDER ASC 740, INCOME TAXES. NATIONWIDE CHILDREN'S HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020.

Additional Data

[Return to Form](#)

Software ID: 21014044

Software Version: 2021v4.2

2021

Open to Public Inspection

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean	0	0	Program Services	Self Insurance	3,815,068
(2) Central America and the Caribbean	0	0	Program Services	Research Collaboration	187,825
(3) Central America and the Caribbean	0	0	Investments	Self Insurance	130,000
(4) East Asia and the Pacific	0	0	Program Services	Healthcare Services	2,219
(5) East Asia and the Pacific	0	0	Program Services	Research Collaboration	207,076
(6) South Asia	0	0	Program Services	Research Collaboration	28,383
(7) Europe (Including Iceland and Greenland)	0	0	Program Services	Healthcare Services	149,717
(8) Europe (Including Iceland and Greenland)	0	0	Program Services	Research Collaboration	47,145
(9) Middle East and North Africa	0	0	Program Services	Healthcare Services	50,943
(10) (Sub-Saharan Africa	0	0	Program Services	Research Collaboration	32,000
(11) (North America (Canada & Mexico only)	0	0	Program Services	Healthcare Services	189,430
(12) (North America (Canada & Mexico only)	0	1	Program Services	Salary	8,998
(13) (North America (Canada & Mexico only)	0	0	Program Services	Research Collaboration	955,031
(14) (North America (Canada & Mexico only)	0	0	Fundraising	Fundraising	12,750
(15)					
(16)					
(17)					
3a Sub-total	0	1			5,816,585
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			5,816,585

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID: 21014044

Software Version: 2021v4.2

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
	Legends Lunch (event type)	Marathon (event type)	6 (total number)	(add col. (a) through col. (c))
1 Gross receipts	1,418,250	559,790	737,635	2,715,675
2 Less: Contributions	1,418,250	559,215	615,824	2,593,289
3 Gross income (line 1 minus line 2)	0	575	121,811	122,386
Direct Expenses	4 Cash prizes	0	0	0
	5 Noncash prizes	0	0	1,360
	6 Rent/facility costs	0	0	27,928
	7 Food and beverages	0	9,524	118,507
	8 Entertainment	10,565	0	51,500
	9 Other direct expenses	34,856	134,439	137,485
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				526,164
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-403,778

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			149,596
Direct Expenses	2 Cash prizes		70,100	70,100
	3 Noncash prizes		7,325	7,325
	4 Rent/facility costs		0	0
	5 Other direct expenses		0	0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				77,425
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				72,171

9 Enter the state(s) in which the organization conducts gaming activities: OH

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶ Kevin Welch

Address ▶ 700 Childrens Drive Columbus, OH 43205

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:
Name ▶ _____

Address ▶ _____

16 Gaming manager information:
Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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Additional Data

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 45000 %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,147,645	2,976,088	17,171,557	0.80 %
b Medicaid (from Worksheet 3, column a)			821,950,962	688,225,596	133,725,366	6.21 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,760,239	1,760,239	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	843,858,846	692,961,923	150,896,923	7.01 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			22,767,077	11,799,308	10,967,769	0.51 %
f Health professions education (from Worksheet 5)			42,240,610	3,355,406	38,885,204	1.81 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			33,109,186		33,109,186	1.54 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			25,734,942		25,734,942	1.20 %
j Total. Other Benefits	0	0	123,851,815	15,154,714	108,697,101	5.05 %
k Total. Add lines 7d and 7j	0	0	967,710,661	708,116,637	259,594,024	12.06 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing 0.10 %			2,323,199	250,000	2,073,199
2 Economic development 0 %					0
3 Community support 0.05 %			1,307,971	143,138	1,164,833
4 Environmental improvements 0.02 %			328,459		328,459
5 Leadership development and training for community members 0 %					0
6 Coalition building 0 %					0
7 Community health improvement advocacy 0.04 %			1,408,384	593,218	815,166
8 Workforce development 0 %			85,384		85,384
9 Other 0 %			20,000		20,000
10 Total 0.21 %	0	0	5,473,397	986,356	4,487,041

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	5,593,839
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,121,780
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,527,941
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
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Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest —see instructions)

How many hospital facilities did the organization operate during the tax year?

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
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Facility reporting group	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS) 700 CHILDRENS DRIVE COLUMBUS, OH 43205 WWW.NATIONWIDECHILDRENS.ORG	X	X	X	X	X	X		NEONATAL INTENSIVE CARE UNIT

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/c</u>		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/c</u>	Yes	
	a If "Yes" (list url): <u>relations/community-relations/c</u>		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group

- Did the hospital facility have in place during the tax year a written financial assistance policy that:
- 13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:
- a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 %
 - b** Income level other than the FPG (describe in Section C) Income level other than the FPG (describe in Section C) %
 - c** Asset level
 - d** Medical indigency
 - e** Insurance status
 - f** Underinsurance discount
 - g** Residency
 - h** Other (describe in Section C)
- 14** Explained the basis for calculating amounts charged to patients?
- 15** Explained the method for applying for financial assistance?
 If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
- a** Described the information the hospital facility may require an individual to provide as part of his or her application
 - b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
 - c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
 - d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
 - e** Other (describe in Section C)
- 16** Was widely publicized within the community served by the hospital facility?
 If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
- a** The FAP was widely available on a website (list url):
HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
 - b** The FAP application form was widely available on a website (list url):
HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
 - c** A plain language summary of the FAP was widely available on a website (list url):
HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
 - d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
 - e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
 - f** A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
 - g** Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or
 - h** Notified members of the community, and to attract patients' attention
 - i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
 - j** Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information *(continued)*

Billing and Collections

NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the ECA and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No;" indicate why:	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION.
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - NATIONWIDE CHILDREN'S HOSPITAL. COMMUNITY INPUT FOR THIS REPORT WAS PROVIDED THROUGH A SERIES OF FACILITATED SESSIONS THAT TOOK PLACE THROUGHOUT 2018 TO IDENTIFY AND PRIORITIZE THE HEALTH NEEDS FOR FRANKLIN COUNTY. THESE MEETINGS WERE HELD WITH COMMUNITY REPRESENTATIVES ON THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, LED BY THE CENTRAL OHIO HOSPITAL COUNCIL. CONSISTENT WITH FEDERAL REQUIREMENTS FOR CONDUCTING HEALTH NEEDS ASSESSMENTS, ENTITIES WHICH REPRESENT SPECIFIC POPULATIONS WITHIN THE COMMUNITY WERE INCLUDED AS MEMBERS OF THE STEERING COMMITTEE. AMONG THOSE WHO PARTICIPATED AS MEMBERS OF THE STEERING COMMITTEE WERE: - LYNN DOBB - CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR COMMUNITY) - JODI KELLER - CENTRAL OHIO TRAUMA SYSTEM - KATHY COWEN & MELISSA SEVER - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - THERESA SEAGRAVES - FRANKLIN COUNTY PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - DAVID ELLSWORTH - OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM (REPRESENTING THE DISABLED COMMUNITY) - JOHN TOLBERT - PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND HOMELESS POPULATIONS) - LISA COURTICE - UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY POPULATIONS) - JOANNE PEARSOL & ANDY WAPNER - THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, CENTER FOR PUBLIC HEALTH PRACTICE FURTHER, NATIONWIDE CHILDREN'S HOSPITAL POSTED ITS NEEDS ASSESSMENT TO ITS WEBSITE AND ALLOWED FOR COMMUNITY MEMBERS TO PROVIDE FEEDBACK ON THE DOCUMENT. NO COMMENTS HAVE BEEN RECEIVED TO DATE.
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - NATIONWIDE CHILDREN'S HOSPITAL. THE CHNA WAS CONDUCTED AS A COLLABORATION LED BY THE CENTRAL OHIO HOSPITAL COUNCIL, INCLUDING NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, MOUNT CARMEL HEALTH SYSTEM, AND THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER.
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - NATIONWIDE CHILDREN'S HOSPITAL. THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO TRAUMA SYSTEM, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, FRANKLIN COUNTY PUBLIC HEALTH, OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM, PRIMARYONE HEALTH, UNITED WAY OF CENTRAL OHIO, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH.
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - NATIONWIDE CHILDREN'S HOSPITAL. PRIMARY TARGETS FOR NATIONWIDE CHILDREN'S EFFORTS FALL INTO THE CATEGORIES IDENTIFIED BY THE FRANKLIN COUNTY HEALTHMAP 2019. GENERAL STRATEGIES FOR ADDRESSING THESE NEEDS ARE AS FOLLOWS: - ACCESS TO CARE: NATIONWIDE CHILDREN'S WILL EXPAND ITS PRESENCE IN THE COMMUNITIES IT SERVES, WORK TO ADVANCE PATIENT-CENTERED MEDICAL HOME MODELS, AND IMPROVE COORDINATION OF CARE TO ENSURE COMMUNITY MEMBERS HAVE ACCESS TO HIGH-QUALITY PRIMARY, DENTAL, SPECIALIZED, URGENT AND EMERGENCY CARE IN APPROPRIATE SETTINGS. - CHRONIC CONDITIONS: NATIONWIDE CHILDREN'S WILL CONTINUE TO REDUCE ASTHMA AND DIABETES INCIDENCE AND COMPLICATIONS BY OPTIMIZING TREATMENT GIVEN THROUGH PRIMARY CARE VISITS, SCHOOL-BASED PROGRAMS AND, WHEN NECESSARY, THROUGH HOSPITALIZATIONS. - INCOME AND POVERTY: NATIONWIDE CHILDREN'S AND PARTNERS WILL CONTINUE EFFORTS TO LIFT FAMILIES AND CHILDREN OUT OF POVERTY BY PROVIDING AFFORDABLE HOUSING, JOB TRAINING AND ANTIPOVERTY PROGRAMS, AND TO PERFORM RESEARCH NEEDED TO UNDERSTAND AND EFFECTIVELY ADDRESS FOOD INSECURITY. - MATERNAL AND INFANT HEALTH: BY PARTICIPATING IN THE ENDEAVORS OF OHIO BETTER BIRTH OUTCOMES AND PROVIDING CARE FOR INFANTS IN NEED THROUGH THE OHIO FETAL MEDICINE COLLABORATIVE, NATIONWIDE CHILDREN'S WILL AIM TO INCREASE THE AVAILABILITY OF BIRTH CONTROL, PRENATAL CARE AND IMMUNIZATIONS TO REDUCE PREMATURITY AND TO PREVENT INFANT MORBIDITY AND MORTALITY. - MENTAL HEALTH AND ADDICTION: NATIONWIDE CHILDREN'S WILL MAINTAIN AND EXPAND INPATIENT, OUTPATIENT AND COMMUNITY-BASED EFFORTS TO INNOVATIVELY PREVENT, TREAT AND MINIMIZE THE IMPACT OF BEHAVIORAL HEALTH PROBLEMS IN ITS TARGET POPULATION BY PROVIDING CARE IN THE MOST APPROPRIATE SETTING. FOR ADDITIONAL DETAILS, PLEASE SEE THE IMPLEMENTATION STRATEGY POSTED ON THIS WEBSITE: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/ABOUT-US/ADVOCACY-AND-GOVERNMENT-RELATIONS/COMMUNITY-RELATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT .
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - . OHIO RESIDENTS WITH FAMILY INCOME GREATER THAN 200% OF THE FPL BUT LESS THAN 450% OF THE FPL WHOSE BILLS FROM NATIONWIDE CHILDREN'S EXCEEDS 20% OF THE FAMILY YEARLY HOUSEHOLD INCOME WILL BE CONSIDERED MEDICALLY INDIGENT FOR PURPOSES OF THIS POLICY. MEDICALLY INDIGENT FAMILIES WILL BE ELIGIBLE FOR A HIGHER DISCOUNT IN THE PATIENT RESPONSIBILITY IN AN AMOUNT SUCH THAT THE FAMILY'S PATIENT RESPONSIBILITY FOR ALL NATIONWIDE CHILDREN'S BILLS EQUALS A PERCENTAGE (%) OF THE FAMILY'S YEARLY HOUSEHOLD INCOME AS STATED BELOW: - INCOME AT 200% OR LESS OF THE FEDERAL POVERTY LEVEL (FPL) WILL BE WRITTEN OFF AT 100% OF THE PATIENT RESPONSIBILITY. - INCOME BETWEEN 201% AND 250% OF THE FPL WILL BE WRITTEN OFF TO A BALANCE EQUAL TO 5% OF THE FAMILY'S YEARLY HOUSEHOLD INCOME. - INCOME BETWEEN 251% AND 300% OF THE FPL WILL BE WRITTEN OFF TO A BALANCE EQUAL TO 7% OF THE FAMILY'S YEARLY HOUSEHOLD INCOME. - INCOME BETWEEN 301% AND 450% OF THE FPL WILL BE WRITTEN OFF TO A BALANCE EQUAL TO 10% OF THE FAMILY'S YEARLY HOUSEHOLD INCOME.
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - . IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDREN'S HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE: - MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility** (List in descending order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 24

Name and address	Type of Facility (describe)
1 HOMECARE AND HOSPICE 255 EAST MAIN STREET COLUMBUS, OH 43215	HOMECARE
2 ONTARIO CLOSE TO HOME 2003 W 4TH STREET ONTARIO, OH 44906	CLINICAL THERAPIES
3 CHILDREN'S COMMUNITY PRACTICES LLC DBA BLANCHARD VALLEY PEDIATRICS 1818 CHAPEL DRIVE SUITE D FINDLAY, OH 45840	Physician Practice
4 NORTHWEST CHILDREN'S COMMUNITY PRACTICES II LLC DBA PEDIATRICARE ASSOCIATES 7629 KINGS POINTE ROAD TOLEDO, OH 43617	Physician Practice
5 CHILDREN'S COMMUNITY PRACTICES LLC DBA CHILLICOTHE PEDIATRICS 1264 Hospital Road Chillicothe, OH 45610	Physician Practice
6 SPRINGFIELD LABORATORY SERVICE CENTER 1644 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	LAB
7 CHILLICOTHE CLOSE TO HOME CENTER 4439 STATE ROUTE 159 CHILLICOTHE, OH 45601	CARDIOLOGY CLINIC & HEM/ONC CLINIC
8 NEWARK CLOSE TO HOME CENTER 75 SOUTH TERRACE AVENUE NEWARK, OH 43055	MEDICAL OFFICES, CHILDLAB
9 CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 540 S TRIMBLE ROAD MANSFIELD, OH 44906	Physician Practice
10 CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 110 West Smiley Avenue Shelby, OH 44875	Physician Practice
11 ZANESVILLE OUTPATIENT SPECIALTY CLINICS 716 ADAIR AVENUE ZANESVILLE, OH 43701	CARDIOLOGY CLINIC
12 MANSFIELD CLOSE TO HOME CENTER 536 S TRIMBLE ROAD MANSFIELD, OH 44906	MEDICAL OFFICES, CHILDLAB, CARDIOLOGY
13 NORTHWEST PEDIATRIC SPECIALISTS LLC 2213 CHERRY STREET TOLEDO, OH 43608	Physician Practice
14 MARIETTA OUTPATIENT CARDIOLOGY SERVICES 416 FRONT STREET MARIETTA, OH 45750	CARDIOLOGY CLINIC
15 NELSONVILLE OUTPATIENT CARDIOLOGY SERVICES 11 JOHN LLOYD EVANS MEMORIAL DRIVE NELSONVILLE, OH 45764	CARDIOLOGY CLINIC
16 MARION CLOSE TO HOME CENTER 1069 DELAWARE AVENUE MARION, OH 43302	LAB & CARDIOLOGY
17 FINDLAY OUTPATIENT CARDIOLOGY SERVICES 1818 CHAPEL DRIVE SUITE D FINDLAY, OH 45840	CARDIOLOGY CLINIC
18 PORTSMOUTH CARDIOLOGY SERVICES 1711 27th Street Braulin Bldg Suite 2016 Portsmouth, OH 45662	CARDIOLOGY CLINIC
19 DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON, OH 45404	CARDIOLOGY CLINIC
20 PORTSMOUTH OUTPATIENT SPECIALTY CLINICS 8930 OHIO RIVER ROAD WHEELERSBURGH, OH 45694	HEM/ONC, UROLOGY
21 ADULT CONGENITAL CARDIOLOGY SERVICES 955 BETHESDA DRIVE 1ST FLOOR ZANESVILLE, OH 43701	CARDIOLOGY CLINIC
22 ZANESVILLE LABORATORY SERVICE CENTER 1166 MILITARY ROAD SUITE 2B ZANESVILLE, OH 43701	LAB
23 FINDLAY NEUROLOGY CLINIC 3949 NORTH MAIN STREET FINDLAY, OH 45840	NEUROLOGY CLINIC
24 LIMA LABORATORY SERVICE CENTER 830 WEST HIGH STREET SUITE 375 LIMA, OH 45801	LAB

