

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

NATIONWIDE CHILDREN'S HOSPITAL'S MISSION IS COMMITTED TO BEST OUTCOMES AND HEALTH EQUITY FOR ALL CHILDREN, ENSURING EVERY CHILD HAS ACCESS TO THE BEST CARE REGARDLESS OF THEIR ABILITY TO PAY. UPON THIS FUNDAMENTAL BELIEF, NCH IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, RESEARCH DISCOVERIES, EDUCATION OF PATIENTS, FAMILIES, TEAM MEMBERS AND THE COMMUNITY.

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 \$ **2,946,447,436** including grants of \$ **157,180,574**) (Revenue \$ **3,523,601,573**)
PATIENT CARE (SEE SCHEDULE O)

4b (Code:) (Expenses \$ **359,822,999** including grants of \$ **102,358,323**) (Revenue \$ **0**)
RESEARCH (SEE SCHEDULE O)

4c (Code:) (Expenses \$ **68,290,449** including grants of \$ **16,435,651**) (Revenue \$ **1,854,052**)
EDUCATION (SEE SCHEDULE O)

(Code:) (Expenses \$ **9,280,037** including grants of \$ **4,743,089**) (Revenue \$ **0**)

4d Other program services (Describe in Schedule O.)
(Expenses \$ **9,280,037** including grants of \$ **4,743,089**) (Revenue \$)

4e **Total program service expenses** **3,383,840,921**

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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 a grant 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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	1,064
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)						
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	21,574			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes			
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes			
b		If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes			
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes			
b		If "Yes," enter the name of the foreign country: C J						
5a		Did the organization have a prohibited tax shelter transaction at any time during the tax year?		5a			No	
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No	
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7		Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes			
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes			
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No	
d		If "Yes," indicate the number of Forms 8282 filed during the year		7d				
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g				
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9		Sponsoring organizations maintaining donor advised funds.						
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10		Section 501(c)(7) organizations. Enter:						
a		Initiation fees and capital contributions included on Part VIII, line 12		10a				
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11		Section 501(c)(12) organizations. Enter:						
a		Gross income from members or shareholders		11a				
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state?		13a				
		Note. See the instructions for additional information the organization must report on Schedule O.						
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b				
c		Enter the amount of reserves on hand		13c				
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a			No	
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b				
15		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	Yes			
16		Is the organization subject to the section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17				
		If "Yes," complete Form 6069.						

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	100		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	61		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