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c CRITERIA USED FOR DETERMINING ELIGIBILITY	IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDREN'S HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE: *MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENT'S RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF. *Families who provide to Nationwide Children's Patient Accounts Department a completed IRS Form 4029 or other documentation satisfactory to Nationwide Children's that confirms that the family has waived its right to government benefits because of the family's religious affiliation will be eligible for a discount of the Patient Responsibility equal to that provided under the FAP to those with income between 301% and 400% of the FPL. *FAMILIES WITH THE ADDRESS OF A "HOMELESS SHELTER" WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENT'S RESPONSIBILITY.
Schedule H, Part I, Line 6a COMMUNITY BENEFIT REPORT	WHILE NATIONWIDE CHILDREN'S HOSPITAL (NCH) DOES NOT PREPARE A COMMUNITY BENEFIT REPORT, INFORMATION ON NCH'S COMMUNITY INVOLVEMENT CAN BE FOUND ON ITS WEBSITE AT: https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations .
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COST TO CHARGE RATIO USED IN LINE 7 WAS DERIVED FROM WORKSHEET 2.
Schedule H, Part II Community Building Activities	NATIONWIDE CHILDREN'S HOSPITAL (NCH) IMPACTS THE COMMUNITY IN MANY WAYS. IN 2008, THE CITY OF COLUMBUS, NATIONWIDE CHILDREN'S HOSPITAL, COMMUNITY DEVELOPMENT FOR ALL PEOPLE, COLUMBUS PUBLIC HEALTH, COLUMBUS CITY SCHOOLS AND A NUMBER OF OTHER LOCAL PARTNERS CAME TOGETHER TO FORM HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES (HNHF) AIMING TO DEVELOP REVITALIZATION PROGRAMS THAT WERE RESPONSIVE TO THE NEEDS AND DESIRES OF THE COMMUNITY. THE GOAL OF HNHF IS TO CREATE THRIVING SUSTAINABLE NEIGHBORHOODS THAT NURTURE CHILDREN AND FAMILIES IN THE SOUTHSIDE OF COLUMBUS SURROUNDING NCH. PROGRAMS OFFERED INCLUDE AFFORDABLE HOUSING, HEALTH AND WELLNESS, EDUCATION, WORKFORCE AND ECONOMIC DEVELOPMENT, AND SAFE AND ACCESSIBLE NEIGHBORHOODS. TO ADDRESS THE AFFORDABLE HOUSING COMPONENT, NCH PARTNERED WITH COMMUNITY DEVELOPMENT FOR ALL PEOPLE AND INVESTED SEVERAL MILLION DOLLARS IN SEED MONEY TO ALLOW THE PURCHASE OF DILAPIDATED HOUSING STOCK FOR RENOVATION AND SALE, AS WELL PROVIDING GRANTS TO EXISTING HOMEOWNERS FOR REPAIR. SINCE 2008, MORE THAN 500 HOMES HAVE BEEN IMPACTED THROUGH REHABILITATIONS, HOME IMPROVEMENT GRANTS AND NEW BUILDS. THE HOSPITAL'S CONTINUED FINANCIAL COMMITMENT TO HNHF HAS HELPED TO SUPPORT THE CONSTRUCTION OF SAFE, DECENT, AND AFFORDABLE HOUSING. NCH ALSO IMPACTS THE COMMUNITY WITH THE FOLLOWING PROGRAMS: - PROGRAM PROJECT MENTOR, IN WHICH MEMBERS OF NCH FACULTY AND STAFF ATTEND WEEKLY MENTORING SESSIONS WITH STUDENTS IN VARIOUS COLUMBUS CITY SCHOOLS TO ASSIST THE STUDENTS WITH STUDYING WITH THE GOAL OF THE PROGRAM BEING TO INCREASE GRADUATION RATES. - REACH OUT AND READ PROGRAM, A PEDIATRIC PROGRAM DEDICATED TO INCREASING FAMILY LITERACY ACTIVITIES IN THE HOME PRIOR TO A CHILD'S ENTRANCE INTO THE SCHOOL SYSTEM. SPECIAL FOCUS IS GIVEN TO CHILDREN GROWING UP IN POVERTY. - LIVINGSTON PARK MAINTENANCE, A CITY OWNED PARK THAT NCH ASSISTS IN MAINTAINING. THE NCH ENGINEERING DEPARTMENT PROVIDES SNOW/ICE REMOVAL, LAWN CARE AND WASTE REMOVAL SERVICES FOR THE UPKEEP OF THE PARK. - NUTRITION SERVICES INITIATIVE - AN INTERNAL PROGRAM TO REPLACE OUR FOOD PACKAGING MATERIALS WITH THOSE THAT ARE MORE ENVIRONMENTALLY FRIENDLY. ALSO INSTALLED RECYCLING CONTAINERS THROUGHOUT THE CAMPUS TO ENCOURAGE RECYCLING. - VARIOUS WORKFORCE DEVELOPMENT PROGRAMS: 1) JOB SHADOWING PROGRAM - A PARTNERSHIP WITH NEIGHBORHOOD HIGH SCHOOLS TO PROVIDE CAREER DEVELOPMENT TRAINING TO SELECTED JUNIORS AND SENIORS INTERESTED IN PURSUING CAREERS IN ALLIED HEALTHCARE; AND 2) MECHANISMS OF HUMAN HEALTH AND DISEASE - AN IN-DEPTH PROGRAM DESIGNED TO CHALLENGE THE SERIOUS SCIENCE STUDENT. STUDENTS INVESTIGATE CANCER AND OTHER DISEASE TOPICS WITH LECTURES FROM RESEARCH PROFESSIONALS. THE PROGRAM ALSO PROVIDES OPPORTUNITIES FOR SHADOWING AND CAREER EXPLORATION. - SPARK PROGRAM, AN EVIDENCE BASED PROGRAM PREPARING CHILDREN FOR KINDERGARTEN BY HAVING A SPARK PARENT PROGRAM PARTNER COME IN YOUR HOME ONCE A MONTH AND WORK WITH PARENT AND CHILD TO DEVELOP SKILLS THAT WILL ENHANCE PREPAREDNESS FOR KINDERGARTEN. THIS NCH PROGRAM TAKES PLACE IN THE FOLLOWING ZIP CODES: 43205, 43206 AND 43207. - COMMUNITY DEVELOPMENT FOR ALL PEOPLE HEALTHY EATING AND LIVING INITIATIVE, A CONTRIBUTION TO COMMUNITY DEVELOPMENT FOR ALL PEOPLE TO SET UP PROGRAMS TO POSITIVELY IMPACT INFANT MORTALITY AND KINDERGARTEN READINESS FOR CHILDREN AND EMPLOYMENT FOR ADULT RESIDING IN ZIP CODES: 43205, 43206 AND 43207. PROGRAMS WERE ESTABLISHED TO MEET THE FOLLOWING GOALS: RECRUIT AND ASSIST THE ENROLLMENT OF CHILDREN INTO

Form and Line Reference	Explanation
	NCH'S SPARK LITERACY PROGRAM; PROVIDE VARIOUS HEALTH EDUCATION CLASSES AND MATERIALS, INCLUDING COOKING CLASSES WITH A COORDINATION OF VARIOUS HEALTHY LIVING EXERCISE AND MOVEMENT GROUPS; RECRUIT UNEMPLOYED AND UNDER-EMPLOYED ADULTS FOR EMPLOYMENT TRAINING INTERVENTIONS; AND RECRUIT AND ASSIST WITH THE DEVELOPMENT OF A NEIGHBORHOOD LEADERSHIP ACADEMY FOR RESIDENTS OF THE TARGET ZIP CODES. - PARSONS AVENUE REDEVELOPMENT PROGRAM, A CONTRIBUTION TO THE PARSONS AVENUE REDEVELOPMENT CORPORATION TO SUPPORT THE REDEVELOPMENT OF PARSONS AVENUE BY FACILITATING A SUSTAINABLE CENTER OF COMMERCIAL ACTIVITY THAT CREATES A SENSE OF PLACE SERVING ALL SOUTH SIDE NEIGHBORHOODS. - MEDICAL LEGAL PARTNERSHIP (MLP), IS AN INITIATIVE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH BY PARTNERING THE HEALTHCARE PROVIDERS WITH LAWYERS TO HELP ACHIEVE BETTER HEALTH OUTCOMES FOR THE CHILDREN NCH SERVES. TO ACCOMPLISH THIS, NCH HAS ENTERED INTO A CONTRACT WITH THE LEGAL AID SOCIETY OF COLUMBUS TO PROVIDE FREE AND CONFIDENTIAL LEGAL SERVICES TO ELIGIBLE LOW-INCOME PATIENTS TO IMPROVE THEIR HEALTH AND WELL-BEING. - CITY YEAR OF COLUMBUS, A CONTRIBUTION TO SUPPORT ACADEMIC, ATTENDANCE, AND BEHAVIOR INTERVENTION PROGRAMMING AT LIVINGSTON AVENUE ELEMENTARY SCHOOL. - EQUITY NOW COALITION, A CONTRIBUTION TO SUPPORT GRASSROOTS, NOT-PROFIT EFFORT TO ADDRESS RACE EQUITY ISSUES IN COLUMBUS. - LOCAL MATTERS, A CONTRIBUTION TO SUPPORT FOOD EDUCATION, FOOD ACCESS AND FOOD ADVOCACY IN CENTRAL OHIO.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	IN 2011, NATIONWIDE CHILDREN'S HOSPITAL BEGAN REPORTING BAD DEBT EXPENSE IN TOTAL. PRIOR TO 2011, BAD DEBT EXPENSE WAS REPORTED AT COST.
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	FOR SELF-PAY PATIENTS, NATIONWIDE CHILDREN'S HOSPITAL MAKES ALL REASONABLE EFFORTS TO QUALIFY FINANCIAL ASSISTANCE ELIGIBLE PATIENTS FOR CHARITY. PRIOR TO AN ACCOUNT BEING WRITTEN OFF TO BAD DEBT, ACCOUNT REVIEWS TAKE PLACE TO ENSURE THE PATIENT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE. THUS WE FEEL THAT NCH'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS LIKELY \$0.
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 23 OF THE AUDITED FINANCIAL STATEMENTS.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	IT IS OUR POSITION THAT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE THESE ARE COSTS THE HOSPITAL IS INCURRING TO TREAT THESE PATIENTS, AND THE REIMBURSEMENT IS NOT FULLY COVERING THESE COSTS. IN ADDITION, AS OUR MISSION IS TO CARE FOR EVERY CHILD FOR EVERY REASON REGARDLESS OF ABILITY TO PAY, MANY HEALTHCARE PROVIDERS WOULD CHOOSE NOT TO ACCEPT MEDICARE PATIENTS BECAUSE OF THIS UNREIMBURSED COST. BECAUSE NATIONWIDE CHILDREN'S DOES, WE ARE TRULY PROVIDING A BENEFIT TO THE COMMUNITY. THE MEDICARE COST REPORT WAS USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6.
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	NATIONWIDE CHILDREN'S HOSPITAL'S COLLECTION POLICY DOES CONTAIN PROVISIONS FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. THERE ARE NUMEROUS WAYS FOR PATIENTS AND FAMILIES TO GET INFORMATION ON AVAILABLE ASSISTANCE, BOTH CHARITY, AND OTHER GOVERNMENTAL POLICIES. (SEE DESCRIPTION PART VI, LINE 3.) NCH THEN PROVIDES A GRACE PERIOD, TO ALLOW FOR TIME FOR ASSISTANCE NEEDS TO BE IDENTIFIED, BEFORE FINALIZING THE BILL. IN ADDITION, SELF-PAY STATEMENTS ALSO INCLUDE INFORMATION TO HELP THE PATIENT/FAMILY UNDERSTAND FINANCIAL ASSISTANCE THAT IS AVAILABLE.
Schedule H, Part V, Section B, Line 16a FAP website	- NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS): Line 16a URL: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE ;
Schedule H, Part V, Section B, Line 16b FAP Application website	- NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS): Line 16b URL: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS): Line 16c URL: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE ;
Schedule H, Part VI, Line 2 Needs assessment	NATIONWIDE CHILDREN'S HOSPITAL (NCH), ALONG WITH OTHER CENTRAL OHIO HOSPITALS AND COMMUNITY PARTNERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, PARTICIPATED IN THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, WHICH WAS A COLLABORATIVE EFFORT COORDINATED BY CENTRAL OHIO HOSPITAL COUNCIL TO IDENTIFY THE COMMUNITY HEALTH NEEDS AND PRIORITIES OF FRANKLIN COUNTY. THE STEERING COMMITTEE PUBLISHED THE FRANKLIN COUNTY HEALTHMAP 2019, WHICH RECOGNIZED THREE HEALTH AREAS AS BEING A LOCAL, PRIORITY HEALTH NEED FOR THE COMMUNITY. NCH'S COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE ADDED TWO ADDITIONAL PRIORITIES TO ADDRESS NEEDS PARTICULARLY RELEVANT TO PEDIATRIC HEALTH CARE BASED ON PRIORITIES DETAILED IN THE FRANKLIN COUNTY HEALTHMAP 2019. NCH ADOPTED THE FRANKLIN COUNTY HEALTHMAP 2019 AS ITS COMMUNITY HEALTH NEEDS ASSESSMENT. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH INCLUDES THE 2019 FRANKLIN COUNTY HEALTHMAP REPORT, CAN BE FOUND ON THE HOSPITAL'S WEBSITE: https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/community-health-needs-assessment . IN ORDER TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE STEERING COMMITTEE CONSIDERED POTENTIAL HEALTH INDICATORS FOR INCLUSION IN THEIR REPORT BY OBTAINING A FULL UNDERSTANDING OF THE HEALTH ISSUES IDENTIFIED AND THEN VOTE ON THE DISCRETE HEALTH ISSUES THAT THEY THOUGHT WERE SIGNIFICANT HEALTH NEEDS FOR FRANKLIN COUNTY RESIDENTS. THE FOLLOWING CRITERIA WAS CONSIDERED WHEN VOTING ON THE SIGNIFICANT HEALTH NEEDS AND PRIORITIZING THE SIGNIFICANT HEALTH NEEDS: - SERIOUSNESS: DEGREE TO WHICH THE HEALTH ISSUE LEADS TO DEATH, DISABILITY, AND IMPAIRS ONE'S QUALITY OF LIFE. - SEVERITY OF THE CONSEQUENCES OF INACTION: RISKS ASSOCIATED WITH EXACERBATION OF HEALTH ISSUE IF NOT ADDRESSED AT THE EARLIEST OPPORTUNITY. - SIZE: NUMBER OF PERSONS AFFECTED. - EQUITY: DEGREE TO WHICH DIFFERENT GROUPS IN THE COUNTY ARE AFFECTED BY THE HEALTH ISSUE. - FEASIBILITY: ABILITY OF AN ORGANIZATION OR INDIVIDUALS TO REASONABLY COMBAT THE HEALTH ISSUE GIVEN AVAILABLE RESOURCES, INCLUDING THE AMOUNT OF CONTROL, KNOWLEDGE, AND INFLUENCE THE ORGANIZATION(S) HAVE ON THE ISSUE. - CHANGE: DEGREE TO WHICH THE HEALTH ISSUE HAS BECOME MORE OR LESS PREVALENT OVER TIME, OR HOW IT COMPARES TO STATE/NATIONAL INDICATORS. FROM THESE EXERCISES, THE STEERING COMMITTEE

Form and Line Reference	Explanation
	<p>WAS ABLE TO COMPLETE ITS CHARGE TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS OF FRANKLIN COUNTY. NCH'S FIVE PRIORITIZED HEALTH NEEDS OF FRANKLIN COUNTY AS IDENTIFIED BY NCH'S COLLABORATIVE EFFORT AS A MEMBER OF THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE INCLUDE: 1) ACCESS TO CARE, 2) CHRONIC CONDITIONS, 3) INCOME AND POVERTY, 4) MATERNAL AND INFANT HEALTH, AND 5) MENTAL HEALTH AND ADDICTION.</p>
<p>Schedule H, Part VI, Line 3 Patient education of eligibility for assistance</p>	<p>NATIONWIDE CHILDREN'S HOSPITAL INFORMS AND EDUCATES PATIENTS, AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE, ABOUT THEIR ELIGIBILITY FOR ASSISTANCE IN A VARIETY OF WAYS. SIGNAGE REGARDING SUCH ELIGIBILITY IS VISIBLY LOCATED THROUGHOUT THE HOSPITAL, INCLUDING MAJOR POINTS OF PATIENT ENTRY SUCH AS ADMISSIONS AREAS, CLINIC REGISTRATION DESKS, THE EMERGENCY DEPARTMENT AND URGENT CARE. ADDITIONALLY, FINANCIAL COUNSELORS VISIT PATIENTS WITHOUT INSURANCE DURING THEIR STAY. LETTERS AND FINANCIAL ASSISTANCE APPLICATIONS ARE MAILED TO PATIENTS. BILLING STATEMENTS CONTAIN PRINTED INFORMATION REGARDING VARIOUS TYPES OF ASSISTANCE THAT IS AVAILABLE, AUTOMATED TELEPHONE CALLS OFFERING FINANCIAL ASSISTANCE ARE ALSO MADE, AND THE APPLICATION IS MADE AVAILABLE ON OUR WEBSITE: HTTPS://WWW.NATIONWIDECILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE.</p>
<p>Schedule H, Part VI, Line 4 Community information</p>	<p>NATIONWIDE CHILDREN'S HOSPITAL IS LOCATED IN COLUMBUS, OHIO, WHICH IS GEOGRAPHICALLY CENTRAL IN THE STATE OF OHIO. WHILE THE MAJORITY OF PATIENTS SERVED RESIDE IN FRANKLIN COUNTY, NCH PROVIDES CARE TO PATIENTS REPRESENTING EACH OF OHIO'S 88 COUNTIES, IN ADDITION TO 50 STATES AND 46 FOREIGN COUNTRIES. THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS \$62,352 AND 15.4% OF FAMILIES ARE BELOW THE POVERTY LEVEL. APPROXIMATELY 6.6% OF THE POPULATION OF OHIO IS UNINSURED.</p>
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>BEYOND THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RELATED IMPLEMENTATION STRATEGY, NATIONWIDE CHILDREN'S HOSPITAL PROMOTES COMMUNITY HEALTH IN MANY WAYS. THE MAJORITY OF THE BOARDS OF NATIONWIDE CHILDREN'S HOSPITAL, THE RESEARCH INSTITUTE, NCH FOUNDATION AND THE CENTER FOR FAMILY SAFETY AND HEALING ARE COMPRISED OF INDEPENDENT COMMUNITY LEADERS, MOST OF WHICH RESIDE IN OUR CENTRAL OHIO SERVICE AREA. NATIONWIDE CHILDREN'S ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE EDUCATION INSTITUTE DEPARTMENT OF NCH PROVIDES A WIDE ARRAY OF COMMUNITY EDUCATION CLASSES SUCH AS: BABYSITTING, CPR, PARENTING, CONFERENCES FOR FAMILIES CARING FOR A PATIENT WITH A SPECIFIC DISEASE OR DISORDER, AUTISM AND BEHAVIOR MANAGEMENT AND MORE. THESE CLASSES ARE GEARED TOWARD LAY-PUBLIC AND INCLUDE LECTURES, PRESENTATIONS, AND OTHER GROUP PROGRAMS AND ACTIVITIES APART FROM CLINICAL OR DIAGNOSTIC SERVICES. THIS SAME DEPARTMENT MAINTAINS THE 'FAMILY HEALTH INFORMATION CENTER', A CONSUMER LIBRARY WHICH CAN BE USED BY PATIENT FAMILIES TO EXPLORE NEWLY DIAGNOSED MEDICAL ISSUES. 'CHILDCARE HEALTH CONSULTANTS' IS A PROGRAM THAT OFFERS TRAINING AND PROFESSIONAL DEVELOPMENT TO EARLY CHILDHOOD PROFESSIONALS VIA ON-SITE CONSULTING, LIVE EDUCATIONAL CLASSES, AND EDUCATIONAL TOOLS. NCH HAS MULTIPLE PROGRAMS SURROUNDING THE TOPIC OF NUTRITION AND CHILDHOOD OBESITY. ONE DEPARTMENT, 'THE CENTER FOR HEALTHY WEIGHT AND NUTRITION' OFFERS A COMPREHENSIVE APPROACH TO WEIGHT MANAGEMENT. ITS OBESITY PREVENTION PROGRAM PROVIDES SIMPLE TOOLS TO EDUCATE PARENTS ABOUT GOOD NUTRITION AND PHYSICAL ACTIVITY FOR THEIR CHILDREN. 'COMMUNITY HEALTH' IS AN ARM OF THE HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES PROGRAM WHICH AIMS TO IMPROVE OUR COMMUNITY RESIDENTS' ACCESS TO HEALTH CARE COVERAGE, PRIMARY CARE, AND FRUITS AND VEGETABLES. NATIONWIDE CHILDREN'S ALSO SPONSORS AND HOSPITAL STAFF VOLUNTEER, AT NUMEROUS FESTIVALS AND HEALTH FAIRS TO PROVIDE HEALTH SCREENINGS AND HAND OUT LITERATURE AND PROMOTIONAL GIVEAWAYS TO EDUCATE AND DISCUSS MANY OF THE SERVICES WE PROVIDE. NATIONWIDE CHILDREN'S APPLIES SURPLUS FUNDS TO FURTHER ITS EXEMPT PURPOSE IN PROMOTING THE HEALTH OF THE COMMUNITY BY REINVESTING IN THE FACILITIES AND OPERATIONS OF PATIENT CARE, MEDICAL EDUCATION AND PEDIATRIC RESEARCH. TO HELP COMBAT THE COVID-19 PUBLIC HEALTH CRISIS, NATIONWIDE CHILDREN'S STARTED A COVID-19 VACCINATION PROGRAM AND OFFERED VACCINATION FOR PATIENTS, FAMILIES AND THE GENERAL PUBLIC. IN ADDITION, NATIONWIDE CHILDREN'S ESTABLISHED A CALL CENTER WHICH TOOK CALLS FROM THE COMMUNITY TO HELP ANSWER QUESTIONS REGARDING COVID. NURSES ANSWERING THE CALLS TRIAGED PATIENTS BASED ON THEIR SYMPTOMS AND COORDINATED COVID TESTING, IF NEEDED. THE CALL CENTER ALSO PROVIDED SUPPORT TO PEDIATRICIANS IN THE COMMUNITY.</p>
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>NATIONWIDE CHILDREN'S HOSPITAL, INC. EXCLUSIVELY CONTROLS THE ACTIVITIES OF ITS SUBSIDIARIES IN CENTRAL OHIO INCLUDING: 1) NATIONWIDE CHILDREN'S HOSPITAL (NCH) IS A 551 INPATIENT BED NOT-FOR-PROFIT TERTIARY CARE HOSPITAL PROVIDING, INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES. IN ADDITION, THE HOSPITAL LEASES 145 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS LOCATED WITHIN SIX OTHER AREA HOST HOSPITALS. SUBSIDIARIES OF THE HOSPITAL INCLUDE THE FOLLOWING ENTITIES: A) CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES RADIOLOGICAL SERVICES AT THE HOSPITAL. B) NCH HOMECARE (HOMECARE SERVICES) IS A NOT-FOR-PROFIT HOME HEALTH COMPANY OWNED BY THE HOSPITAL AND PROVIDES INTERMITTENT AND PRIVATE-DUTY NURSING, SKILLED THERAPY, INFUSION THERAPY, DURABLE MEDICAL EQUIPMENT, HOSPICE, AND PALLIATIVE CARE SERVICES. C) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES PATHOLOGICAL SERVICES AT THE HOSPITAL. D) CHILDREN'S SURGICAL ASSOCIATES (CSA) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES SURGICAL SERVICES AT THE HOSPITAL. E) PEDIATRIC ACADEMIC ASSOCIATES (PAA), A FACULTY PRACTICE PLAN OF THE OHIO STATE UNIVERSITY, IS A NOT-FOR-PROFIT PRACTICE OF WHICH THE HOSPITAL HOLDS 51% OF THE BENEFICIAL INTEREST OF THE PAA SHARE THAT IS HELD IN TRUST. THE PAA IS A GROUP OF APPROXIMATELY 500 MEDICAL, PEDIATRIC SUB-SPECIALISTS, WHICH PROVIDES SUCH SERVICES AT THE HOSPITAL. F) CHILDREN'S ANESTHESIA ASSOCIATES, INC. (CAA) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN IN WHICH THE HOSPITAL OWN 100% OF EFFECTIVE AS OF AUGUST 1, 2004. CAA PROVIDES ANESTHESIOLOGY SERVICES AT THE HOSPITAL. 2) NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (FOUNDATION) IS A NOT-FOR-PROFIT CHARITABLE FOUNDATION. 3) THE RESEARCH INSTITUTE AT NCH (RESEARCH INSTITUTE) IS A NOT-FOR-PROFIT PEDIATRIC MEDICAL RESEARCH INSTITUTE. 4) THE CENTER FOR CHILD AND FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL (CCFA) IS A NOT-FOR-PROFIT</p>

Form and Line Reference

Explanation

ORGANIZATION WHICH PROVIDES ADVOCACY, EDUCATION, COUNSELING AND OTHER PROGRAMMATIC SERVICES TO CHILDREN AND FAMILIES SUFFERING FROM CHILD ABUSE AND NEGLECT.

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Nationwide Childrens Hospital Group Return Employer identification number 01-0782751

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include RESEARCH INSTITUTE AT NCH, NCH HOME CARE, CCFA AT NCH, CHILDREN'S SURGICAL ASSOCIATES, CHILDREN'S RADIOLOGICAL INSTITUTE INC, PPAC, NCH CHILD ASSESSMENT CENTER, CCFA AT NCH, Nationwide Childrens Hospital Inc, PEDIATRIC ACADEMIC ASSOCIATION, PARTNERS FOR KIDS, PEDIATRIC ACADEMIC ASSOCIATION, CENTRAL OHIO CHAPTER OF NHF, AMERICAN HEART ASSOCIATION, HNHF REALTY COLLABORATION, COMMUNITY DEVELOPMENT FOR ALL PEOPLE, MARCH OF DIMES, CITY YEAR COLUMBUS, UNITED WAY OF CENTRAL OHIO, PARSONS AVENUE REDEVELOPMENT CORPORATION, PELOTONIA, RONALD MCDONALD HOUSE, CENTRAL OHIO HOSPITAL COUNCIL, NEW ALBANY COMMUNITY FOUNDATION, FACES OF RESILIENCE, MIRACLE LEAGUE NETWORK OF NEW ALBANY, FUTURE READY COLUMBUS, COLUMBUS METROPOLITAN CLUB, COSI, UNITED NEGRO COLLEGE FUND, OPPORTUNITY CITY PAC, NEIGHBORHOOD DESIGN CENTER, BIG BROTHERS BIG SISTERS, GOODWILL COLUMBUS, COLUMBUS RECREATION AND PARKS, EDUCATION SERVICE CENTER OF CENTRAL OHIO, LOCAL MATTERS, PARTNERS ACHIEVING COMMUNITY TRANSFORMATION, SOUTH SIDE EARLY LEARNING, LEGACY U, HUMAN SERVICE CHAMBER OF FRANKLIN COUNTY, REEB AVENUE CENTER, YWCA, AMERICAN RED CROSS, FAMOHIO INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Assistance to Patient Families (Paid by NCH)	83831	866,495			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part III ASSISTANCE TO PATIENT FAMILIES	NCH'S SOCIAL WORK DEPARTMENT HAS A 'COMPASSION FUND'. THIS IS HELP THE HOSPITAL PROVIDES TO FAMILIES WHO HAVE A CHILD IN THE HOSPITAL, AND ARE UNDERGOING A STRONG NEED FOR MEALS, GAS MONEY, BUS FARE, SPECIAL FORMULA, AND SIMILAR HARDSHIPS. THIS ALSO INCLUDES OCCASIONAL SUPPORT FOR FAMILIES WITH MORE EXTRAORDINARY NEEDS, SUCH AS UTILITY BILL ASSISTANCE, OR ASSISTANCE WITH TEMPORARY HOUSING WHERE A PATIENT WILL BE DISCHARGED TO, OR TO PROVIDE COSTLY MEDICATION. IN ADDITION, THE CENTER FOR CHILD & FAMILY ADVOCACY AT NCH PROVIDES RELIEF THROUGH THE DIRECT ASSISTANCE FUND WHICH RESPONDS TO THE INCREASED NEEDS OF CLIENTS AND PATIENTS DUE TO THE COVID-19 PANDEMIC. THE DIRECT ASSISTANCE FUND HELPS ADDRESS FOOD INSECURITY, EMERGENCY HOUSING, UTILITIES AND IMMEDIATE SAFETY NEEDS. LASTLY, THE EMPLOYEE CATASTROPHIC RELIEF FUND HAS BEEN ESTABLISHED BY MEMBERS OF THE NATIONWIDE CHILDREN'S HOSPITAL FAMILY TO PROVIDE FINANCIAL SUPPORT TO FELLOW COLLEAGUES WHO ARE FACING SERIOUS FINANCIAL PERIL DUE TO A CATASTROPHIC SITUATION.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	FOR THE MAJORITY OF GRANTS ISSUED, DOCUMENTATION OF THE SPECIFIC EXPENSES THAT THESE FUNDS WOULD BE COVERING IS SUBMITTED TO THE NCH ENTITY PROVIDING THE FUNDS. A SIGNIFICANT PORTION OF THE GRANT PROVIDED ARE USED TO SUPPORT PROGRAM SERVICES AND RESEARCH, CONDUCTED WITHIN THE NCH, INC. AFFILIATED GROUP.

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Luke Brown TREASURER / SR VP / CFO - NCH	(i)	557,781	204,188	150,370	64,150	24,137	1,000,626	75,000
	(ii)	0	0	0	0	0	0	0
2 Richard Miller COO - NCH	(i)	1,114,047	454,555	19,500	39,150	30,087	1,657,339	0
	(ii)	0	0	0	0	0	0	0
3 Timothy C Robinson DIRECTOR / CEO - NCH	(i)	295,989	218,750	1,019,500	39,150	23,287	1,596,676	0
	(ii)	0	0	0	0	0	0	0
4 Lynn Rosenthal PRES / DIRECTOR - CCFA	(i)	195,064	48,000	2,442	32,960	11,221	289,687	0
	(ii)	0	0	0	0	0	0	0
5 Rustin Morse MD CHIEF MEDICAL OFFICER - NCH	(i)	565,910	125,000	19,500	39,150	30,337	779,897	0
	(ii)	0	0	0	0	0	0	0
6 Lee Ann Wallace SR VP & CHIEF NURSING OFFICER - NCH	(i)	427,397	198,502	0	39,150	23,591	688,640	0
	(ii)	0	0	0	0	0	0	0
7 RAJESH KRISHNAMURTHY MD DIRECTOR - CRI	(i)	554,056	92,715	19,500	39,150	31,116	736,537	0
	(ii)	0	0	0	0	0	0	0
8 SHAMLAL MANGRAY MD DIRECTOR - PPAC	(i)	378,010	69,600	5,200	39,150	31,328	523,288	0
	(ii)	0	0	0	0	0	0	0
9 Meredith Merz Lind MD DIRECTOR - NCH (To 12/2021)	(i)	463,713	81,998	19,500	39,150	27,168	631,529	0
	(ii)	0	0	0	0	0	0	0
10 Oluyinka Olutoye MD DIRECTOR - CSA	(i)	736,217	306,281	26,923	39,150	22,091	1,130,662	0
	(ii)	0	0	0	0	0	0	0
11 Joseph Tobias MD DIRECTOR - CAA	(i)	547,892	150,000	19,500	39,150	28,578	785,120	0
	(ii)	0	0	0	0	0	0	0
12 Shilpi Banerjee ASST SECRETARY - RINCH (As of 8/2021)	(i)	141,236	32,262	0	0	9,577	183,075	0
	(ii)	0	0	0	0	0	0	0
13 John A Barnard MD PRESIDENT - RINCH	(i)	339,935	256,942	0	34,200	22,290	653,367	0
	(ii)	0	0	0	0	0	0	0
14 Rhonda Comer SECRETARY / SR VP / LEGAL SRVCS - NCH	(i)	595,155	360,915	0	139,150	31,125	1,126,345	0
	(ii)	0	0	0	0	0	0	0
15 Sara Evans ASST SECRETARY - FOUNDATION	(i)	252,982	0	0	24,413	38,883	316,278	0
	(ii)	0	0	0	0	0	0	0
16 Andrew Lenobel ASST SECRETARY - CAA	(i)	162,861	0	0	11,164	32,074	206,099	0
	(ii)	0	0	0	0	0	0	0
17 Stephen Testa PRES - NCH FOUNDATION	(i)	451,511	214,436	0	89,150	28,578	783,675	0
	(ii)	0	0	0	0	0	0	0
18 Marissa Larouere VP CLINICAL SERVICES - NCH	(i)	206,324	0	0	18,128	28,967	253,419	0
	(ii)	0	0	0	0	0	0	0
19 Patricia McClimon SR VP / PLAN & DEV'T - NCH	(i)	561,278	236,835	19,500	139,150	27,587	984,350	0
	(ii)	0	0	0	0	0	0	0
20 Dennis Minzler VP / CIO - NCH	(i)	305,930	0	0	26,210	17,652	349,792	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Amy Roscoe VICE PRESIDENT - RINCH	(i)	261,342	0	0	22,519	1,255	285,116	0
	(ii)	0	0	0	0	- 0	- 0	0
22 Lorina Wise VP / HR - NCH	(i)	427,829	234,638	19,500	39,150	12,572	733,689	0
	(ii)	0	0	0	0	- 0	- 0	0
23 Denise Zabawski VP / CIO - NCH	(i)	476,042	25,000	0	26,210	21,591	548,843	0
	(ii)	0	0	0	0	- 0	- 0	0
24 Mark Galantowicz MD CHIEF OF CT SURGERY - CSA	(i)	1,310,959	600,739	19,500	39,150	23,273	1,993,621	0
	(ii)	0	0	0	0	- 0	- 0	0
25 Richard Kirschner MD PLASTIC SURGEON - CSA	(i)	801,577	368,033	19,500	39,150	28,578	1,256,838	0
	(ii)	0	0	0	0	- 0	- 0	0
26 Kevin Klingele MD ORTHOPEDIC SURGEON - CSA	(i)	790,193	421,925	19,500	39,150	28,578	1,299,346	0
	(ii)	0	0	0	0	- 0	- 0	0
27 Jeffrey Leonard MD NEUROSURGEON - CSA	(i)	835,606	634,369	0	39,150	26,819	1,535,944	0
	(ii)	0	0	0	0	- 0	- 0	0
28 Walter Samora MD ORTHOPEDIC SURGEON - CSA	(i)	516,639	626,782	0	39,150	28,578	1,211,149	0
	(ii)	0	0	0	0	- 0	- 0	0
29 Wanda Stackpole FORMER VP/EXEC DIRECTOR - NCH HOMECARE	(i)	246,641	875	0	15,907	11,947	275,370	0
	(ii)	0	0	0	0	- 0	- 0	0
30 Steve Allen MD FORMER DIRECTOR / CEO	(i)	-590,430	0	1,575,019	0	0	984,589	555,404
	(ii)	0	0	0	0	- 0	- 0	0
31 Karen Days FORMER PRES / DIRECTOR - CCFA	(i)	256,488	0	0	22,405	13,108	292,001	0
	(ii)	0	0	0	0	- 0	- 0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	NATIONWIDE CHILDREN'S HOSPITAL PROVIDED HEALTH OR SOCIAL CLUB DUES FOR RUSTIN MORSE, M.D., KAREN DAYS, AND PATRICIA MCCLIMON. THESE WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE. NATIONWIDE CHILDREN'S HOSPITAL ALSO PROVIDED HEALTH OR SOCIAL CLUB DUES FOR KAREN DAYS; TIMOTHY ROBINSON AND STEPHEN TESTA. THESE WERE DETERMINED TO BE BUSINESS EXPENSES AND WERE NOT TREATED AS COMPENSATION TO THE EMPLOYEE.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: , STEVEN ALLEN, M.D., STEPHEN TESTA, PATRICIA MCCLIMON, LUKE BROWN, RHONDA COMER, AND JOHN BARNARD, M.D. PAYOUT OF SRP AMOUNT THAT HAD BEEN PREVIOUSLY FUNDED, OCCURRED FOR THE FOLLOWING EMPLOYEES: LUKE BROWN \$120,370 STEVEN ALLEN, M.D. \$1,575,019 (\$555,404 PREVIOUSLY REPORTED ON A 990) CONTRIBUTIONS WERE MADE ON BEHALF OF THE FOLLOWING EMPLOYEES: RHONDA COMER \$100,000 LUKE BROWN \$25,000 STEPHEN TESTA \$50,000 PATRICIA MCCLIMON \$100,000 EFFECTIVE FOR PLAN YEAR 2010, NATIONWIDE CHILDREN'S HOSPITAL CHOSE TO ELIMINATE FUTURE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. CURRENT BALANCES OF THIS PLAN ARE MAINTAINED IN THE ACCOUNTS. FOR CHILDREN'S RADIOLOGICAL INSTITUTE, INC., CONTRIBUTIONS ARE STILL BEING MAINTAINED, BUT THERE WAS A PLAN DESIGN CHANGE ALLOWING ANNUAL CONTRIBUTIONS TO BE VESTED AFTER 5 YEARS.
Schedule J, Part I, Line 6a Compensation contingent on net earnings of the organization	A PORTION OF NATIONWIDE CHILDREN'S HOSPITAL'S MANAGEMENT'S COMPENSATION CONTAINS A VARIABLE PIECE THAT IS BASED ON THE HOSPITAL'S INCENTIVE PROGRAM. THIS VARIABLE COMPENSATION IS BASED IN PART ON THE FINANCIAL PERFORMANCE OF THE ORGANIZATION, RELATIVE TO BUDGETED FINANCIAL PERFORMANCE. THE INCENTIVE PROGRAM ALSO INCLUDES PERFORMANCE MEASURES RELATED TO QUALITY OF CARE AND PATIENT SATISFACTION.