CA, CO, 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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, box 6 of 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 Kemper MD VICE CHAIR/DIRECTOR - PFK	3.0 0.0	X		X				0	0	0
(2) Ann DiMarco VICE CHAIR/ DIRECTOR - NCH FOUNDATION	3.0 0.0	X		X				0	0	0
(3) Kirt Walker Chair/Director - NCH	3.0 3.0	X		X				0	0	0
(4) Timothy C Robinson DIRECTOR / CEO - NCH	63.0 4.0	X		X				2,116,841	0	70,206
(5) Abigail S Wexner DIRECTOR - NCH/CCFA	6.0 3.0	X						0	0	0
(6) Achea Redd DIRECTOR - CCFA	3.0 0.0	X						0	0	0
(7) Adrienne Mott-Young MD DIRECTOR - PFK (AS OF 3/24)	3.0 0.0	X						0	0	0
(8) Aimee White DIRECTOR -PFK	3.0 0.0	X						0	0	0
(9) Albert Covelli DIRECTOR - NCH FOUNDATION	3.0 0.0	X						0	0	0
(10) Alex Fischer DIRECTOR - NCH/RINCH	6.0 3.0	X						0	0	0
(11) Ann I Wolfe DIRECTOR - NCH (TO 5/24)	3.0 3.0	X						0	0	0
(12) Audrey G Tuckerman DIRECTOR - CCFA	3.0 0.0	X						0	0	0
(13) Billy Vickers DIRECTOR - NCH FOUNDATION	3.0 0.0	X						0	0	0
(14) Bishop Callon Holloway DIRECTOR - CCFA	3.0 0.0	X						0	0	0
(15) Brenda Frecka DIRECTOR - NCH FOUNDATION (TO 6/24)	3.0 0.0	X						0	0	0
(16) Brent Adler MD DIRECTOR - NCH (AS OF 1/24)	47.0 3.0	X						551,336	0	39,709
(17) Brent Crawford DIRECTOR - NCH FOUNDATION	3.0 0.0	X						0	0	0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>									
(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			
(18) Brian Healy DIRECTOR - CCFA	3.0 0.0	X					0	0	0
(19) Bruce Soll DIRECTOR - NCH	3.0 3.0	X					0	0	0
(20) Bruce Thorn DIRECTOR - NCH	3.0 3.0	X					0	0	0
(21) Bryan Stewart DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(22) C Robert Kidder DIRECTOR - NCH	3.0 3.0	X					0	0	0
(23) Carol Bradford MD DIRECTOR - NCH	3.0 3.0	X					0	0	0
(24) Carrie Birch DIRECTOR - CCFA	3.0 0.0	X					0	0	0
(25) Catherine Krawczeski MD Director - PFK, CRI, CSA, CAA, PPAC	57.0 0.0	X					886,100	0	162,392
(26) Cecily Alexander DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(27) Chad A Jester DIRECTOR - NCH FOUNDATION/CCFA	6.0 0.0	X					0	0	0
(28) Chris Bergman DIRECTOR -PFK	3.0 0.0	X					0	0	0
(29) Corrine Burger DIRECTOR - NCH	3.0 3.0	X					0	0	0
(30) Dallas Baldwin DIRECTOR - CCFA	3.0 0.0	X					0	0	0
(31) Dan Sullivan DIRECTOR - NCH	3.0 3.0	X					0	0	0
(32) Danielle Skestos DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(33) David Axelson MD DIRECTOR - PFK	50.0 0.0	X					459,545	0	72,216
(34) Deborah Feldman DIRECTOR -PFK	3.0 0.0	X					0	0	0
(35) Dwight Smith DIRECTOR - NCH/RINCH	6.0 3.0	X					0	0	0
(36) Elaine Bryant DIRECTOR - CCFA (AS OF 8/24)	3.0 0.0	X					0	0	0
(37) Eleanor Bradford DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(38) Ellen Chung MD DIRECTOR - CRI	50.0 0.0	X					750,501	0	58,957
(39) Garey Noritz MD DIRECTOR - PFK	3.0 0.0	X					0	0	0
(40) George Barrett DIRECTOR - NCH/RINCH	6.0 3.0	X					0	0	0
(41) Greg D Pearson MD DIRECTOR - NCH	47.0 3.0	X					629,476	0	76,989
(42) Hannah Wexner DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(43) Honorable Algenon Marbley DIRECTOR - NCH	3.0 3.0	X					0	0	0
(44) Jamie Reed DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(45) John Havens DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(46) John McConnell DIRECTOR - NCH FOUNDATION (AS OF 5/24)	3.0 0.0	X					0	0	0
(47) Jonathan Ramsden DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(48) Jordan Miller Jr DIRECTOR - NCH	3.0 3.0	X					0	0	0
(49) Joseph A Chlapaty DIRECTOR - NCH	3.0 3.0	X					0	0	0
(50) Joseph Tobias MD DIRECTOR - CAA	50.0 0.0	X					876,042	0	76,508
(51) Katherine Wolfe Lloyd DIRECTOR - CCFA	3.0 0.0	X					0	0	0
(52) Kaydian Comer DIRECTOR - CCFA	3.0 0.0	X					0	0	0
(53) Lee Ann Wallace SR VP & CHIEF NURSING OFFICER - NCH	50.0 1.0	X					731,413	0	123,711
(54) Libby Germain DIRECTOR - NCH/Foundation	6.0 3.0	X					0	0	0
(55) Linda Chlapaty DIRECTOR - CCFA (AS OF 5/24)	3.0 0.0	X					0	0	0
(56) Lindsay Schottenstein DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(57) Matt Vaughan Director - RINCH	3.0 0.0	X					0	0	0
(58) Michael Fitzpatrick DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(59) Michele Holcomb DIRECTOR - RINCH	3.0 0.0	X					0	0	0
(60) Miranda Delatore DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(61) Oluyinka Olutoye MD DIRECTOR - CSA/PFK	50.0 0.0	X					1,349,408	0	210,345
(62) Peter Mohler PHD DIRECTOR - RINCH	3.0 0.0	X					0	0	0
(63) Prashant Malhotra MD DIRECTOR - PFK	50.0 0.0	X					576,222	0	77,066
(64) Ralph Andretta DIRECTOR - NCH	3.0 3.0	X					0	0	0
(65) Ray Bignall MD DIRECTOR - PFK & CCFA	6.0 0.0	X					0	0	0
(66) Rob Snyder MD DIRECTOR - PFK	20.0 0.0	X					140,307	0	18,110
(67) SHAMLAL MANGRAY MD DIRECTOR - PPAC	50.0 0.0	X					518,126	0	84,706
(68) Sue Zazon DIRECTOR - CCFA (TO 4/24)	3.0 0.0	X					0	0	0
(69) Thomas Walker DIRECTOR - RINCH	3.0 0.0	X					0	0	0
(70) Timothy Johnson DIRECTOR - NCH FOUNDATION	3.0 0.0	X					0	0	0
(71) Vinay Prasad MD DIRECTOR - PFK	50.0 0.0	X					400,497	0	64,898
(72) William Long MD DIRECTOR - NCH/PFK	23.0 3.0	X					100,788	0	1,209
(73) Andrew Lenobel ASST SECRETARY - CAA/CRI/CSA	49.0 0.0			X			244,178	0	51,491
(74) Anup Patel MD CHIEF MEDICAL OFFICER - PFK (AS OF 3/24)	3.0 0.0			X			0	0	0
(75) Dennis Durbin MD PRESIDENT - RINCH	50.0 0.0			X			836,026	0	147,093
(76) Kristen Maiorino ASST SECRETARY - PPAC (TO 9/24)	50.0 0.0			X			157,131	0	10,890
(77) Melissa Graves President - CCFA (AS OF 3/24)	50.0 0.0			X			226,045	0	35,294
(78) Nancy Cunningham Interim President - CCFA (TO 3/24)	50.0 0.0			X			240,328	0	44,965
(79) Nelson Weichold TREASURER / SR VP / CFO - NCH	63.0 4.0			X			1,224,382	0	66,598
(80) Rhonda Comer SECRETARY / SR VP / LEGAL SRVCS - NCH	63.0 4.0			X			1,008,093	0	199,811
(81) Richard Miller COO - NCH	54.0 1.0			X			1,812,996	0	81,266
(82) Sara Evans ASST SECRETARY - FOUNDATION/PFK	50.0 0.0			X			393,963	0	63,432
(83) Sean Gleeson MD PRESIDENT - PFK	50.0 0.0			X			432,627	0	64,148
(84) Shilpi Banerjee ASST SECRETARY - RINCH (TO 4/24)	50.0 0.0			X			238,434	0	4,974
(85) Stephen Testa PRES - NCH FOUNDATION	50.0 3.0			X			816,201	0	126,508
(86) Amy Roscoe VICE PRESIDENT - RINCH	50.0 0.0				X		384,990	0	57,069
(87) Denise Zabawski VP / CIO - NCH	50.0 0.0				X		779,362	0	122,611
(88) Dennis Minzler VP - NCH	50.0 0.0				X		412,565	0	59,406
(89) Lorina Wise VP / HR - NCH	50.0 0.0				X		790,283	0	109,484
(90) Marissa Larouere VP CLINICAL SERVICES - NCH	50.0 0.0				X		320,490	0	59,238
(91) Pamela Edson VICE PRESIDENT - PFK (TO 4/24)	50.0 0.0				X		236,212	0	20,365
(92) Patricia McClimon SR VP / PLAN & DEV'T - NCH	50.0 0.0				X		969,257	0	203,066
(93) Rustin Morse MD CHIEF MEDICAL OFFICER - NCH (TO 5/24)	54.0 0.0				X		957,825	0	96,311
(94) Charles Elmaraghy MD CHIEF ENT surgeon - CSA	50.0 0.0					X	1,368,864	0	76,758
(95) James Geiger MD Surgeon - CSA	50.0 0.0					X	1,250,934	0	52,787
(96) Jerry Mendell MD PRINCIPAL INVESTIGATOR IV - RINCH	50.0 0.0					X	2,000,000		0
(97) Kevin Klingele MD ORTHOPEDIC SURGEON - CSA	50.0 0.0					X	1,272,517	0	76,508
(98) Mark Galantowicz MD CHIEF OF CT SURGERY - CSA	50.0 0.0					X	2,146,087	0	70,705
(99) Luke Brown FORMER TREASURER / SR VP / CFO - NCH (TO 6/2023)	50.0 0.0					X	408,851	0	56,650
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						31,015,243	0	3,094,450	
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 2,624									