Additional Data

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353187EL7	10-30-2019	75,326,125	2019A BONDS (SCHED K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	353187ED5	11-16-2017	147,565,600	2017 A&B BONDS (SCHED K, PART VI)		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	04-28-2016	47,670,000	2016 A&B BONDS (SCHED K, PART VI)		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	353187DN4	11-15-2016	143,485,390	2016C BONDS (SCHED K, PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired			1,080,000		17,775,000		5,765,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	75,326,606		147,898,824		47,670,000		143,737,373	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							31,902	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	324,063		1,350,446				1,430,009	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	75,002,544		100,380,929					
11	Other spent proceeds			46,167,448		47,670,000			
12	Other unspent proceeds							142,275,462	
13	Year of substantial completion	2019		2018		2016		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X			X		X
b Exception to rebate?		X		X	X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X			X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?				X		X		
e Was the hedge terminated?				X		X		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part I COLUMN [F] - DESCRIPTION OF PURPOSE OF BONDS	PART I, LINE A REPORTS THE 2019 SERIES A HOSPITAL IMPROVEMENT REVENUE BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B REPORTS THE 2017 SERIES A&B HOSPITAL REVENUE REFUNDING AND IMPROVEMENT BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES, AND FOR THE CURRENT REFUNDING OF A PORTION OF THE 2008D BONDS. PART I, LINE C REPORTS THE 2016 SERIES A&B HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING THE 2008C AND 2008F BONDS. PART I, LINE D REPORTS THE 2016 SERIES C HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF ADVANCE REFUNDING THE 2008A AND 2009 BONDS. PART I, LINE A (2) REPORTS THE 2015 SERIES A&B HOSPITAL IMPROVEMENT REVENUE BONDS. THE PURPOSE OF THESE BONDS IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B (2) REPORTS THE 2014 SERIES A BONDS. THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIAL BONDS. PART I, LINE C (2) REPORTS THE 2014 SERIES B BONDS. THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS. PART I, LINE D (2) REPORTS THE 2013 BONDS, SERIES A & B. THE 2013A BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008E BONDS. THE 2013B BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008G BONDS. PART I, LINE A (3) REPORTS THE 2012 HOSPITAL IMPROVEMENT REVENUE BOND, SERIES A. ITS PURPOSE IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B (3) REPORTS THE 2008 BONDS, SERIES B, C, D & E. THE PURPOSE OF THE 2008B VARIABLE RATE DEMAND HOSPITAL IMPROVEMENT REVENUE BONDS IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT THE NEW PATIENT TOWER AND POWER PLANT. THE PURPOSE OF THE 2008C VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2002. THE PURPOSE OF THE 2008D VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2003. THE PURPOSE OF THE 2008E VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING HOSPITAL REFUNDING & IMPROVEMENT REVENUE BONDS, SERIES 2006.
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	ANY DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND THE TOTAL PROCEEDS OF THE BOND ISSUE REPORTED ON PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS.
Schedule K, Part II, Line 5 COLUMN D - CAPITALIZED INTEREST FROM PROCEEDS	THE COLUMN D AMOUNT REPRESENTS BOND PROCEEDS IN THE AMOUNT OF \$31,902 THAT WERE USED TO PAY INTEREST ON THE BOND.
Schedule K, Part II, Line 11 COLUMNS A(2)& A(3) - OTHER SPENT PROCEEDS	THIS AMOUNT REPRESENTS AN INTEREST RATE HEDGE TERMINATION PAYMENT OF \$4,500,000 (COLUMN A2) AND \$823,513 (COLUMN A3).
Schedule K, Part II, Line 11 OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE FOLLOWING OUTSTANDING REVENUE BONDS: 2002, 2003, 2005C, 2008C, 2008D, 2008E, 2008F, 2008G AND 2009 BONDS.
Schedule K, Part IV, Line 3 COLUMNS B, C, B(2), C(2), D(2) & B(3) - HEDGE	THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS: COLUMN B: 2017 BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033. COLUMN C: 2016 A BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS NOVEMBER 1, 2025. 2016 B BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031. COLUMN B(2): 2014 BONDS - PROVIDER IS PNC BANK AND TERMINATION DATE IS MAY 1, 2025. COLUMN C(2): 2014B BONDS - PROVIDER IS DEUTSCHE BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035. COLUMN D(2): 2013A BONDS - PROVIDER IS GOLDMAN SACHS GROUP, INC. AND TERMINATION DATE IS NOVEMBER 1, 2025. 2013B BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS MAY 1, 2029. COLUMN B(3): 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040.
Schedule K, Part IV, Line 6 TEMPORARY AVAILABLE PERIOD	SPEND DOWN REQUIREMENTS HAVE BEEN MET WHERE APPLICABLE ON ALL OUTSTANDING BONDS.

Additional Data

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2021

Open to Public
Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353187BT3	05-19-2015	97,434,250	2015A&B BONDS (SEE SCHEDULE K, PART V)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2014	17,225,000	2014A BONDS (SEE SCHEDULE K, PART V)		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	11-20-2014	45,580,000	2014B BONDS (SEE SCHEDULE K, PART V)		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2013	66,985,000	2013A&B BONDS (SEE SCHEDULE K, PART V)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired			9,935,000				23,205,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	101,702,675		17,225,000		45,580,000		66,985,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,299,700		50,001		50,001			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	95,902,975							
11	Other spent proceeds	4,500,000		17,174,999		45,529,999		66,985,000	
12	Other unspent proceeds	0							
13	Year of substantial completion	2019		2015		2015		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		1.1 %		1.1 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		1.1 %		1.1 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X	X	

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b Name of provider			SEE SCHEDULE K PART V		SEE SCHEDULE K PART V		SEE SCHEDULE K PART V	
c Term of hedge								
d Was the hedge superintegrated?				X		X		X
e Was the hedge terminated?				X		X		X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353187AR8	05-15-2012	83,291,333	2012A BONDS (SCHED K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	3531865S4	05-07-2008	176,675,000	2008B-E BONDS (SCHED K, PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	14,155,000		134,030,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	88,860,416		195,350,778					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	976,231		865,761					
8	Credit enhancement from proceeds			84,500					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	87,060,672		63,456,878					
11	Other spent proceeds	823,513		130,943,639					
12	Other unspent proceeds								
13	Year of substantial completion	2012		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
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Additional Data

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$. ▶

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Timothy C Robinson	Director/CEO - NCH	Fund Life Insurance		X	1,500,000	2,538,206		No	Yes		Yes	
Total						\$	2,538,206					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Angela Marbley	Family Member of Honorable Algenon Marbley (Director - NCH)	77,590	Wages (Project Coordinator, NCH - IS Dept)		No
(2) Jung Sun Miller	Family Member of Richard Miller (COO - NCH)	60,500	Project Manager, NCH - IS Dept)		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

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Software ID: 21014044

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Noncash Contributions

2021

**Open to Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	28	2,625,631	Other - Cost/Selling Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	195,000	Market value
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	30a		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II.	32a		No
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 31 Gift Acceptance Policy	WHILE NATIONWIDE CHILDREN'S HOSPITAL (NCH) AND NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) DO NOT HAVE A WRITTEN POLICY, ALL NON-STANDARD CONTRIBUTIONS ARE REVIEWED AND DISCUSSED WITH NCHF LEADERSHIP AND NCH ADMINISTRATION.
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Number of contributions Real estate - Commercial - Number of contributions

Additional Data

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SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2021**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Return Reference	Explanation
Form 990, Part I, Line 6 TOTAL NUMBER OF VOLUNTEERS: 412	VOLUNTEERS PLAY A MAJOR ROLE IN CARRYING OUT OUR MISSION. THE NUMBER REPORTED ON LINE 6 RELATES TO [A] VOLUNTEERS WITH SERVICE HOURS AT OUR MAIN CAMPUS, WHICH IS SPECIFICALLY TRACKED, PLUS [B] VOLUNTEERS AT OUR FACILITIES LOCATED THROUGHOUT THE COMMUNITY, THESE ARE ESTIMATED BASED ON KNOWN # OF HOURS AT ALL LOCATIONS. OUR VOLUNTEERS ARE PRIMARILY PART TIME SUPPORT. IN 2021, NATIONWIDE CHILDREN'S HOSPITAL RECEIVED 6,035 HOURS OF VOLUNTEER TIME. THIS CONSISTED OF AN ARRAY OF SERVICES INCLUDING HELP IN MANY PATIENT CARE AREAS, FAMILY SUPPORT AREAS, AND WITHIN MULTIPLE HOSPITAL DEPARTMENTS. NOT INCLUDED IN THIS NUMBER ARE MANY VOLUNTEERS IN THE COMMUNITY WHO IN 2021 SPENT A TOTAL OF 6,579 HOURS CREATING ITEMS (SUCH AS BLANKETS, TOYS AND ACTIVITY BAGS) FOR OUR PATIENTS. THE TOTAL NUMBER OF VOLUNTEERS DECREASED FROM PRIOR YEARS AS A RESULT OF VOLUNTEER RESTRICTIONS IMPLEMENTED DUE TO THE COVID-19 PANDEMIC.
Form 990, Part III, Line 4a PROGRAM SERVICE ACTIVITY #1	PATIENT CARE - NATIONWIDE CHILDREN'S HOSPITAL IS ONE OF THE COUNTRY'S LARGEST FREESTANDING PEDIATRIC HEALTH CARE SYSTEMS, PROVIDING WELLNESS, PREVENTIVE, DIAGNOSTIC, TREATMENT AND REHABILITATIVE CARE FOR INFANTS, CHILDREN, ADOLESCENTS AND ADULT PATIENTS WITH CONGENITAL DISEASE. NATIONWIDE CHILDREN'S MAIN CAMPUS IS LOCATED NEAR DOWNTOWN COLUMBUS, OHIO, AND HOUSES A 551-BED INPATIENT FACILITY, EMERGENCY DEPARTMENT AND OUTPATIENT CLINICS. PATIENT CARE SERVICES ARE ALSO AVAILABLE IN VARIOUS LOCATIONS THROUGHOUT CENTRAL OHIO VIA URGENT CARE LOCATIONS, OUTPATIENT CLINICS, PRIMARY CARE CENTERS AND MOBILE CLINICS. NATIONWIDE CHILDREN'S ALSO BRINGS EXPERTISE TO OTHER CENTRAL OHIO HOSPITALS BY LEASING AND OPERATING ANOTHER 145 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS. IN 2021, NATIONWIDE CHILDREN'S HAD MORE THAN 1.6 MILLION VISITS FROM ALL 50 STATES AND 46 COUNTRIES. NATIONWIDE CHILDREN'S DISCHARGED APPROXIMATELY 17,732 PATIENTS DURING 2021 FOR A TOTAL OF 158,474 INPATIENT DAYS. PATIENT CARE WAS PROVIDED BY 1,566 MEDICAL STAFF, AND THE TOTAL HOSPITAL STAFF GREW TO 13,469 EMPLOYEES. NATIONWIDE CHILDREN'S IS NATIONALLY RANKED IN ALL 10 SPECIALTIES BY U.S. NEWS AND WORLD REPORT AND IS ON THE HONOR ROLL LIST OF "AMERICA'S BEST CHILDREN'S HOSPITALS." SPECIALIZED SERVICES THAT DRAW PATIENTS NATIONALLY AND INTERNATIONALLY INCLUDE: CARDIOLOGY AND CARDIOTHORACIC SURGERY (THE HEART CENTER); HEMATOLOGY, ONCOLOGY & BLOOD AND MARROW TRANSPLANT; GASTROENTEROLOGY, HEPATOLOGY, AND NUTRITION; NEONATAL MEDICINE; PEDIATRIC INTENSIVE CARE; BURN/TRAUMA; INFECTIOUS DISEASES; NEUROSCIENCES; CENTER FOR COLORECTAL AND PELVIC RECONSTRUCTION; AND PEDIATRIC REHABILITATION. OTHER SERVICES INCLUDE INPATIENT AND OUTPATIENT SURGICAL SERVICES INCLUDING UROLOGY, NEUROSURGERY, PLASTIC SURGERY, ORTHOPEDICS, OTOLARYNGOLOGY, DENTISTRY; PULMONARY MEDICINE; NEPHROLOGY AND ENDOCRINOLOGY; AS WELL AS GENERAL MEDICINE. IN 2021, NATIONWIDE CHILDREN'S FORMED THE KIDNEY AND URINARY TRACT CENTER, A COLLABORATIVE CENTER WITH UROLOGY AND NEPHROLOGY THAT ENCOMPASSES COMPREHENSIVE CARE AND FULLY INTEGRATED RESEARCH. THIS CENTER CHALLENGES THE IDEA THAT CARE AND RESEARCH ARE SEPARATE ENTERPRISES AND PUTS THE CHILD AND FAMILY AS THE FOCUS FOR BOTH. AT THE CORNERSTONE OF NATIONWIDE CHILDREN'S MISSION IS THE COMMITMENT TO PROVIDE HIGH QUALITY SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN FACT, NATIONWIDE CHILDREN'S PROVIDES MORE THAN \$259 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT SERVICES ANNUALLY. IN 2021, NATIONWIDE CHILDREN'S ACCOMPLISHED THIS PRINCIPAL BY PROVIDING APPROXIMATELY \$17.2 MILLION IN CHARITY CARE ASSISTANCE AND \$134 MILLION OF UNREIMBURSED MEDICAID FOR A TOTAL OF OVER \$156.4 MILLION IN UNCOMPENSATED CARE. APPROXIMATELY 53% OF NATIONWIDE CHILDREN'S PATIENT POPULATION IS COVERED BY MEDICAID. ADDITIONALLY, NATIONWIDE CHILDREN'S SUBSIDIZED LOSSES ON ITS BEHAVIORAL HEALTH AND HOMECARE PROGRAMS IN 2021. OUTPATIENT BEHAVIORAL HEALTH SERVICES ARE PROVIDED IN CLOSE-TO-HOME CENTERS, AND AS COMMUNITY-BASED MENTAL HEALTH SERVICES PROVIDED IN SCHOOLS, CHILD WELFARE, JUVENILE COURT, COMMUNITY CENTERS AND PATIENT HOMES. NATIONWIDE CHILDREN'S PROVIDES BEHAVIORAL HEALTH SERVICES AMONG THE 10 BED EXTENDED OBSERVATION SUITE IN AN ATTEMPT TO AVOID AN INPATIENT ADMISSION. THE BIG LOTS BEHAVIORAL HEALTH PAVILION, DEDICATED EXCLUSIVELY TO CHILD AND ADOLESCENT MENTAL HEALTH, OPENED MARCH 10, 2020, FEATURES INPATIENT SERVICES, INTENSIVE OUTPATIENT SERVICES AND RESEARCH ALL UNDER ONE ROOF. THE PAVILION IS CURRENTLY STAFFING 33 INPATIENT PSYCHIATRIC BEDS ACROSS THREE SPECIALLY DESIGNED UNITS, INCLUDING ONE UNIT FOR CHILDREN WITH NEUROBEHAVIORAL DISORDERS. THE PAVILION ALSO HAS A 16-BED YOUTH CRISIS STABILIZATION UNIT, A PSYCHIATRIC CRISIS DEPARTMENT WITH A 10-BED EXTENDED OBSERVATION SUITE, TEACHING AND CONFERENCE SPACE. NATIONWIDE CHILDREN'S HOSPITAL HOMECARE IS THE ONLY PEDIATRIC HOSPITAL-BASED HOME HEALTH AGENCY IN CENTRAL OHIO PROVIDING HOME HEALTH CARE TO PATIENTS, BIRTH THROUGH AGE 21. CONTRACTED WITH ALL MAJOR PAYORS, INCLUDING MEDICAID MANAGED CARE PLANS, THE HOMECARE TEAM PROVIDES PEDIATRIC PATIENTS WITH SKILLED PEDIATRIC NURSING SUPPORT AT HOME, AS WELL AS ANSWERING MANY OTHER CLINICAL NEEDS SUCH AS OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY. HOMECARE HAS AN ONSITE PHARMACY FOR COMPOUNDED STERILE AND SPECIALTY MEDICATIONS, HOME MEDICAL EQUIPMENT AND SUPPLIES. SOCIAL WORKERS AND A CHAPLAIN ROUND OUT THE SUPPORT AVAILABLE FOR PATIENTS. THERE WERE 5,718 HOME NURSING VISITS IN 2021. THE DEPTH AND BREADTH OF SERVICES OFFERED AT NATIONWIDE CHILDREN'S SPANS THE DEPTH AND BREADTH OF CHILD HEALTH. FROM LOOKING FOR EVIDENCE-BASED WAYS TO EFFECTIVELY ADDRESS SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY TO PROVIDING DAILY CARE FOR PATIENTS WITH CHRONIC OR LIFE-THREATENING CONDITIONS, THE EXPERTS AND SPECIALISTS AT NATIONWIDE CHILDREN'S ARE SUPPORTED BY A PROGRAMMATIC INFRASTRUCTURE THAT ENABLES THEM TO MEET THE NEEDS OF VARIOUS PATIENT POPULATIONS. TWO PROGRAMS OF NOTE INCLUDE THE OHIO BETTER BIRTH OUTCOMES (OBBO) COLLABORATIVE AND THE CENTRAL OHIO POISON CONTROL CENTER. NATIONWIDE CHILDREN'S IS A LEAD PARTNER IN THE OBBO COLLABORATIVE, WHICH IS A PARTNERSHIP OF FOUR HOSPITAL HEALTH SYSTEMS IN FRANKLIN COUNTY, OHIO, AS WELL AS THE COLUMBUS PUBLIC HEALTH DEPARTMENT, HEART OF OHIO FAMILY HEALTH, LOWER LIGHTS Christian HEALTH CENTER AND PRIMARYONE HEALTH. THROUGH THE

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	<p>PARTNERSHIP, OBBO IS DEVOTED TO USING EVIDENCE-BASED INTERVENTIONS TO REDUCE INFANT MORTALITY RATES. THE GROUP'S KEY INITIATIVES INCLUDE IMPROVING REPRODUCTIVE HEALTH, EXPANDING ACCESS TO PRENATAL CARE AND ENHANCING CLINICAL QUALITY INITIATIVES TO REDUCE PREMATURITY. THE CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S PROVIDES OHIO RESIDENTS WITH STATE-OF-THE-ART POISON PREVENTION, ASSESSMENT AND TREATMENT. SERVICES ARE AVAILABLE TO THE PUBLIC, MEDICAL PROFESSIONALS, INDUSTRY AND HUMAN SERVICES AGENCIES. THE POISON CENTER HANDLED 47,732 POISON EXPOSURE CALLS IN 2021. EXPERTS IN THE CENTER PROVIDE CONFIDENTIAL, FREE EMERGENCY POISONING TREATMENT ADVICE 24/7. PATIENT SAFETY IS AN ORGANIZATIONAL PRIORITY AND CORNERSTONE OF NATIONWIDE CHILDREN'S HOSPITAL'S COMMITMENT TO CHILDREN. OUR QUALITY AND SAFETY EFFORTS ARE ORGANIZED INTO THE NATIONALLY RECOGNIZED ZERO HERO PROGRAM. CURRENT INITIATIVES INCLUDE: 1. LEADING NATIONAL PEDIATRIC QUALITY AND SAFETY EFFORTS BY TRAINING THE NEXT GENERATION OF QI LEADERS THROUGH OUR QI FELLOWSHIP AND DISSEMINATING QI KNOWLEDGE AND SCIENCE THROUGH THE PEDIATRIC QUALITY AND SAFETY JOURNAL, ESTABLISHED AT NATIONWIDE CHILDREN'S HOSPITAL. 2. EXPANDING A FOCUS ON COMMUNICATION IN INTERDISCIPLINARY HEALTH TEAMS. 3. ESTABLISHING THE FIRST HEALTH CARE FOCUSED "SAFETY II" PROGRAM EMPHASIZING WHAT GOES RIGHT AND HOW TO REPLICATE IT THROUGHOUT THE INSTITUTION. 4. DEVELOPING A DIAGNOSTIC ERROR PROGRAM TO REDUCE MISSED OR UNIDENTIFIED HEALTH ISSUES. 5. FOCUSING OUR QUALITY, SAFETY AND SERVICE STRATEGIC PLAN ON SIMULATION, COMMUNICATION, BIG DATA ANALYTICS, ANTIBIOTIC STEWARDSHIP AND CLINICAL PATHWAYS.</p>
<p>Form 990, Part III, Line 4d OTHER PROGRAM SERVICE ACTIVITIES</p>	<p>CHILD ADVOCACY - NATIONWIDE CHILDREN'S HOSPITAL IS COMMITTED TO SERVING OUR COMMUNITY. THROUGH ADVOCACY AND VOLUNTEERING EFFORTS ACROSS THE ORGANIZATION, EMPLOYEES WORK IN THE COMMUNITY TO IMPROVE HEALTH OUTCOMES FOR ALL CHILDREN, NOT JUST THOSE WHO ARE PATIENTS HERE. BECAUSE OF OUR COMMITMENT TO HEALTH EQUITY AND BEST OUTCOMES FOR EVERY CHILD, WE ARE NATURALLY INCLINED TO ADVOCATE IN DIVERSE WAYS IN SUPPORT OF CHILDREN EVERYWHERE. ADVOCACY EFFORTS TO ACHIEVE THIS GOAL ARE MULTIFACETED. FROM WORKING WITH LEGISLATORS TO ENSURE HEALTH CARE COVERAGE FOR CHILDREN TO WORKING WITH COMMUNITY PARTNERS TO ADVANCE COMMUNITY WELLNESS, EFFORTS INCLUDE BUT ARE NOT LIMITED TO: PEDIATRIC HEALTH CARE LEGISLATION AND POLICIES: NATIONWIDE CHILDREN'S ACTIVELY PROMOTES LEGISLATION AND POLICIES THAT SUPPORT PEDIATRIC HEALTH CARE LOCALLY AND NATIONALLY. IN 2021, NATIONWIDE CHILDREN'S HOSTED THE SECOND GENTLEMAN FOR A VISIT AND CONVERSATION ABOUT CHILD MENTAL HEALTH. NATIONWIDE CHILDREN'S, IN CONJUNCTION WITH THE CHILDREN'S HOSPITAL ASSOCIATION, ADVOCATES FOR PROTECTING ACCESS TO HEALTH CARE FOR CHILDREN THROUGH MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP). ADDITIONALLY, THROUGH THE CHILD HEALTH PATIENT SAFETY ORGANIZATION, NATIONWIDE CHILDREN'S IS WORKING TO IMPROVE HOSPITAL AND NATIONAL PATIENT, FAMILY AND EMPLOYEE SAFETY EFFORTS. NATIONWIDE CHILDREN'S ALSO TRAINS THE NEXT GENERATION OF CHILD HEALTH ADVOCATES BY OFFERING A GOVERNMENT RELATIONS "ROTATION" TO THE HOSPITAL'S RESIDENTS. EDUCATIONAL SESSIONS AND EVENTS, INCLUDING THE ANNUAL RESIDENT ADVOCACY DAY AT THE OHIO STATEHOUSE, INTRODUCE FUTURE PEDIATRICIANS TO POLICY ISSUES SURROUNDING CHILD HEALTH. IN 2021, NATIONWIDE CHILDREN'S MADE SPECIAL EFFORTS TO URGE FOR INCREASED FEDERAL FUNDING FOR THE CHILDREN'S HOSPITAL GRADUATE MEDICAL EDUCATION PROGRAM, SUPPORTING THE TRAINING OF RESIDENTS AND FELLOWS. AT THE STATE LEVEL NATIONWIDE CHILDREN'S HOSPITAL ADVOCATED ON A VARIETY OF ISSUES RELATED TO MEDICAID, PEDIATRIC MENTAL HEALTH, AND PEDIATRIC PHYSICAL HEALTH. AS CHILDREN AND FAMILIES ACROSS CENTRAL OHIO HAVE CONTINUED TO BE IMPACTED BY A HOUSING AFFORDABILITY CRISIS, NATIONWIDE CHILDREN'S HAS CONTINUED TO DEVELOP SINGLE-FAMILY AFFORDABLE HOUSING UNITS IN COLUMBUS' LINDEN NEIGHBORHOOD THROUGH ITS PROVEN HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES COMMUNITY HEALTH AND ECONOMIC IMPROVEMENT PROGRAM, WITH SUPPORT FROM THE NATIONWIDE FOUNDATION. THE PROGRAM EXPANDED TO LINDEN IN 2020 IN ALIGNMENT WITH THE ONE LINDEN PLAN, A VISION DEVELOPED BY LINDEN NEIGHBORHOOD COMMUNITY LEADERS AND THE CITY OF COLUMBUS. RESEARCH ADVOCACY EFFORTS: IN MARCH 2021, RESEARCHERS AT NATIONWIDE CHILDREN'S PUBLISHED AN IMPORTANT STUDY ON HIGH-POWERED MAGNETS. PUBLISHED IN JOURNAL OF PEDIATRICS, CENTER FOR INJURY RESEARCH AND POLICY EXPERTS COLLABORATED WITH TEAMS IN EMERGENCY MEDICINE AND THE CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S AND WITH THE CHILDREN'S HOSPITAL AT MONTEFIORE (CHAM) TO ANALYZE CALLS TO U.S. POISON CENTERS FOR MAGNET EXPOSURES IN CHILDREN AGE 19 YEARS AND YOUNGER FROM 2008 THROUGH OCTOBER 2019. THEY FOUND THAT THE AVERAGE NUMBER OF CASES PER YEAR DECREASED 33% FROM 2012 TO 2017 WHEN HIGH-POWERED MAGNET SETS WERE BANNED, BUT WHEN THE BAN WAS LIFTED AND THEY RE-ENTERED THE MARKET, THE AVERAGE NUMBER OF CASES PER YEAR INCREASED 444%. THERE WAS ALSO A 355% INCREASE IN THE NUMBER OF CASES THAT WERE SERIOUS ENOUGH TO REQUIRE TREATMENT IN A HOSPITAL. CIRP'S CONTINUED RESEARCH ON HIGH-POWERED MAGNETS SUPPORTS THE NEED FOR POLICY CHANGES. ADDITIONALLY, IN JULY 2021, CIRP RESEARCHERS PUBLISHED A STUDY IN EPIDEMIOLOGY SHOWING THAT WHILE SEVERAL KINDS OF STATE LAWS TO LIMIT CELLPHONE USE WHILE DRIVING WERE NOT ASSOCIATED WITH FEWER DRIVER DEATHS, HANDS-FREE CELLPHONE LAWS SAVED LIVES AND PREVENTED INJURIES. IN AUGUST 2021, THEY PUBLISHED A COMPREHENSIVE ANALYSIS OF NEARLY THREE DECADES OF INJURIES RESULTING FROM FURNITURE OR TV TIP-OVER INCIDENTS FOR WHICH NEARLY 560,200 CHILDREN YOUNGER THAN 18 YEARS OLD WERE TREATED IN U.S. EMERGENCY DEPARTMENTS, SUPPORTING FEDERAL LEGISLATION TO PREVENT THEM. CHILD SAFETY: THE WORK OF THE CENTER FOR FAMILY SAFETY AND HEALING (TCFSH) IS DEDICATED TO REDUCING THE OCCURRENCE OF CHILD ABUSE AND ALL ASPECTS OF FAMILY VIOLENCE, INCLUDING CHILD ABUSE AND NEGLECT, TEEN DATING ABUSE, DOMESTIC VIOLENCE AND ELDER ABUSE. THE CENTER HAS A ONE-STOP, COORDINATED RESPONSE TO FAMILY VIOLENCE FOR INDIVIDUALS AND FAMILIES THROUGH ITS COLLABORATION WITH KEY COMMUNITY AGENCIES. TCFSSH OFFERS A CONTINUUM OF RESEARCH-BASED PREVENTION, ASSESSMENT, INTERVENTION AND TREATMENT PROGRAMS FOR INDIVIDUALS WHO HAVE EXPERIENCED FAMILY VIOLENCE. IN 2021, TCFSSH HAD 1,166 VISITS TO THE CHILD ASSESSMENT CENTER AND 502 NATIONWIDE CHILDREN'S INPATIENT CONSULTS. THE CENTER'S TRAINING AND ADVOCACY DEPARTMENT (TAD) PROVIDES EDUCATIONAL AND TRAINING OPPORTUNITIES REGARDING FAMILY VIOLENCE TO INDIVIDUALS AND ORGANIZATIONS IN THE COMMUNITY. THE GOAL IS TO HELP COMMUNITY MEMBERS RECOGNIZE THE WARNING SIGNS OF FAMILY VIOLENCE, RESPOND APPROPRIATELY TO SOMEONE WHO MAY BE EXPERIENCING FAMILY VIOLENCE, AND MAKE A REFERRAL TO PROVIDE SUPPORT. IN 2021, TAD SERVED 58 ORGANIZATIONS THROUGHOUT THE COMMUNITY AND CONDUCTED 381 TRAININGS. ECHO AND BH TIPS: PRIMARY CARE IS A FRONT DOOR TO THE MENTAL HEALTH SYSTEM. IT'S THE FIRST PLACE MOST PARENTS GO WHEN THEY HAVE A CONCERN ABOUT THEIR CHILD'S BEHAVIOR AND DEVELOPMENT. THAT'S WHY NATIONWIDE CHILDREN'S BEHAVIORAL HEALTH AND PRIMARY CARE EXPERTS HAVE BEEN WORKING TOGETHER IN INTEGRATED PRACTICES. PROJECT ECHO IS A MODEL THAT ALLOWS PRIMARY CARE PROVIDERS TO PRESENT CASES TO BEHAVIORAL HEALTH EXPERTS AT NATIONWIDE CHILDREN'S VIA</p>

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	<p>TELECONFERENCE AND RECEIVE SUPPORT IN MANAGING COMMON PEDIATRIC MENTAL HEALTH CONCERNS. IN 2021, THERE WERE 155 ECHO SESSIONS AND 3,563 ATTENDEES. LANGUAGE SERVICES: NATIONWIDE CHILDREN'S AIMS TO COMMUNICATE EFFECTIVELY WITH ITS DIVERSE PATIENT POPULATION. LANGUAGE SERVICES ARE PROVIDED AT NO ADDITIONAL COST. FOUR LANGUAGES (SPANISH, SOMALI, NEPALI AND ARABIC) ARE SERVICED BY 30 CERTIFIED STAFF INTERPRETERS WHO HAVE A HIGH LEVEL OF PROFICIENCY IN AT LEAST TWO LANGUAGES. AN ADDITIONAL 91 LANGUAGES ARE SERVICED THROUGH CONTRACTORS. WITH 9,042 CLINICAL APPOINTMENT INTERPRETING SESSIONS, 12,907 PHONE INTERPRETING CALLS AND 7,137 VIDEO INTERPRETING CALLS OCCURRING MONTHLY, PATIENTS AND THEIR FAMILIES WITH LIMITED ENGLISH PROFICIENCY OR WHO ARE DEAF OR HARD OF HEARING RECEIVE ACCESSIBLE CARE. NEIGHBORHOOD REVITALIZATION: EMPLOYEES, FACULTY AND STAFF AT NATIONWIDE CHILDREN'S ARE ALL INVESTED IN THE COMMUNITY SURROUNDING THE HOSPITAL'S MAIN CAMPUS. FROM VOLUNTEERING AT NEIGHBORHOOD EVENTS TO SPENDING TIME AT THE AREA'S FOOD BANK OR FREE STORE, EMPLOYEES ARE MOST ENGAGED IN THE COMMUNITY THROUGH THE HEALTHY NEIGHBORHOODS HEALTHY FAMILIES (HNHF) INITIATIVE. HNHF AT NATIONWIDE CHILDREN'S COLLABORATES WITH COMMUNITY PARTNERS TO FOCUS ON FIVE KEY AREAS: EDUCATION, AFFORDABLE HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY ENRICHMENT, AND HEALTH AND WELLNESS.</p>
<p>Form 990, Part III, Line 4b PROGRAM SERVICE ACTIVITY #2</p>	<p>RESEARCH - THE ABIGAIL WEXNER RESEARCH INSTITUTE (AWRI) AT NATIONWIDE CHILDREN'S HOSPITAL IS ONE OF THE LARGEST FREESTANDING PEDIATRIC RESEARCH FACILITIES IN THE UNITED STATES. RANKED SIXTH IN THE NATION FOR NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING, AWRI OCCUPIES OVER 500,000 SQUARE FEET OF DEDICATED RESEARCH SPACE ACROSS THREE BUILDINGS ON THE HOSPITAL'S MAIN CAMPUS. A FOURTH RESEARCH BUILDING, WHICH BEGAN CONSTRUCTION IN 2020 AND IS SLATED TO OPEN IN 2023, WILL ADD APPROXIMATELY 285,000 SQUARE FEET OF SPACE. RESEARCH BUILDING IV AND RESEARCH BUILDING III WILL BE CONNECTED THROUGH A COMMON ENTRY ATRIUM AND ON EVERY FLOOR, ENABLING THEM TO FUNCTION AS ONE COMPLEX WHERE WORLD CLASS CLINICAL CARE AND CHILD HEALTH RESEARCH OPERATIONS ARE SEAMLESSLY INTEGRATED. IN 2021, AWRI BROUGHT TOGETHER MORE THAN 1,460 RESEARCH INSTITUTE EMPLOYEES, 92 RESEARCH FELLOWS, 57 GRADUATE STUDENTS AND 223 PRINCIPAL INVESTIGATORS WITH \$50,000 OR MORE IN RESEARCH FUNDING SUPPORT. NINE NEW RESEARCH-FOCUSED FACULTY ALSO JOINED AWRI, INCLUDING BALAMURUGAN N. APPAKALAI, PHD, AN INTERNATIONAL PIONEER IN ISLET CELL PROCESSING AND TRANSPLANTATION AND ONE OF THE WORLD'S MOST EXPERIENCED EXPERTS IN THE FIELD. HE NOW LEADS PANCREATIC ISLET CELL ISOLATION LABORATORIES, AN ESSENTIAL COMPONENT OF AN ADVANCED PROCEDURE NOW AVAILABLE AT NATIONWIDE CHILDREN'S FOR PATIENTS DIAGNOSED WITH ACUTE RECURRENT OR CHRONIC PANCREATITIS, TOTAL PANCREATECTOMY WITH ISLET AUTOTRANSPLANTATION (TPIAT). TOGETHER WITH RENOWNED PEDIATRIC TRANSPLANT SURGEON JAIMIE NATHAN, MD, WHO SPECIALIZES IN TREATMENT OF CHILDREN WITH LIVER, KIDNEY, INTESTINAL, PANCREATIC AND HEPATOBILIARY DISEASES AND WAS APPOINTED CHIEF OF PEDIATRIC ABDOMINAL TRANSPLANT AND HEPATOPANCREATOBILIARY SURGERY AT NATIONWIDE CHILDREN'S IN SEPTEMBER 2021, DR. APPAKALAI HAS BROUGHT A UNIQUE LEVEL OF EXPERTISE AVAILABLE AT ONLY A FEW PEDIATRIC CENTERS IN THE COUNTRY. THE ARRIVAL OF THESE EXPERTS AND THEIR TEAMS MARKS A SIGNIFICANT EXPANSION IN SURGICAL AND TRANSPLANT CAPABILITIES TO FURTHER OUR MISSION OF ACHIEVING BEST SURGICAL OUTCOMES FOR ALL CHILDREN. NATIONWIDE CHILDREN'S HAS ALSO DOUBLED DOWN ON ITS COMMITMENTS TO HEALTH EQUITY RESEARCH AND TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITY. IN 2021, RESEARCHERS IN THE CENTER FOR SUICIDE PREVENTION AND RESEARCH AT NATIONWIDE CHILDREN'S ALSO CONDUCTED THE FIRST STUDY ON THE TRENDS AND PRECIPITATING CIRCUMSTANCES OF SUICIDE IN BLACK YOUTH TO IDENTIFY RISK FACTORS AND DEVELOPMENTAL MECHANISMS ASSOCIATED SPECIFICALLY WITH THIS POPULATION TO SERVE AS TARGETS IN SUICIDE PREVENTION PROGRAMMING. IN THE UNITED STATES, THE RATES OF SUICIDE AND SUICIDAL BEHAVIOR AMONG YOUTH AND ADOLESCENTS 5-17 YEARS OF AGE HAVE STEADILY INCREASED OVER THE LAST DECADE, AND BLACK YOUTH 5-12 YEARS ARE APPROXIMATELY TWO TIMES MORE LIKELY TO DIE BY SUICIDE THAN THEIR WHITE COUNTERPARTS. IN FACT, IN THEIR STUDY, PUBLISHED IN THE JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, THE RESEARCHERS FOUND THAT BETWEEN 2003 AND 2017, BLACK YOUTH EXPERIENCED A SIGNIFICANT UPWARD TREND IN SUICIDE, WITH THE LARGEST ANNUAL PERCENTAGE CHANGE AMONG ADOLESCENTS BETWEEN 15 AND 17 YEARS OF AGE, AT 4.9%, AND AMONG GIRLS, AT 6.6%. BECAUSE OF THESE ALARMING FINDINGS, AND BECAUSE RESEARCH INVESTIGATING BLACK YOUTH SUICIDE HAS BEEN EXTREMELY LIMITED, THE TEAM CALLED, IN THIS PAPER AND IN A STATEMENT PUBLISHED IN JAMA PEDIATRICS, FOR RESEARCHERS ACROSS THE COUNTRY TO START FROM "GROUND ZERO" TO UNDERSTAND RISK FACTORS THAT SPECIFICALLY AFFECT BLACK YOUTH AND EVALUATE WHICH PREVENTION PROGRAMS ARE BENEFICIAL OR IF THEY NEED TO BE ADAPTED FOR THIS POPULATION. ANOTHER STUDY, PUBLISHED BY THE TEAM IN JAMA NETWORK OPEN IN JULY 2021, FOUND THAT SUICIDE IN CHILDREN IS MOST OFTEN ASSOCIATED WITH MENTAL HEALTH CONCERNS, PRIOR SUICIDAL BEHAVIOR, TRAUMA, OR PEER, SCHOOL OR FAMILY-RELATED PROBLEMS, AND IS COMMONLY PRECEDED BY A NEGATIVE OR "TRIGGERING" EVENT ON THE DAY OF DEATH. THE RESEARCHERS SAY IDENTIFYING THESE THEMES AND PRECIPITATING CIRCUMSTANCES IS CRITICAL TO SUICIDE PREVENTION EFFORTS, BUT ADDITIONAL RESEARCH EXAMINING RACIAL/ETHNIC AND SEX DIFFERENCES IS NEEDED. IN SEPTEMBER 2021, TO COLLABORATE AND SHARE FINDINGS LIKE THESE AND BEST PRACTICES IN PEDIATRIC POPULATION HEALTH STRATEGIES WITH COMMUNITY PARTNERS, CORPORATE LEADERS, POLICY MAKERS, HEALTH CARE SYSTEMS AND RESEARCHERS, NATIONWIDE CHILDREN'S LAUNCHED A NEW WEBSITE AND ONLINE RESOURCE, THE COLLABORATORY FOR KIDS & COMMUNITY HEALTH. THE COLLABORATORY ALLOWS THE HOSPITAL TO LEVERAGE ITS EXPERIENCE WORKING WITH DIVERSE PARTNERS AND LEADERS IN THE COMMUNITY HEALTH SPACE TO MODEL STRATEGIES FOR IMPLEMENTING SCHOOL-BASED ACCESS TO HEALTH CARE, PROVIDING HIGH-QUALITY HOUSING, ADDRESSING MENTAL AND PHYSICAL HEALTH AND MORE. A KEY FOCUS AREA OF THE COLLABORATORY SITE IS MENTAL AND BEHAVIORAL HEALTH, AND NATIONWIDE CHILDREN'S IS WELL EQUIPPED TO CONVEY THIS DISCUSSION AS HOME TO ONE OF THE LARGEST PEDIATRIC BEHAVIORAL HEALTH PROGRAMS IN THE COUNTRY WITH 250,000 BEHAVIORAL HEALTH PATIENT VISITS ANNUALLY AND UNIQUE PROGRAMS TO SUPPORT COMMUNITY PEDIATRICIANS AND PROVIDERS. NATIONWIDE CHILDREN'S IS ALSO HOME TO WORLD-CLASS GENE THERAPY RESEARCH. FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY (FSHD), WHICH AFFECTS UP TO 870,000 INDIVIDUALS WORLD-WIDE, IS A PROGRESSIVE, LIFE-LONG DISEASE WITH NO TREATMENTS AVAILABLE TO ALTER ITS COURSE. IT IS CAUSED BY ABERRANT EXPRESSION OF THE DUX4 GENE IN SKELETAL MUSCLES, WHICH IS NORMALLY "OFF" IN HEALTHY MUSCLE. WHEN EXPRESSED, DUX4 ACTIVATES PATHWAYS ASSOCIATED WITH CELL DEATH, OXIDATIVE STRESS, IMPAIRED MUSCLE DIFFERENTIATION AND MUSCLE ATROPHY. SCOTT HARPER, PHD, PRINCIPAL INVESTIGATOR IN THE CENTER FOR GENE THERAPY, AND HIS TEAM DEMONSTRATED IN A 2021 NATURE COMMUNICATIONS PUBLICATION THAT AN ENDOGENOUS HUMAN MICRORNA, MIR-675, ADMINISTERED VIA GENE THERAPY, INHIBITS DUX4 EXPRESSION AND PROTECTS MUSCLES FROM DUX4-</p>