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		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	MEDICAL SERVICES	98,814,768
555 SOUTH 18TH STREET COLUMBUS, OH 43205		
THE OHIO STATE UNIVERSITY	MEDICAL SERVICES	54,644,867
410 WEST 10TH AVENUE COLUMBUS, OH 43210		
BON SECOURS MERCY HEALTH	MEDICAL SERVICES	35,391,464
PO BOX 370 MT PLEASANT, SC 29465		
OHIOHEALTH	MEDICAL SERVICES	32,726,018
3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202		
VAYA WORKFORCE SOLUTIONS	CONTRACT LABOR	28,838,588
DEPT CH 18001 PALATINE, IL 60558		

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 350	
--	--

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	1a	1a	37,092	
Amt Similar Amounts	b	1b	13,800	
	c	1c	2,731,714	
	d	1d	226,916,567	
	e	1e	118,396,331	
	f	1f	132,350,536	
	g	1g	17,875,603	
	h Total. Add lines 1a-1f			480,446,040

Program Service Revenue	2a	NET PATIENT SERVICES REVENUE	Business Code				
			900099	2,105,384,153	2,105,384,153		
	b	CAPITATION PREMIUMS	900099	1,372,477,421	1,372,477,421		
	c	PHYSICIAN SERVICES REVENUE	900099	33,242,002	33,242,002		
	d	REFERENCE LAB	541380	5,807,796		5,807,796	
	e	RETAIL PHARMACY	456110	1,845,734		1,845,734	
	f	All other program service revenue.		2,252,286	2,252,286	0	0
	9	Total. Add lines 2a-2f.	3,521,009,392				

Other Revenue	3	Investment income (including dividends, interest, and other		127,646,126		418,085	127,228,041	
	4	Income from investment of tax-exempt bond proceeds		3,022			3,022	
	5	Royalties		68,920,167			68,920,167	
	6a	Gross rents	(i) Real	(ii) Personal				
			6a	3,187,917				
			6b	3,816,940				
	c	Rental income or (loss)	6c	-629,023	0			
	d	Net rental income or (loss)		-629,023			-1,682,856	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	104,614,473				249,282
			7b	2,489,769				24,375
	c	Gain or (loss)	7c	102,124,704	224,907			
	d	Net gain or (loss)		102,349,611			102,349,611	
	8a	Gross income from fundraising events (not including \$ 2,731,714 of contributions reported on line 1c). See Part IV, line 18	8a	338,179				
	b	Less: direct expenses	8b	658,090				
	c	Net income or (loss) from fundraising events		-319,911			-319,911	
	9a	Gross income from gaming activities. See Part IV, line 19	9a	52,183				
9b			8,808					
c	Net income or (loss) from gaming activities		43,375			43,375		
10a	Gross sales of inventory, less returns and allowances	10a						
		10b						
c	Net income or (loss) from sales of inventory							

OtherRevenueMiscAmt	11a	CAFETERIA	Business Code				
			722310	9,720,512		8,100	9,712,412
	b	CHILD CARE CENTER	624410	5,022,959			5,022,959
	c	PARKING	812930	3,130,112			3,130,112
	d	All other revenue		7,754,420	4,446,233	540,993	2,767,194
	e	Total. Add lines 11a-11d		25,628,003			
	12	Total revenue. See instructions		4,325,096,802	3,517,802,095	9,674,541	317,174,126

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	279,543,135	279,543,135		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,174,502	1,174,502		
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	0	0		
5 Compensation of current officers, directors, trustees, and key employees	25,794,540	9,012,315	16,310,870	471,355
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	157,357		157,357	
7 Other salaries and wages	1,275,702,473	985,471,605	288,367,117	1,863,751
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,933,290	38,526,439	14,406,851	
9 Other employee benefits	175,105,064	134,914,302	39,662,857	527,905
10 Payroll taxes	84,783,191	60,938,352	23,844,839	
11 Fees for services (non-employees):				
a Management				
b Legal	12,134,057		12,134,057	
c Accounting	640,004		640,004	
d Lobbying	964,128		964,128	
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)	337,833,684	254,930,109	82,879,202	24,373
12 Advertising and promotion	3,208,368	290,460	1,654,854	1,263,054
13 Office expenses	68,440,582	44,217,904	24,218,586	4,092
14 Information technology	29,085,932	10,746,065	18,339,867	
15 Royalties	22,337,880	22,337,880		
16 Occupancy	123,768,372	99,833,614	23,934,758	
17 Travel	7,733,674	6,036,248	1,666,434	30,992
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,267,254	2,519,651	742,782	4,821
20 Interest	30,275,967		30,275,967	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,316,263	94,828,515	37,487,748	
23 Insurance	20,114,956	15,411,130	4,703,826	
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 CLAIMS EXPENSE	829,295,362	829,295,362		
b DRUGS	269,534,979	269,098,790	436,189	
c MEDICAL SUPPLIES	132,119,729	132,119,729		
d HOSPITAL FRANCHISE FEES	63,985,847	63,985,847		
e All other expenses	39,951,647	28,608,967	11,280,499	62,181
25 Total functional expenses. Add lines 1 through 24e	4,022,202,237	3,383,840,921	634,108,792	4,252,524
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 ☐ 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		372,347,575	1	191,379,550
	2	Savings and temporary cash investments		55,266,098	2	53,382,061
	3	Pledges and grants receivable, net		76,711,350	3	59,251,698
	4	Accounts receivable, net		554,178,825	4	787,623,143
	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		5,703,593	5	7,332,164
	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		22,123,081	7	22,146,212
	8	Inventories for sale or use		18,571,152	8	19,276,210
	9	Prepaid expenses and deferred charges		43,759,826	9	68,677,501
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a3,152,880,657			
	b	Less: accumulated depreciation	10b1,143,144,151	1,825,675,685	10c	2,009,736,506
	11	Investments—publicly traded securities		4,939,782,973	11	5,387,758,308
	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		39,309,757	14	39,328,586
	15	Other assets. See Part IV, line 11		271,592,495	15	344,646,393
16	Total assets. Add lines 1 through 15 (must equal line 33)		8,225,022,410	16	8,990,538,332	
Liabilities	17	Accounts payable and accrued expenses		442,950,969	17	478,605,574
	18	Grants payable			18	
	19	Deferred revenue		10,699,729	19	12,769,113
	20	Tax-exempt bond liabilities		616,050,000	20	601,055,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		740,951,931	25	757,435,305
	26	Total liabilities. Add lines 17 through 25		1,810,652,629	26	1,849,864,992
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		5,991,464,505	27	6,715,635,620
	28	Net assets with donor restrictions		422,905,276	28	425,037,720
	Organizations that do not follow FASB ASC 958, check here ☐ 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		6,414,369,781	32	7,140,673,340
	33	Total liabilities and net assets/fund balances		8,225,022,410	33	8,990,538,332

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	4,325,096,802
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,022,202,237
3	Revenue less expenses. Subtract line 2 from line 1	3	302,894,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,414,369,781
5	Net unrealized gains (losses) on investments	5	408,298,947
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	15,110,047
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	7,140,673,340

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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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: 24020961

Software Version: 2024v5.1

Form 990, Special Condition Description:

Special Condition Description

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2024. 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 ☐		
b 33 1/3% support test—2023. 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 ☐		
17a 10%-facts-and-circumstances test—2024. 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 ☐		
b 10%-facts-and-circumstances test—2023. 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 ☐		
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 ☐		

Part IIISupport 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						☐

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2024. 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—2023. 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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.		
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>	Yes	No
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.		
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>	Yes	No
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 (<i>explain in detail in Part VI</i>):		
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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024:		
a	From 2019.		
b	From 2020.		
c	From 2021.		
d	From 2022.		
e	From 2023.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020.		
b	Excess from 2021.		
c	Excess from 2022.		
d	Excess from 2023.		
e	Excess from 2024.		