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	<p>MEDIATED CELL DEATH IN A MOUSE MODEL. THE STUDY SUPPORTS THE TRANSLATION OF MIR-675 GENE AND DRUG THERAPIES AS PROSPECTIVE TREATMENTS FOR FSHD. RESEARCHERS IN THE CENTER FOR MICROBIAL PATHOGENESIS AT NATIONWIDE CHILDREN'S CONTINUED THEIR SUCCESSFUL RESEARCH INTO UNDERSTANDING BIOFILMS AND THE COMPONENTS THAT STABILIZE THEM. ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), BACTERIA IN BIOFILMS ARE RESPONSIBLE FOR APPROXIMATELY 80% OF HUMAN BACTERIAL INFECTIONS AND CAN BE UP TO 1,000 TIMES MORE RESISTANT TO ANTIBIOTICS THAN THOSE THAT ARE FREE-LIVING. STEVE GOODMAN, PHD, A PRINCIPAL INVESTIGATOR IN THE CENTER FOR MICROBIAL PATHOGENESIS, AND HIS COLLEAGUES, LAUREN BAKALETZ, PHD, THE CENTER'S DIRECTOR, AND SANTIAGO PARTIDA-SANCHEZ, PHD, ALSO A PRINCIPAL INVESTIGATOR IN THE CENTER, CHARACTERIZED THE ANTI-BIOFILM PROPERTIES OF HMGB1, A PROTEIN FOUND IN THE IMMUNE SYSTEM OF ALL VERTEBRATES, ENGINEERED MODIFIED MOLECULES OF THE PROTEIN, AND TESTED A THERAPEUTIC COCKTAIL CONSISTING OF THOSE MOLECULES AND ANTIBODIES THAT REMOVE DNABII, A BACTERIAL-DNA-BINDING PROTEIN. IN THE STUDY, PUBLISHED IN THE JOURNAL OF CLINICAL INVESTIGATION (JCI), THE TEAM DEMONSTRATED IN A VARIETY OF MODELS THAT DELIVERING THIS MOLECULE TO A HOST FACILITATED THE RAPID AND FULL CLEARANCE OF HIGHLY RESISTANT BIOFILMS WITHOUT INDUCING AN INFLAMMATORY RESPONSE. THEY ALSO SHOWED THAT HMGB1 CLEARED MULTIPLE PATHOGENIC BIOFILMS IN VITRO AND RESOLVED BIOFILM-MEDIATED INFECTIONS IN TWO DISTINCT ANIMAL MODELS OF HUMAN DISEASE - A MOUSE LUNG INFECTION MODEL AND IN A PRECLINICAL EXPERIMENTAL MODEL OF OTITIS MEDIA, OR MIDDLE EAR INFECTION IN A CHINCHILLA. FOR HER WORK TO UNDERSTAND BIOFILMS, AND AS AN INTERNATIONAL THOUGHT LEADER IN MECHANISMS OF MICROBIAL PATHOGENESIS, DR. BAKALETZ WAS HONORED IN 2021 AS BOTH THE ALLEN DISTINGUISHED SCHOLAR IN PEDIATRIC RESEARCH AND BY THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE (AAAS) AS AN AAAS FELLOW, ONE OF THE HIGHEST HONORS WITHIN THE SCIENTIFIC COMMUNITY.</p>
<p>Form 990, Part III, Line 4b PROGRAM SERVICE ACTIVITY #2 CONTINUED</p>	<p>THE CENTER FOR INJURY RESEARCH AND POLICY (CIRP) IS ONE OF ONLY NINE CENTERS IN THE UNITED STATES CURRENTLY DESIGNATED AS AN INJURY CONTROL RESEARCH CENTER (ICRC) BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE ONLY ICRC FOCUSING ON CHILDREN AND ADOLESCENTS. CIRP CONDUCTS INNOVATIVE RESEARCH ON A VARIETY OF TOPICS TO IMPROVE UNDERSTANDINGS OF THE EPIDEMIOLOGY, BIOMECHANICS, PREVENTION, ACUTE TREATMENT AND REHABILITATION OF PEDIATRIC INJURIES AND REDUCE INJURY-RELATED DEATH AND DISABILITIES. IN MARCH 2021, CIRP RESEARCHERS PUBLISHED IMPORTANT STUDIES ON BOTH CONCUSSION RECOVERY AND HIGH-POWERED MAGNETS. THE FORMER WAS THE FIRST STUDY OF OBJECTIVELY MEASURED, SELF-PACED PHYSICAL AND COGNITIVE ACTIVITY AMONG YOUTH IN THE FIRST WEEK POST-CONCUSSION AND WAS PUBLISHED IN THE JOURNAL OF HEAD TRAUMA REHABILITATION. THEY CONCLUDED CHILDREN AND TEENS MAY BE ABLE TO ENGAGE IN PHYSICAL AND COGNITIVE ACTIVITY AS SOON AS TOLERATED POST-CONCUSSION, BUT FURTHER RESEARCH WOULD BE NEEDED TO BETTER UNDERSTAND BOTH HOW INCREASED PHYSICAL AND COGNITIVE ACTIVITY MIGHT HELP REDUCE POST-CONCUSSION SYMPTOMS AND HOW REDUCED SYMPTOMS MIGHT LEAD TO INCREASED PHYSICAL AND COGNITIVE ACTIVITY LEVELS. IN THE LATTER, PUBLISHED IN JOURNAL OF PEDIATRICS, CIRP RESEARCHERS COLLABORATED WITH TEAMS IN EMERGENCY MEDICINE AND THE CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S AND WITH THE CHILDREN'S HOSPITAL AT MONTEFIORE (CHAM) TO ANALYZE CALLS TO U.S. POISON CENTERS FOR MAGNET EXPOSURES IN CHILDREN AGED 19 YEARS AND YOUNGER FROM 2008 THROUGH OCTOBER 2019. THEY FOUND THAT THE AVERAGE NUMBER OF CASES PER YEAR DECREASED 33% FROM 2012 TO 2017 WHEN HIGH-POWERED MAGNET SETS WERE BANNED, BUT WHEN THE BAN WAS LIFTED AND THEY RE-ENTERED THE MARKET, THE AVERAGE NUMBER OF CASES PER YEAR INCREASED 444%. THERE WAS ALSO A 355% INCREASE IN THE NUMBER OF CASES THAT WERE SERIOUS ENOUGH TO REQUIRE TREATMENT IN A HOSPITAL. OVERALL, MORE THAN 1,600 PAPERS WERE PUBLISHED IN 2021 BY NATIONWIDE CHILDREN'S SCIENTISTS IN PEER-REVIEWED MEDICAL AND SCIENTIFIC JOURNALS, AND AT THE END OF 2021, THERE WERE APPROXIMATELY 2,404 INSTITUTIONAL REVIEW BOARD (IRB) APPROVED STUDIES IN PROGRESS.</p>
<p>Form 990, Part III, Line 4c PROGRAM SERVICE ACTIVITY #3</p>	<p>EDUCATION - AS AN ACADEMIC MEDICAL CENTER, THE HOSPITAL'S MISSION INCLUDES PREPARING THE NEXT GENERATION OF PEDIATRIC HEALTHCARE PROVIDERS. IN 2021, 600 OHIO STATE UNIVERSITY ("OSU") FACULTY MEMBERS TRAINED 375 MEDICAL STUDENTS, 150 DENTAL STUDENTS, 300 HOSPITAL-SPONSORED MEDICAL, SURGICAL AND DENTAL RESIDENTS, AND OVER 600 PHYSICIAN AND DENTAL TRAINEES FROM OTHER INSTITUTIONS. THE HOSPITAL HAS BEEN THE PRIMARY PEDIATRIC TEACHING SITE OF THE OSU COLLEGE OF MEDICINE FOR MORE THAN 50 YEARS. IN 2021, THE HOSPITAL SPONSORED 36 ACCREDITED MEDICAL/DENTAL RESIDENCY AND FELLOWSHIP PROGRAMS, 31 ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION; 5 ACCREDITED BY OTHER ORGANIZATIONS. THE HOSPITAL HAS 37 ADDITIONAL FELLOWSHIPS FOR WHICH NO NATIONAL ACCREDITATION CURRENTLY EXISTS. THESE PROGRAMS TRAIN PEDIATRIC SPECIALISTS TO MEET 21ST CENTURY HEALTHCARE NEEDS IN SUCH DIVERSE PEDIATRIC PROGRAMS AS NEUROMUSCULAR GENETICS, EPILEPSY SURGERY, BONE MARROW TRANSPLANT, COLORECTAL SURGERY, ADVANCED HEART FAILURE AND CARDIAC TRANSPLANT, AND QUALITY AND SAFETY LEADERSHIP. GIVEN THE ACCELERATING NATIONAL SHORTAGE OF PEDIATRIC SUBSPECIALISTS, RECRUITMENT IS AN IMPORTANT OUTCOME FOR THE HOSPITAL'S EDUCATION INVESTMENT. IN 2021, 6 PHYSICIAN SPECIALTIES RECRUITED 6 FELLOWS TO OPEN JUNIOR FACULTY POSITIONS. 100% OF GRADUATING RESIDENTS SEEKING PEDIATRIC FELLOWSHIPS SUCCESSFULLY SECURED POSITIONS TO CONTINUE THEIR ACADEMIC CAREER. EDUCATION ALSO HELPS FILL NATIONAL GAPS IN MIDLEVEL PROVIDERS WHO ARE ESSENTIAL TO SAFE, HIGH QUALITY, 24/7 TEAM-BASED CARE. FOR OVER 30 YEARS, THE HOSPITAL HAS EDUCATED NEONATAL NURSE PRACTITIONERS AND ADVANCED PRACTICE NURSES. INCREASED DEMAND HAS RESULTED IN ACUTE NATIONAL SHORTAGES AND, IN 2018, LED THE HOSPITAL TO START TWO NEW PROGRAMS: (1) A NEONATAL PHYSICIAN ASSISTANT PROGRAM; AND (2) A PEDIATRIC CHILD PSYCHIATRY NURSE RESIDENCY, THE FIRST SUCH PROGRAM IN THE COUNTRY. THE CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM ("CHGME") IS A FEDERAL PROGRAM THAT UNDERWRITES SOME OF THE EXPENSES FREESTANDING CHILDREN'S HOSPITALS INCUR TO TRAIN PHYSICIAN AND DENTAL RESIDENTS IN ACCREDITED PROGRAMS. THE HOSPITAL RECEIVED APPROXIMATELY \$8.67 MILLION IN 2021, FOR A TOTAL OF OVER \$24 MILLION IN EXPENSES UNDERWRITTEN OVER THE PAST THREE YEARS, FROM CHGME. IN 2021, APPROXIMATELY 1,800 NURSING STUDENTS, 176 PARAMEDIC STUDENTS, AND OVER 600 OTHER STUDENTS FROM ALLIED HEALTH DISCIPLINES SUCH AS PHARMACY, SPEECH AND LANGUAGE PATHOLOGY, OCCUPATIONAL THERAPY, PSYCHOLOGY, CHILD LIFE, AND SOCIAL WORK RECEIVED THEIR PEDIATRIC EDUCATION AT THE HOSPITAL. IN ADDITION TO OSU, THE HOSPITAL HAS AFFILIATIONS WITH OVER 300 OTHER UNIVERSITIES, HOSPITALS, AND INSTITUTIONS. THE HOSPITAL ALSO OFFERS MENTORING, SHADOWING, YOUNG SCIENTIST, STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS AND MEDICINE), AND/OR MINORITY RECRUITMENT PROGRAMS WITHIN 142 SCHOOL DISTRICTS. THE HOSPITAL OFFERS PROFESSIONAL EDUCATION PROGRAMS TO IMPROVE AND SUSTAIN DELIVERY OF HIGH QUALITY PEDIATRIC CARE TO ALL CHILDREN. IN 2021, IT</p>