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	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) 2024 PUBLIC SUPPORT PERCENTAGE: 99.26% 2023 PUBLIC SUPPORT PERCENTAGE: 99.26% 2024 INVESTMENT INCOME PERCENTAGE: 0.74% 2023 INVESTMENT INCOME PERCENTAGE: 0.74% PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) EIN 31-1595013 PUBLIC CHARITY STATUS: 509(A)(2) 2024 PUBLIC SUPPORT PERCENTAGE: 99.67% 2023 PUBLIC SUPPORT PERCENTAGE: 99.63% 2024 INVESTMENT INCOME PERCENTAGE: 0.33% 2023 INVESTMENT INCOME PERCENTAGE: 0.37% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHARITY STATUS: 509(A)(2) 2024 PUBLIC SUPPORT PERCENTAGE: 100.00% 2023 PUBLIC SUPPORT PERCENTAGE: 100.00% 2024 INVESTMENT INCOME PERCENTAGE: 0.00% 2023 INVESTMENT INCOME PERCENTAGE: 0.00% CHILDREN'S ANESTHESIA ASSOCIATES (CAA) EIN 31-0650338 PUBLIC CHARITY STATUS: 509(A)(2) 2024 PUBLIC SUPPORT PERCENTAGE: 100.00% 2023 PUBLIC SUPPORT PERCENTAGE: 100.00% 2024 INVESTMENT INCOME PERCENTAGE: 0.00% 2023 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) 2024 PUBLIC SUPPORT PERCENTAGE: 57.30% 2023 PUBLIC SUPPORT PERCENTAGE: 56.80% RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-6056230 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2024 PUBLIC SUPPORT PERCENTAGE: 65.30% 2023 PUBLIC SUPPORT PERCENTAGE: 60.80% 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) 2024 PUBLIC SUPPORT PERCENTAGE: 77.40% 2023 PUBLIC SUPPORT PERCENTAGE: 80.10% CHILDREN'S HOSPITAL AND PHYSICIAN'S HEALTHCARE NETWORK EIN: 31-1429047 PUBLIC CHARITY STATUS: 509(A)(3) TYPE I

Additional Data

[Return to Form](#)

Software ID: 24020961

Software Version: 2024v5.1

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization Nationwide Childrens Hospital Group Return		Employer identification number 01-0782751

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
Nationwide Childrens Hospital Group Return

Employer identification number
01-0782751

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

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

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

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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?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ 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?	☐ Yes ☐ 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><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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?		☐ Yes ☐ 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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		6,317
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		170,700
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		787,111
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			964,128
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 \$170,700. During 2024, 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 2024. 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: 24020961

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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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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 (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	271,339,342	236,698,988	269,598,015	239,090,684	207,575,104
b Contributions	6,948,706	6,530,114	6,358,820	11,461,796	17,303,071
c Net investment earnings, gains, and losses	36,325,530	36,638,270	-32,497,923	27,225,909	20,840,075
d Grants or scholarships					
e Other expenditures for facilities and programs	9,367,401	8,528,030	6,759,924	8,180,374	6,627,566
f Administrative expenses					
g End of year balance	305,246,177	271,339,342	236,698,988	269,598,015	239,090,684

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 20.72 %

b

Permanent endowment ▶ 79.28 %

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:

(i) Unrelated organizations

(ii) Related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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	990,000	70,948,870		71,938,870
b Buildings		2,167,799,070	741,939,308	1,425,859,762
c Leasehold improvements		30,468,945	15,670,489	14,798,456
d Equipment		598,298,204	385,534,354	212,763,850
e Other		284,375,568	0	284,375,568
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,009,736,506

Schedule D (Form 990) (Rev. 1-2025)

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	
Federal Income Taxes	
MARKET VALUE OF INTEREST RATE SWAP	
ACCRUED RETIREMENT BENEFITS	9,142,296
OTHER DONOR RELATED LIABILITIES	3,796,535
ACCRUED PROFESSIONAL LIABILITY	19,002,010
BOND ISSUANCE COSTS	16,561,452
PAYABLE TO THIRD PARTY PAYORS	1,362,779
LEASE LIABILITY	77,311,155
DUE TO AFFILIATE	11,221,269
DEFERRED COMPENSATION	3,739,091
TAXABLE BOND LIABILITY	541,075,000
OTHER LIABILITIES	8,474,566
CLAIMS PAYABLE	65,749,152
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	757,435,305
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	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0

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	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0

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, 2024 AND 2023.