Return Reference	Explanation
	<p>AWARDED OVER 145,000 CONTINUING MEDICAL EDUCATION CREDITS TO APPROXIMATELY 35,100 PHYSICIANS AND 47,500 ALLIED HEALTH PROFESSIONALS, INCLUDING DENTISTS/DENTAL ASSISTANTS, NURSES, PHARMACISTS/PHARMACY TECHNICIANS, PHYSICIAN ASSISTANTS, PSYCHOLOGISTS, AND SOCIAL WORKERS; AND ORGANIZED 34 LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL CONFERENCES. IN 2021, THE HOSPITAL TAUGHT 8300 INTERDISCIPLINARY PARTICIPANTS IN OVER 1200 SIMULATION SESSIONS. THE HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS, INCLUDING 21 AFFILIATE HOSPITALS, TO STANDARDIZE PEDIATRIC CARE THROUGHOUT OHIO. IN 2021, THE HOSPITAL PROVIDED 18 OUTREACH EDUCATION SESSIONS FOR 517 PARTICIPANTS. ANOTHER 140 HEALTH CARE PROVIDERS RECEIVED PEDIATRIC ADVANCED LIFE SUPPORT TRAINING AND 71 PROVIDERS RECEIVED PEDIATRIC EMERGENCY ASSESSMENT AND RECOGNITION TRAINING FROM THE HOSPITAL. IN ADDITION, 410 HEALTH CARE PROVIDERS RECEIVED ADVANCED CARDIAC LIFE SUPPORT. SINCE 2012, THE HOSPITAL'S PREP (PERSONAL RESPONSIBILITY EDUCATION PROGRAM) HAS TRAINED STAFF IN OVER 50 AGENCIES TO EDUCATE VERY HIGH RISK ADOLESCENTS IN JUVENILE JUSTICE AND FOSTER CARE. PATIENT, FAMILY, AND COMMUNITY EDUCATION ARE VERY IMPORTANT TO HEALTH AND WELLBEING. IN 2021, APPROXIMATELY 50,000 CHILDREN AND ADULTS PARTICIPATED IN HOSPITAL-SPONSORED EDUCATION, SPECIALTY CAMPS, HEALTH FAIRS, AND OTHER EDUCATION EVENTS. THE HOSPITAL DISTRIBUTED OVER 2 MILLION PATIENT EDUCATION TEACHING TOOLS FOR CHILDREN AND FAMILIES. THE FAMILY HEALTH INFORMATION CENTER PROVIDED MULTIMEDIA HEALTH EDUCATION MATERIALS TO MORE THAN 1,200 FAMILIES. THE HOSPITAL IS WORKING TO IMPROVE POPULATION HEALTH. ONE INITIATIVE, CALLED "SPARK," IS AN EVIDENCE-BASED, NO-COST KINDERGARTEN READINESS PROGRAM FOR FAMILIES LIVING NEAR THE HOSPITAL. ON A MONTHLY BASIS, CHILDREN RECEIVE A NEW BOOK, LESSON ACTIVITIES CUSTOMIZED TO THEIR NEEDS, AND EDUCATIONAL SUPPLIES, ALONG WITH HOME OR GROUP-BASED LEARNING. THIS INITIATIVE HAS CONTINUED IN A VIRTUAL MODEL IN 2021 DUE TO THE COVID-19 PANDEMIC. THE HOSPITAL CONTINUES TO EDUCATE EVERY HOSPITAL AND MEDICAL STAFF MEMBER ON QUALITY TOOLS. THE HOSPITAL'S QUALITY IMPROVEMENT ESSENTIALS COURSE IS NATIONALLY RECOGNIZED FOR TRAINING THE NEXT GENERATION OF QUALITY IMPROVEMENT ("QI") LEADERS. SINCE 2010, THE HOSPITAL HAS TRAINED NEARLY 500 HEALTHCARE PROFESSIONALS FROM THE HOSPITAL AS WELL AS CHILDREN'S NATIONAL MEDICAL CENTER (WASHINGTON DC), CHILDREN'S HOSPITAL KING'S DAUGHTER'S (NORFOLK), CHILDREN'S HEALTHCARE OF ATLANTA, UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL (CLEVELAND) AND OSCHNER MEDICAL CENTER (NEW ORLEANS), AND DRISCOLL CHILDREN'S HOSPITAL (CORPUS CHRISTI). THE HOSPITAL WAS THE FIRST CHILDREN'S HOSPITAL DESIGNATED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES AS A MULTI-SPECIALTY PORTFOLIO PROGRAM SPONSOR. SINCE 2012, OVER 800 PHYSICIANS (AND HUNDREDS OF OTHER TEAM MEMBERS) HAVE ENGAGED IN 255 DIFFERENT QI PROJECTS FOR CREDIT AT NO CHARGE TO PHYSICIANS.</p>
<p>Form 990, Part III, Line 4d OTHER PROGRAM SERVICE ACTIVITIES CONTINUED</p>	<p>EDUCATION - ONE OF THE NEIGHBORHOOD CHALLENGES UNCOVERED BY THE HEALTH CARE NEEDS ASSESSMENT, PERFORMED IN COLLABORATION WITH FRANKLIN COUNTY, WAS ACCESS TO PRESCHOOL EDUCATION FOR KINDERGARTEN READINESS. THE HNHF INITIATIVE AT NATIONWIDE CHILDREN'S OFFERS A KINDERGARTEN READINESS PROGRAM, CALLED SPARK, WHERE STAFF WORKED WITH CAREGIVERS AND CHILDREN TO LEARN APPROPRIATE TOOLS FOR WORKING TOWARD KINDERGARTEN READINESS TOGETHER. IN 2021, 96% OF CHILDREN WERE KINDERGARTEN-READY BASED ON PRE-AND POST-TEST SCORES. NATIONWIDE CHILDREN'S EDUCATIONAL FOCUS LED TO MORE THAN 85 EMPLOYEES FROM ACROSS THE HOSPITAL, INCLUDING RESEARCH, CLINICAL AND HOSPITAL EMPLOYEES, PARTICIPATING AS MENTORS BOTH IN-PERSON AND VIRTUALLY THROUGH NEIGHBORHOOD SCHOOLS AND ORGANIZATIONS IN 2021. MENTORS SPEND ONE HOUR WEEKLY WITH THEIR MENTEE IN DELIBERATE ACTIVITIES AND DISCUSSION. IN ADDITION, 60 LOCAL HIGH SCHOOL STUDENTS PARTICIPATED IN THE UPWARD BOUND MATH AND SCIENCE PROGRAM IN 2021. ALL PARTICIPANTS GRADUATED FROM HIGH SCHOOL AND 64% OF THOSE STUDENTS RECEIVED ACCEPTANCE INTO A HIGHER EDUCATION PROGRAM. SOME WERE THE FIRST IN THEIR FAMILY'S HISTORY TO HAVE EDUCATION PAST HIGH SCHOOL. HOUSING PROJECTS - HOUSING IS A VITAL PART OF A HEALTHY COMMUNITY. THE VACANCY RATE EXPERIENCED BY THE NEIGHBORHOOD SURROUNDING THE HOSPITAL WAS A CONCERN FOR MANY RESIDENTS. HNHF, WORKING IN TANDEM WITH COMMUNITY PARTNERS, HAS MADE AN IMPACT IN THIS AREA. IN 2021, 21 UNITS WERE CREATED FOR RENTAL OCCUPANCY AND 48 HOMEOWNERS WERE PROVIDED WITH GRANTS FOR EXTERIOR IMPROVEMENTS. SINCE 2008, MORE THAN 500 HOMES HAVE BEEN IMPACTED THROUGH REHABILITATIONS, HOME IMPROVEMENT GRANTS AND NEW BUILDS. THE HOSPITAL'S CONTINUED FINANCIAL COMMITMENT TO HNHF HAS HELPED TO SUPPORT THE CONSTRUCTION OF SAFE, DECENT, AND AFFORDABLE HOUSING. ECONOMIC DEVELOPMENT - MORE THAN 1,200 RESIDENTS OF THE ZIP CODES SURROUNDING THE HOSPITAL IN SOUTH SIDE AND LINDEN NEIGHBORHOODS WERE EMPLOYED BY NATIONWIDE CHILDREN'S HOSPITAL IN 2021 AS A RESULT OF WORKFORCE DEVELOPMENT AND STRATEGIC RECRUITMENT EFFORTS BY THE HOSPITAL. MORE THAN 1,000 NATIONWIDE CHILDREN'S HOSPITAL RESIDENTS RETAIN EMPLOYMENT FROM THE HNHF ZIP CODES. NATIONWIDE CHILDREN'S ALSO STARTED FREE IRS/VITA TAX CLINICS FOR RESIDENTS MAKING UNDER A \$65,000 TO HELP THEM ACCESS TAX CREDITS AND REFUNDS. THESE EFFORTS LED TO 469 FREE FEDERAL TAX FILINGS, RESULTING IN MORE THAN \$1 MILLION IN FEDERAL AND STATE REFUNDS FOR CLIENTS. COMMUNITY ENRICHMENT - SINCE 2015, MORE THAN 100 LEADERS HAVE GRADUATED FROM THE SOUTH SIDE NEIGHBORHOOD LEADERSHIP ACADEMY, WHICH SUPPORTS RESIDENTS IN THEIR CONTINUED GROWTH AS CHANGE AGENTS IN THE COMMUNITY. A TOTAL OF 15 LEADERS GRADUATED IN 2021. IN ADDITION, SOUTH SIDE THRIVE COLLABORATIVE CONVENED OVER 50 NON-PROFITS, BUSINESSES, AND NEIGHBORHOOD ORGANIZATIONS. SSTC PARTNERS AIM TO IMPROVE ECONOMIC MOBILITY, HOUSING STABILITY AND HEALTH FOR ALL. HEALTH AND WELLNESS - SCHOOL-BASED NATIONWIDE CHILDREN'S HEALTH CLINICS AND THE MOBILE CARE CENTERS HAD NEARLY 7,324 PATIENTS IN 2021. SCHOOL-BASED BEHAVIORAL HEALTH HAD MORE THAN 6,600 VISITS DURING 2021. IN ADDITION, APPROXIMATELY 55 CAREGIVERS (TEEN AND ADULTS) ATTENDED POSITIVE PARENTING PROGRAM (TRIPLE P) WORKSHOPS FROM THE SOUTH SIDE AND LINDEN NEIGHBORHOODS. HNHF LINDEN EXPANSION - ALONG WITH ITS TRANSFORMATIONAL EFFORTS IN THE COMMUNITIES SURROUNDING THE HOSPITAL, NATIONWIDE CHILDREN'S HNHF INITIATIVES HAVE EXPANDED TO ANOTHER TRADITIONALLY AT-RISK COLUMBUS NEIGHBORHOOD, LINDEN. THE HNHF EXPANSION WILL LEVERAGE LESSONS LEARNED ON THE SOUTH SIDE OF COLUMBUS TO EXPAND HOUSING OPTIONS, DEVELOP BUSINESS AND IMPROVE HEALTH IN THE LINDEN COMMUNITY. A NEIGHBORHOOD ADVISORY COUNCIL WAS FORMED TO GIVE INPUT, AND PROGRAMS IN THE NEIGHBORHOOD INCLUDE HOME REPAIRS AND RENTAL, FREE TAX CLINICS, COMMUNITY ENGAGEMENT PROGRAMS FOR CHILDREN AND KINDERGARTEN READINESS.</p>
<p>Form 990, Part III, Line 4d Description of</p>	<p>(Expenses \$ 5,276,721 including grants of \$ 2,855,552)(Revenue \$ 0)</p>

Return Reference	Explanation
other program services	
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	C. ROBERT KIDDER, JOSEPH A. CHLAPATY, AND ALEX FISCHER - Business relationship, ALEX FISCHER, C. ROBERT KIDDER, AND TIMOTHY C. ROBINSON - Business relationship, THOMAS WALKER AND TIMOTHY C. ROBINSON - Business relationship, THOMAS N. BRIGDON, TIMOTHY C. ROBINSON, RHONDA COMER, LUKE BROWN, AND STEPHEN TESTA - Business relationship, SUE ZAZON AND TIMOTHY C. ROBINSON - Business relationship
Form 990, Part VI, Line 6 Classes of members or stockholders	NATIONWIDE CHILDREN'S HOSPITAL, INC. (THE PARENT ORGANIZATION OF THE GROUP) IS THE SOLE MEMBER OF THE MAJORITY OF THE SUBORDINATE ORGANIZATIONS IN THE GROUP EXEMPTION. SOME OF THE SUBORDINATE ORGANIZATIONS ARE NON-PROFIT SUBSIDIARIES OF THE LARGEST SUBORDINATE ORGANIZATION, NATIONWIDE CHILDREN'S HOSPITAL.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	NATIONWIDE CHILDREN'S HOSPITAL, INC. IS THE PARENT CORPORATION WITH VOTING CONTROL OVER THE SUBORDINATE ORGANIZATIONS.
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	NATIONWIDE CHILDREN'S HOSPITAL, INC. (NCH Inc.) WILL OVERSEE THE OPERATIONS OF AND WILL PERFORM CERTAIN SERVICES FOR ITS SUBORDINATE ORGANIZATIONS. NCH INC. WILL COORDINATE EXPANSION OF THE GROUP PROGRAMS AND ASSETS AND WILL DETERMINE IF ADDITIONAL ENTITIES WILL BE NEEDED WITHIN THE GROUP.
Form 990, Part VI, Line 11b Review of form 990 by governing body	THIS FORM 990 WAS REVIEWED PRIOR TO FILING BY NATIONWIDE CHILDREN'S HOSPITAL CHIEF EXECUTIVE OFFICER/BOARD DIRECTOR; CHIEF FINANCIAL OFFICER/BOARD TREASURER; SENIOR VICE PRESIDENT OF LEGAL SERVICES / BOARD SECRETARY; AND THE FINANCE COMMITTEE CHAIR. IN ADDITION, THIS RETURN WAS MADE AVAILABLE TO THE ENTIRE FINANCE COMMITTEE OF THE BOARD AND MADE AVAILABLE UPON REQUEST TO THE BOARD.
Form 990, Part VI, Line 12c Conflict of interest policy	NCH POLICY REQUIRES THAT STAFF MEMBERS, MANAGEMENT AND BOARD MEMBERS REPORT CONFLICTS OF INTEREST OR COMMITMENT AT THE TIME THE CONFLICT ARISES. MANAGEMENT AND BOARD MEMBERS ARE ALSO REQUIRED TO COMPLETE DISCLOSURE FORMS ANNUALLY, REGARDLESS OF THE EXISTENCE OF CONFLICT. ALL DISCLOSURES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER OR THE BOARD SECRETARY. IF A CONFLICT EXISTS, A CONFLICT MANAGEMENT PLAN MAY BE PUT IN PLACE TO MITIGATE THE CONFLICT. STAFF, MANAGEMENT AND BOARD MEMBERS ARE PROHIBITED FROM VOTING ON ANY MATTERS WITH RESPECT TO WHICH THE INDIVIDUAL HAS DISCLOSED A POTENTIAL CONFLICT OF INTEREST.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	IN THE FIRST QUARTER OF 2021, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMPENSATION REVIEW. FOR THE CEO, THERE IS A MEETING OF THE MANAGEMENT DEVELOPMENT/COMPENSATION COMMITTEE WHERE THE MEMBERS REVIEW MARKET DATA PROVIDED BY OUTSIDE CONSULTANTS AND DECIDE ON A RECOMMENDED SALARY ADJUSTMENT THAT INCLUDES CONSIDERATION OF THE CEO'S PERFORMANCE. THEN, THIS RECOMMENDATION IS BROUGHT TO THE FULL BOARD AND THE BOARD TAKES INTO ACCOUNT THIS RECOMMENDATION, THE CEO'S PERFORMANCE, AND APPROVALS ARE MADE. CONTEMPORANEOUS MINUTES ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	IN THE FIRST QUARTER OF 2021, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMPENSATION REVIEW. FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE CEO, THERE IS A MEETING OF THE MANAGEMENT DEVELOPMENT/COMPENSATION COMMITTEE OF THE BOARD. AT THAT TIME, MARKET SURVEY DATA PROVIDED BY OUTSIDE CONSULTANTS AND/OR OUTSIDE SOURCES IS REVIEWED TO DETERMINE COMPENSATION OR COMPENSATION ADJUSTMENTS FOR THESE POSITIONS, THE CEO'S INPUT IS CONSIDERED AS IT RELATES TO INDIVIDUAL PERFORMANCE FOR THESE INDIVIDUALS, AND INCREMENTAL ADJUSTMENTS ARE RECOMMENDED, THE GROUP DELIBERATES, AND THE APPROVALS ARE MADE. CONTEMPORANEOUS MINUTES ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED.
Form 990, Part VI, Line 19 Required documents available to the public	NATIONWIDE CHILDREN'S HOSPITAL'S (NCH) FINANCIAL STATEMENTS ARE DISCLOSED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBPAGE AND THE ARTICLES OF INCORPORATION ARE ON THE OHIO SECRETARY OF STATE'S WEBPAGE. CURRENTLY, NCH DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.
Form 990, Part VII, Section A, Line 1a, Column (B) AVERAGE HOURS PER WEEK	FOR NATIONWIDE CHILDREN'S HOSPITAL EMPLOYEES THAT ARE MEMBERS OF VARIOUS BOARDS AND HOLD SEVERAL POSITIONS WITHIN THE ORGANIZATION, THE HOURS LISTED REPRESENT THE NUMBER OF HOURS THAT INDIVIDUAL DEVOTES TO ALL THE ENTITIES INCLUDED WITHIN THE NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN. THE GOVERNING BOARD OF NATIONWIDE CHILDREN'S HOSPITAL, INC. AND NATIONWIDE CHILDREN'S HOSPITAL IS A JOINT BOARD AND MEMBERS SERVE ON THESE BOARDS CONCURRENTLY.
Form 990, Part VII, Section A Brown, Luke ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: TREASURER / SR VP / CFO - NCH, AverageHours: 47.000; Officer Organization Name: Research Institute at Nationwide Children's Hospital, Title: TREASURER - RINCH, AverageHours: 3.000; Officer Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: TREASURER - FOUNDATION, AverageHours: 3.000; Officer Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: TREASURER - CCFA, AverageHours: 3.000; Officer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: TREASURER / DIRECTOR - CAA, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: TREASURER/DIRECTOR - CRI, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: TREASURER/DIRECTOR - CSA, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: NATIONWIDE CHILDREN'S HOSPITAL HOMECARE, Title: TREASURER - NCH HOMECARE,

Return Reference	Explanation
	AverageHours: 1.000; Officer Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: TREASURER/DIRECTOR - PPAC, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Miller, Richard ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: COO - NCH, AverageHours: 47.000; Officer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: PRESIDENT/DIRECTOR - CAA, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: PRESIDENT/DIRECTOR - CRI, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: PRESIDENT/DIRECTOR - CSA, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: NATIONWIDE CHILDREN'S HOSPITAL HOMECARE, Title: PRESIDENT/DIRECTOR - NCH HOMECARE, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: PRESIDENT/DIRECTOR - PPAC, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Germain, Libby ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: CHAIR / DIRECTOR - NCH FOUNDATION (As of 8/2021), AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Jester, Chad A. ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Wexner, Abigail S. ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: CHAIR / DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Wolfe, Ann I. ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: CHAIR / DIR - NCH FOUNDATION (To 8/2021), AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Fischer, Alex ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: CHAIR / DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Robinson, Timothy C. ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR / CEO - NCH, AverageHours: 47.000; IndividualTrusteeOrDirectorOfficer Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: DIRECTOR - CAA, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: DIRECTOR - PPAC, AverageHours: 1.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Rosenthal, Lynn ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: PRES / DIRECTOR - CCFA, AverageHours: 50.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Morse, MD, Rustin ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: CHIEF MEDICAL OFFICER - NCH, AverageHours: 47.000; KeyEmployee Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: DIRECTOR - CAA, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: DIRECTOR - PPAC, AverageHours: 1.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Wallace, Lee Ann ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: SR VP & CHIEF NURSING OFFICER - NCH, AverageHours: 47.000; HighestCompensatedEmployee Organization Name: NATIONWIDE CHILDREN'S HOSPITAL HOMECARE, Title: DIRECTOR - NCH HOMECARE, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Alexander, Cecily ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Andretta, Ralph	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (As of 1/2021), AverageHours: 3.000; IndividualTrusteeOrDirector