Additional Data

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Software ID: 24020961

Software Version: 2024v5.1

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 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 Activites 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	3,636,971
(2)	East Asia and the Pacific	0	0	Program Services	Research Collaboration	31,798
(3)	Europe (Including Iceland and Greenland)	0	0	Program Services	Healthcare Services	61,574
(4)	Sub-Saharan Africa	0	0	Program Services	Research Collaboration	151,832
(5)	North America (Canada & Mexico only)	0	0	Program Services	Research Collaboration	605,572
(6)	Central America and the Caribbean	0	0	Investments		130,000
(7)	Europe (Including Iceland and Greenland)	0	0	Program Services	Research Collaboration	399,812
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a Sub-total		0	0			5,017,559
b Total from continuation sheets to Part I		0	0			0
c Totals (add lines 3a and 3b)		0	0			5,017,559

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

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

[illegible]

Additional Data

Software ID: 24020961

Software Version: 2024v5.1

SCHEDULE G
(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

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 ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ 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	1,323,150	855,601	891,142	3,069,893
	2 Less: Contributions	1,245,375	855,601	630,738	2,731,714
	3 Gross income (line 1 minus line 2)	77,775	0	260,404	338,179
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	1,900	1,900
	6 Rent/facility costs	12,100	0	61,878	73,978
	7 Food and beverages	4,465	14,714	117,576	136,755
	8 Entertainment	1,500	3,812	21,411	26,723
	9 Other direct expenses	62,500	217,416	138,818	418,734
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				658,090
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-319,911

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			52,183	52,183
Direct Expenses	2 Cash prizes			7,983	7,983
	3 Noncash prizes			825	825
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ 0 %.. ☐ No	☐ Yes _____ 0 %.. ☐ No	☒ Yes _____ 100 %.. ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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 ▶ \$

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

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. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☒ 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: ☐ 100% ☐ 150% ☒ 200% ☐ 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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ 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"?		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
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?		
b	If "Yes," did the organization make it available to the public?		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

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)			44,655,952	4,130,880	40,525,072	1.008 %
b Medicaid (from Worksheet 3, column a)			1,064,913,108	877,730,828	187,182,280	4.654 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,568,566	5,568,566	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	1,115,137,626	887,430,274	227,707,352	5.661 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			25,363,472	16,148,211	9,215,261	0.229 %
f Health professions education (from Worksheet 5)			51,509,543	4,424,378	47,085,165	1.171 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			316,293,889	240,506,633	75,787,256	1.884 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			44,276,171		44,276,171	1.101 %
j Total. Other Benefits	0	0	437,443,075	261,079,222	176,363,853	4.385 %
k Total. Add lines 7d and 7j	0	0	1,552,580,701	1,148,509,496	404,071,205	10.046 %

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		550,632		550,632	0.014 %
2	Economic development				0	0 %
3	Community support		2,157,151	248,843	1,908,308	0.047 %
4	Environmental improvements		404,355		404,355	0.010 %
5	Leadership development and training for community members		8,225		8,225	0 %
6	Coalition building				0	0 %
7	Community health improvement advocacy		1,283,048	571,787	711,261	0.018 %
8	Workforce development		155,443		155,443	0.004 %
9	Other				0	0 %
10	Total	0	4,558,854	820,630	3,738,224	0.093 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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	60,053,094	
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	0	
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	6,114,552	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	8,287,719	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,173,167	
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ 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				
9				
10				
11				
12				
13				

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)
--	-------------------	----------------------------	---------------------	-------------------	--------------------------	-------------------	-------------	----------	------------------

Facility
reporting group

1	NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS) 700 CHILDRENS DRIVE COLUMBUS,OH 43205 WWW.NATIONWIDECHILDRENS.ORG 1169LH	X	X	X	X		X	X		NEONATAL INTENSIVE CARE UNITS
---	--	---	---	---	---	--	---	---	--	-------------------------------------

A

2	NATIONWIDE CHILDREN'S HOSPITAL TOLEDO 2213 Cherry Street TOLEDO,OH 43608 https://www.nationwidechildrens.org/locations/toledo 1926LH	X	X	X						NEONATAL INTENSIVE CARE UNIT
---	--	---	---	---	--	--	--	--	--	------------------------------------

B

4	Nationwide Children's Hospital Riverside NICU 3535 Olentangy Rd COLUMBUS, OH 43214 WWW.NATIONWIDECHILDRENS.ORG 1169LH									NEONATAL INTENSIVE CARE UNIT
---	--	--	--	--	--	--	--	--	--	------------------------------------

A

7	Nationwide Children's Hospital OSU Wexner NICU 410 W 10th Ave COLUMBUS, OH 43210 WWW.NATIONWIDECHILDRENS.ORG 1169LH									NEONATAL INTENSIVE CARE UNIT
---	--	--	--	--	--	--	--	--	--	------------------------------------

A

5	Nationwide Children's Hospital Grant NICU 111 S Grant Ave COLUMBUS, OH 43215 WWW.NATIONWIDECHILDRENS.ORG 1169LH									NEONATAL INTENSIVE CARE UNIT
---	---	--	--	--	--	--	--	--	--	------------------------------------

--	--	--	--	--	--	--	--	--	--	--

A

9	Nationwide Children's Hospital St Ann's NICU 500 S Cleveland Ave Westerville, O H 43081 WWW.NATIONWIDECHILDRENS.ORG 1169LH									NEONATAL INTENSIVE CARE UNIT
---	--	--	--	--	--	--	--	--	--	------------------------------------

A

3	Nationwide Children's Hospital Lewis Center Close to Home 7853 Pacer Dr Delaware, O H 43015 WWW.NATIONWIDECHILDRENS.ORG 1169LH							X	
---	---	--	--	--	--	--	--	---	--

A

8	Nationwide Children's Hospital Doctor's NICU 4100 W Broad St COLUMBUS, O H 43228 WWW.NATIONWIDECILDRENS.ORG 1169LH										NEONATAL INTENSIVE CARE UNIT
---	--	--	--	--	--	--	--	--	--	--	------------------------------------

A

6	Nationwide Children's Hospital Dublin Special Care Nursery 7500 Hospital Dr Dublin, O H 43016 WWW.NATIONWIDECILDRENS.ORG 1169LH										NEONATAL INTENSIVE CARE UNIT
---	---	--	--	--	--	--	--	--	--	--	------------------------------------

A

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)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

		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?	1	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.	2	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):	3	Yes
	a ☒ A definition of the community served by the hospital facility		
	b ☒ Demographics of the community		
	c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d ☒ How data was obtained		
	e ☒ The significant health needs of the community		
	f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h ☒ The process for consulting with persons representing the community's interests		
	i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j ☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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	5	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	6a	Yes
b	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.	6b	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): https://www.nationwidechildrens.org/about-us/who-we-are/community-and-advocacy/community-relations/c	7	Yes
	a ☒ Hospital facility's website (list url): <u>advocacy/community-relations/c</u>		
	b ☐ Other website (list url): _____		
	c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
	d ☐ 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.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? https://www.nationwidechildrens.org/about-us/who-we-are/community-and-advocacy/community-relations/c	10	Yes
	a If "Yes" (list url): <u>advocacy/community-relations/c</u>		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	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)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	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:	13 Yes	
	a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> %		
	b ☒ Income level other than the FPG (describe in Section C) <u>and no less than the FPG</u> for discounted care of <u>450.0</u> %		
	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?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	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?	16 Yes	
	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): <u>https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance</u>		
	b ☒ The FAP application form was widely available on a website (list url): <u>https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance</u>		
	c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance</u>		
	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 who are most likely to require financial assistance about availability of the FAP		
	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)		

Part V Facility Information *(continued)*

Billing and Collections

A

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?	17	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous			
d ☐ Actions that required a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ 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:	19		No
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous			
d ☐ Actions that required a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
b ☐ Made a reasonable effort to orally notify individuals about the ECA and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ 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:	21	Yes	
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section			
d ☐ Other (describe in Section C)			

Part V Facility Information (continued)

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

A

Name of hospital facility or letter of facility reporting group

	Yes	No
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		
d ☐ Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
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?		No
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?		No
If "Yes," explain in Section C.		

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)

B

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?	1	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.	2	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):	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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	5 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	6a Yes	
b 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.	6b 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): https://www.nationwidechildrens.org/locations/toledo/faqs/community-health-needs-assessment	7 Yes	
a ☒ Hospital facility's website (list url): <u>needs-assessment</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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.	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? https://www.nationwidechildrens.org/locations/toledo/faqs/community-health-needs-assessment	10 Yes	
a If "Yes" (list url): <u>needs-assessment</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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)

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	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:	13 Yes	
	a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> %		
	b ☒ Income level other than the FPG (describe in Section C) <u>and no less than the FPG</u> for discounted care of <u>450.0</u> %		
	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?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	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?	16 Yes	
	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): <u>https://www.nationwidechildrens.org/locations/toledo/patient-resources/financial-assistance</u>		
	b ☒ The FAP application form was widely available on a website (list url): <u>https://www.nationwidechildrens.org/locations/toledo/patient-resources/financial-assistance</u>		
	c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>https://www.nationwidechildrens.org/locations/toledo/patient-resources/financial-assistance</u>		
	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/or at most patients' request, regarding financial assistance about availability of the FAP		
	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)		

Part V **Facility Information** *(continued)*

Billing and Collections

B

Name of hospital facility or letter of facility reporting group

- 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?
- 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** ☐ Reporting to credit agency(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous
- d** ☐ Actions that required a legal or judicial process
- e** ☐ Other similar actions (describe in Section C)
- f** ☒ 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** ☐ Reporting to credit agency(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous
- d** ☐ Actions that required a legal or judicial process
- e** ☐ Other similar actions (describe in Section C)
- 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** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the
- b** ☐ Made a reasonable effort to orally notify individuals about the FAP and SAP application process (if not, describe in Section C)
- c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e** ☐ Other (describe in Section C)
- f** ☐ None of these efforts were made

	Yes	No
17	Yes	
18		
19		No
20		

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:
- a** ☐ The hospital facility did not provide care for any emergency medical conditions
- b** ☐ The hospital facility's policy was not in writing
- c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section
- d** ☐ Other (describe in Section C)