Return Reference	Explanation
ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Baldwin, Dallas ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Barrett, George ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Birch, Carrie ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bradford, Ely ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (As of 11/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bradford, M.D., Carol ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (As of 1/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Brigdon, Thomas N. ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (to 5/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Chlapaty, Joseph A. ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Comer, Kaydian ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Covelli, Albert ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Crawford, Brent ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (As of 11/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A DiMarco, Ann ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (As of 5/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Farber, Pamela ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Fitzpatrick, Michael ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Frecka, Brenda ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (As of 11/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Germain, Richard ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (To 8/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A GROSSMAN, ANDREW ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Havens, John ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (as of 11/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Holloway, Bishop Callon ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Johnson, Timothy ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Johnson, PH.D, Kent ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Kidder, C. Robert ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A KRISHNAMURTHY, M.D., RAJESH ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI, AverageHours: 50.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Lloyd, Katherine Wolfe ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Long, M.D., William ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (As of 1/2021), AverageHours: 20.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Maiden, PH.D., Ben ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH (TO 11/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A MANGRAY, M.D., SHAMLAL ADDITIONAL POSITIONS HELD	Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: DIRECTOR - PPAC, AverageHours: 50.000; IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Marbley, Honorable Algenon ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A May, Holly ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (As of 11/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Merz Lind, M.D., Meredith ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (To 12/2021), AverageHours: 47.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Meyer, Brett ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Miller, Melisa ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (TO 2/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Miller Jr., Jordan ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Mohler, PH.D., Peter ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Monroe, Cindy ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A O'Connor, Kevin ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Olsen, Chris ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (To 8/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Olutoye, M.D., Oluyinka ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA, AverageHours: 47.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Partlow, Stanley ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Puisse, Judge Dana ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Ramsden, Jonathan	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector

Return Reference	Explanation
ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Shepherd, M.D., Edward ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Skestos, Danielle ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Smith, Dwight ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Snyder, M.D., Rob ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 20.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Soll, Bruce ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Stewart, Bryan ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Sullivan, Dan ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Thaer, Lou Von ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: Research Institute at Nationwide Children's Hospital, Title: CHAIR / DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Thomas, M.D., Olivia ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Thorn, Bruce ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Tobias, M.D., Joseph ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: DIRECTOR - CAA, AverageHours: 50.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Tuckerman, Audrey G. ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Vickers, Billy ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (As of 1/2021), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII,	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000;

Return Reference	Explanation
Section A Walker, Kirt ADDITIONAL POSITIONS HELD	IndividualTrusteeOrDirector
Form 990, Part VII, Section A Walker, Thomas ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Zazon, Sue ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Banerjee, Shilpi ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: ASST SECRETARY - RINCH (As of 8/2021), AverageHours: 50.000; Officer
Form 990, Part VII, Section A Barnard, M.D., John A. ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: PRESIDENT - RINCH, AverageHours: 38.000; Officer
Form 990, Part VII, Section A Comer, Rhonda ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: SECRETARY / SR VP / LEGAL SRVCS - NCH, AverageHours: 47.000; Officer Organization Name: Research Institute at Nationwide Children's Hospital, Title: SECRETARY - RINCH, AverageHours: 3.000; Officer Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: SECRETARY - NCH FOUNDATION, AverageHours: 3.000; Officer Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: SECRETARY - CCFA, AverageHours: 3.000; Officer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: SECRETARY - CAA, AverageHours: 1.000; Officer Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: SECRETARY - CRI, AverageHours: 1.000; Officer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: SECRETARY - CSA, AverageHours: 1.000; Officer Organization Name: NATIONWIDE CHILDREN'S HOSPITAL HOMECARE, Title: SECRETARY - NCH HOMECARE, AverageHours: 1.000; Officer Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: SECRETARY - PPAC, AverageHours: 1.000; Officer
Form 990, Part VII, Section A Evans, Sara ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: ASST SECRETARY - FOUNDATION, AverageHours: 47.000; Officer
Form 990, Part VII, Section A Hillock, Laura ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: ASST SECRETARY - RINCH (to 3/2021), AverageHours: 50.000; Officer
Form 990, Part VII, Section A Lenobel, Andrew ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: ASST SECRETARY - CAA, AverageHours: 50.000; Officer Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: ASST SECRETARY - CRI, AverageHours: 1.000; Officer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: ASST SECRETARY - CSA, AverageHours: 1.000; Officer
Form 990, Part VII, Section A Maiorino, Kristen ADDITIONAL POSITIONS HELD	Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: ASST SECRETARY - PPAC, AverageHours: 50.000; Officer
Form 990, Part VII, Section A Testa, Stephen ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: PRES - NCH FOUNDATION, AverageHours: 50.000; Officer
Form 990, Part VII, Section A Larouere, Marissa ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: VP CLINICAL SERVICES - NCH, AverageHours: 50.000; KeyEmployee
Form 990, Part VII, Section A McClimon, Patricia ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: SR VP / PLAN & DEV'T - NCH, AverageHours: 50.000; KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Minzler, Dennis ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: VP / CIO - NCH, AverageHours: 50.000; KeyEmployee
Form 990, Part VII, Section A Roscoe, Amy ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: VICE PRESIDENT - RINCH, AverageHours: 50.000; KeyEmployee
Form 990, Part VII, Section A Wise, Lorina ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: VP / HR - NCH, AverageHours: 50.000; KeyEmployee
Form 990, Part VII, Section A Zabawski, Denise ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: VP / CIO - NCH, AverageHours: 50.000; KeyEmployee
Form 990, Part VII, Section A Galantowicz, M.D., Mark ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: CHIEF OF CT SURGERY - CSA, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Kirschner, M.D., Richard ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: PLASTIC SURGEON - CSA, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Klingele, M.D., Kevin ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: ORTHOPEDIC SURGEON - CSA, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Leonard, M.D., Jeffrey ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: NEUROSURGEON - CSA, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Samora, M.D., Walter ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: ORTHOPEDIC SURGEON - CSA, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Stackpole, Wanda ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL HOMECARE(Former), Title: FORMER VP/EXEC DIRECTOR - NCH HOMECARE, AverageHours: 50.000; Officer
Form 990, Part VII, Section A Allen, M.D., Steve ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441)(Former), Title: FORMER DIRECTOR / CEO, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Days, Karen ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL(Former), Title: FORMER PRES / DIRECTOR - CCFA, AverageHours: 50.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue: 252327, Related or Exempt Function Revenue: 252327, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part VIII, Line 11d Other	Other - Total Revenue: 11862494, Related or Exempt Function Revenue: 3996130, Unrelated Business Revenue: 154405, Revenue Excluded from Tax Under Sections 512, 513, or 514: 7711959;

Return Reference	Explanation
Miscellaneous Revenue	
Form 990, Part IX, Line 11g Other Fees	PROFESSIONAL SERVICES - Total Expense: 91654693, Program Service Expense: 55526299, Management and General Expenses: 36128394, Fundraising Expenses: ; NICU LEASED SALARIES & MED SVC - Total Expense: 52104521, Program Service Expense: 52104521, Management and General Expenses: , Fundraising Expenses: ; RESEARCH SUBCONTRACT EXPENSE - Total Expense: 13425776, Program Service Expense: 13425776, Management and General Expenses: , Fundraising Expenses: ; CONSULTATION FEES - Total Expense: 6488152, Program Service Expense: 1812102, Management and General Expenses: 4676050, Fundraising Expenses: ; OTHER PURCHASED SERVICES - Total Expense: 53554424, Program Service Expense: 36705611, Management and General Expenses: 16813633, Fundraising Expenses: 35180;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	EFFECT OF ADOPTION OF SFAS NO. 158 - 10592562; NET CHANGE IN INTEREST RATE SWAP AGREEMENTS - 14034873; TECHNOLOGY INVESTMENTS - 55918; TRANSFERS - -10072996; OTHER - -634117;

Additional Data

[Return to Form](#)

Software ID: 21014044

Software Version: 2021v4.2

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Childrens Hospital Group Return

Employer identification number

01-0782751

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S COMMUNITY PRACTICES LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-2998916	PHYSICIAN SVC	OH	6,950,490	2,066,984	NCH
(2) NEAR EAST SIDE HOLDINGS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 83-2817371	REAL ESTATE	OH	35,782	6,733,878	NCH
(3) PEDIATRIC ROTOR WING LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2042425	AIR TRANSPORT	OH	2,633,950	4,746,101	NCH
(4) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306	PHYSICIAN SVC	OH	1,747,463	0	NCH
(5) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371	PHYSICIAN SVC	OH	7,833,428	104,545	NCH
(6) SOUTH OF MAIN INVESTMENTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 86-1909917	REAL ESTATE	OH	2,900	698,135	NCH
(7) CHILDREN'S NEWBORN MEDICINE 700 CHILDRENS DRIVE COLUMBUS, OH 43205 86-3804181	PHYSICIAN SERVICES	OH	3,786,751	13,821,326	NCH
(8) NORTHWEST PEDIATRIC SPECIALISTS LLC 2213 CHERRY STREET TOLEDO, OH 43608 86-1532270	PHYSICIAN SERVICES	OH	531,784	415,264	NCH
(9) NORTHWEST CHILDREN'S COMMUNITY PRACTICES II LLC 7629 KINGS POINTE ROAD TOLEDO, OH 43617 86-2724808	PHYSICIAN SERVICES	OH	1,055,979	2,326,416	NCH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KINDER KEY 700 CHILDRENS DRIVE COLUMBUS, OH 43205 23-7380687	FUNDRAISING	OH	501(c)(3)	7	NCH	Yes	
(2) PLEASURE GUILD 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-0935599	FUNDRAISING	OH	501(c)(3)	10	NCH	Yes	
(3) TWIGS 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-6015354	FUNDRAISING	OH	501(c)(3)	10	NCH	Yes	
(4) CHILDREN'S HOSP & PHYS HLTHCRE NETWORK 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1429047	HLTHCRE NETWK	OH	501(c)(3)	Type I	NCH	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COLLIERS PROFESSIONAL LIABILITY CORP 23 LIME TREE BAY AVENUE GRAND CAYMAN KY11102 CJ 98-0457066	INS CONTRACTING	CJ	NCH	C Corporation	0	5,385,967	100 %	Yes	
(2) NE CLOSE TO HOME CONDO ASSOCIATION 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corporation	26,736	1,017	90.75 %	Yes	
(3) CHILDREN'S NW MOB CONDO ASSOCIATION 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5440559	CONDO ASSOCIATION	OH	NCH	C Corporation	46,652	2,092	74.4 %	Yes	
(4) ANDELYN BIOSCIENCES INC 575 CHILDRENS CROSSROAD COLUMBUS, OH 43215 31-1609283	GENE THERAPY	OH	NCH	C Corporation	21,324,756	130,596,604	63.41 %	Yes	
(5) PEDIATRIC ACADEMIC ASSOCIATION INC TRUST 555 SOUTH 18TH STREET COLUMBUS, OH 43205	TRUST	OH	NCH	Trust	0	0	51 %	Yes	
(6) NCH REALTY INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 82-1052739	REALTY	OH	NCH	C Corporation	0	276,016	100 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S SURGICAL ASSOCIATES	B	483,345	ACTUAL AMOUNT
(2) NATIONWIDE CHILDREN'S HOSPITAL	B	501,311	ACTUAL AMOUNT
(3) NCH HOMECARE	B	275,000	ACTUAL AMOUNT
(4) CHILDREN'S RADIOLOGICAL INSTITUTE	B	180,397	ACTUAL AMOUNT
(5) CENTER FOR CHILD & FAMILY ADVOCACY	B	566,011	ACTUAL AMOUNT
(6) CENTER FOR CHILD & FAMILY ADVOCACY	B	2,274,827	ACTUAL AMOUNT
(7) RESEARCH INSTITUTE AT NCH	B	12,956,826	ACTUAL AMOUNT
(8) NATIONWIDE CHILDREN'S HOSPITAL	B	23,731,178	ACTUAL AMOUNT
(9) RESEARCH INSTITUTE AT NCH	B	33,564,123	ACTUAL AMOUNT
(10) NCH FOUNDATION	C	483,345	ACTUAL AMOUNT
(11) NCH FOUNDATION	C	501,311	ACTUAL AMOUNT
(12) NCH FOUNDATION	C	275,000	ACTUAL AMOUNT
(13) NCH FOUNDATION	C	180,397	ACTUAL AMOUNT
(14) NATIONWIDE CHILDREN'S HOSPITAL	C	566,011	ACTUAL AMOUNT
(15) NCH FOUNDATION	C	2,274,827	ACTUAL AMOUNT
(16) NCH FOUNDATION	C	12,956,826	ACTUAL AMOUNT
(17) NCH FOUNDATION	C	23,731,178	ACTUAL AMOUNT
(18) NATIONWIDE CHILDREN'S HOSPITAL	C	33,564,123	ACTUAL AMOUNT
(19) Partners for Kids	J	259,125	ACTUAL AMOUNT
(20) Pediatric Clinical Trials Inc	J	2,073,974	ACTUAL AMOUNT
(21) RESEARCH INSTITUTE AT NCH	L	430,797	ACTUAL AMOUNT
(22) NATIONWIDE CHILDREN'S HOSPITAL	L	2,927,017	ACTUAL AMOUNT
(23) CHILDREN'S ANESTHESIA ASSOCIATES	L	647,693	ACTUAL AMOUNT
(24) CHILDREN'S ANESTHESIA ASSOCIATES	L	321,160	ACTUAL AMOUNT
(25) CHILDREN'S SURGICAL ASSOCIATES	L	589,273	ACTUAL AMOUNT
(26) NATIONWIDE CHILDREN'S HOSPITAL	L	5,617,865	ACTUAL AMOUNT
(27) NATIONWIDE CHILDREN'S HOSPITAL	L	1,790,203	ACTUAL AMOUNT
(28) NATIONWIDE CHILDREN'S HOSPITAL	L	9,130,430	ACTUAL AMOUNT
(29) NATIONWIDE CHILDREN'S HOSPITAL	L	16,302,933	ACTUAL AMOUNT
(30) NCH HOMECARE	L	117,769	ACTUAL AMOUNT
(31) Partners for Kids	L	3,450,278	ACTUAL AMOUNT
(32) Partners for Kids	L	424,755,482	ACTUAL AMOUNT
(33) Partners for Kids	L	3,944,602	ACTUAL AMOUNT
(34) Partners for Kids	L	289,021	ACTUAL AMOUNT
(35) Partners for Kids	L	117,288	ACTUAL AMOUNT
(36) Partners for Kids	L	169,273	ACTUAL AMOUNT
(37) Pediatric Clinical Trials Inc	L	1,631,250	ACTUAL AMOUNT
(38) NATIONWIDE CHILDREN'S HOSPITAL	M	430,797	ACTUAL AMOUNT
(39) NATIONWIDE CHILDREN'S HOSPITAL	M	968,853	ACTUAL AMOUNT
(40) NCH HOMECARE	M	2,927,017	ACTUAL AMOUNT
(41) NATIONWIDE CHILDREN'S HOSPITAL	M	589,273	ACTUAL AMOUNT
(42) CHILDREN'S ANESTHESIA ASSOCIATES	M	1,790,203	ACTUAL AMOUNT
(43) CHILDREN'S RADIOLOGICAL INSTITUTE	M	5,617,865	ACTUAL AMOUNT
(44) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	9,130,430	ACTUAL AMOUNT
(45) CHILDREN'S SURGICAL ASSOCIATES	M	16,302,933	ACTUAL AMOUNT
(46) NATIONWIDE CHILDREN'S HOSPITAL	M	117,769	ACTUAL AMOUNT
(47) CENTER FOR CHILD & FAMILY ADVOCACY	O	1,386,059	ACTUAL AMOUNT
(48) NCH FOUNDATION	O	3,605,921	ACTUAL AMOUNT
(49) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	O	5,562,167	ACTUAL AMOUNT
(50) NCH HOMECARE	O	9,785,202	ACTUAL AMOUNT
(51) CHILDREN'S RADIOLOGICAL INSTITUTE	O	14,567,775	ACTUAL AMOUNT
(52) CHILDREN'S ANESTHESIA ASSOCIATES	O	28,402,371	ACTUAL AMOUNT
(53) CHILDREN'S SURGICAL ASSOCIATES	O	45,734,361	ACTUAL AMOUNT
(54) RESEARCH INSTITUTE AT NCH	O	98,872,079	ACTUAL AMOUNT
(55) Partners for Kids	O	15,216,675	ACTUAL AMOUNT
(56) CHILDREN'S NW MOB CONDO ASSOC'N	P	53,242	ACTUAL AMOUNT
(57) RESEARCH INSTITUTE AT NCH	Q	1,663,138	ACTUAL AMOUNT
(58) CENTER FOR CHILD & FAMILY ADVOCACY	Q	927,245	ACTUAL AMOUNT
(59) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	Q	1,019,719	ACTUAL AMOUNT
(60) NCH FOUNDATION	Q	5,069,378	ACTUAL AMOUNT
(61) CHILDREN'S SURGICAL ASSOCIATES	Q	5,901,712	ACTUAL AMOUNT
(62) CHILDREN'S ANESTHESIA ASSOCIATES	Q	1,643,224	ACTUAL AMOUNT
(63) NCH HOMECARE	Q	13,173,551	ACTUAL AMOUNT
(64) CHILDREN'S RADIOLOGICAL INSTITUTE	Q	1,751,465	ACTUAL AMOUNT
(65) Partners for Kids	Q	1,958,810	ACTUAL AMOUNT
(66) NATIONWIDE CHILDREN'S HOSPITAL	R	228,888,136	ACTUAL AMOUNT
(67) RESEARCH INSTITUTE AT NCH	R	188,080,032	ACTUAL AMOUNT
(68) NCH INC	R	10,000,000	ACTUAL AMOUNT
(69) CHILDREN'S RADIOLOGICAL INSTITUTE	S	10,034,001	ACTUAL AMOUNT
(70) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	S	2,300,000	ACTUAL AMOUNT
(71) CHILDREN'S SURGICAL ASSOCIATES	S	19,877,087	ACTUAL AMOUNT
(72) CHILDREN'S ANESTHESIA ASSOCIATES	S	14,936,815	ACTUAL AMOUNT
(73) NCH HOMECARE	S	26,814,223	ACTUAL AMOUNT
(74) NCH FOUNDATION	S	24,658,308	ACTUAL AMOUNT
(75) NATIONWIDE CHILDREN'S HOSPITAL	S	188,080,032	ACTUAL AMOUNT
(76) RESEARCH INSTITUTE AT NCH	S	130,267,702	ACTUAL AMOUNT
(77) Partners for Kids	S	23,658,355	ACTUAL AMOUNT
(78)		1,785,395,392	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

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