	Yes	No
21	Yes	

Part V **Facility Information** *(continued)*

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

B

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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.	23	No
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.	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 A, 1	Facility A, 1 - NATIONWIDE CHILDREN'S HOSPITAL. COMMUNITY INPUT FOR THIS REPORT WAS PROVIDED THROUGH A SERIES OF FACILITATED SESSIONS THAT TOOK PLACE THROUGHOUT 2020 AND 2021 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: - JONATHAN THOMAS - ADAMH BOARD (MENTAL HEALTH REPRESENTATIVE) - CORA HARRISON - B.R.E.A.D. ORGANIZATION (REPRESENTING THE SENIOR COMMUNITY) - LYNN DOBB - CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR COMMUNITY) - JEFF KLINGLER - CENTRAL OHIO HOSPITAL COUNCIL (HOSPITAL/MEDICAL REPRESENTATIVE) - SHERRI KOVACH - CENTRAL OHIO TRAUMA SYSTEM (HOSPITAL/MEDICAL REPRESENTATIVE) - ANDY WAPNER - CENTER FOR PUBLIC HEALTH PRACTICE AT THE OHIO STATE UNIVERSITY (UNIVERSITY SYSTEM REPRESENTATIVE) - KATHY COWEN & JENNIFER MOREL - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - DAN GOOD - EDUCATIONAL SERVICE CENTER (EDUCATION REPRESENTATIVE) - DE' JUAN L. STEVENS - EQUITAS HEALTH (LGBTQ+ REPRESENTATIVE) - SELESHI AYALEW ASFAW - ETHIOPIAN TEWAHEDO SOCIAL SERVICES (SOCIAL SERVICES; NEW AMERICAN POPULATIONS REPRESENTATIVE) - ROBIN HARRIS - FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (FINANCIAL AND SOCIAL SERVICES REPRESENTATIVE) - ORVELL JOHNS - FRANKLIN COUNTY OFFICE ON AGING (REPRESENTING THE SENIOR COMMUNITY) - THERESA SEAGRAVES - FRANKLIN COUNTY PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - MICHAEL COREY - HUMAN SERVICES CHAMBER (SOCIAL SERVICES REPRESENTATIVE) - AMY HEADINGS - MID-OHIO FOOD COLLECTIVE (FOOD INSECURE POPULATIONS) - STEPHEN PACHAN - MID-OHIO REGIONAL PLANNING COMMISSION (TRANSPORTATION, DATA REPRESENTATIVE) - CANDICE COLEMAN - MOUNT CARMEL HEALTH SYTEM (HOSPITAL/MEDICAL REPRESENTATIVE) - CARLA FOUNTAINE, LIBBEY HOANG & ELVIA SULI - NATIONWIDE CHILDREN'S HOSPITAL (HOSPITAL/MEDICAL REPRESENTATIVE) - CORA MUNOZ - OHIO ASIAN AMERICAN HEALTH COALITION (MINORITY POPULATIONS) - DAVID ELLSWORTH - OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM (REPRESENTING THE DISABLED COMMUNITY) - AUTUMN GLOVER & MARY ANN G. ABIADO - OHIOHEALTH (HOSPITAL/MEDICAL REPRESENTATIVE) - LILLEAN CAVANAUGH - OHIO LATINO AFFAIRS COMMISSION (MINORITY POPULATIONS) - WANDA DILLARD,BILL HAYES & ANNIE MARSICO - THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER (HOSPITAL/MEDICAL REPRESENTATIVE) - LISA COURTICE - UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND HOMELESS POPULATIONS) - ROBERT BRAMLISH - VETERAN'S SERVICE COMMISSION (VETERANS) - STEPHANIE ROBINSON - WORKFORCE DEVELOPMENT BOARD (WORKFORCE DEVELOPMENT REPRESENTATIVE) 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 A, 1	Facility A, 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 A, 1	Facility A, 1 - NATIONWIDE CHILDREN'S HOSPITAL. THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH ADAMH BOARD, B.R.E.A.D. ORGANIZATION, CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO HOSPITAL COUNCIL, CENTRAL OHIO TRAUMA SYSTEM, CENTER FOR PUBLIC HEALTH PRACTICE, COLUMBUS PUBLIC HEALTH, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO SOCIAL SERVICES, FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, FRANKLIN COUNTY OFFICE ON AGING, FRANKLIN COUNTY PUBLIC HEALTH, HUMAN SERVICES CHAMBER, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING COMMISSION, OHIO ASIAN AMERICAN HEALTH COALITION, OHIO DEPARTMENT OF HEALTH DISABILITY AND HEALTH PROGRAM, OHIO LATINO AFFAIRS COMMISSION, UNITED WAY OF CENTRAL OHIO, VETERAN'S SERVICE COMMISSION, AND WORKFORCE DEVELOPMENT BOARD.
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - NATIONWIDE CHILDREN'S HOSPITAL. PRIMARY TARGETS FOR NATIONWIDE CHILDREN'S EFFORTS FALL INTO THE CATEGORIES IDENTIFIED BY THE FRANKLIN COUNTY HEALTHMAP 2022. ALL SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA ARE BEING ADDRESSED. GENERAL STRATEGIES FOR ADDRESSING THESE NEEDS ARE AS FOLLOWS: BASIC NEEDS: To help improve residents' access to basic needs including housing, income, neighborhood safety, food security and access to nutritious foods, Nationwide Children's and Healthy Neighborhoods Healthy Families will: - Add 25 rental units to the South Side. - Complete 40 home repairs on the South Side. - Complete 200 home repairs in South and North Linden. - Add 80 scattered-site rental units to South and North Linden. - Add 60 homeownership units to South and North Linden through the Central Ohio Community Land Trust. - Continue tenant success meetings to educate renters on best practices for safe and healthy homes as well as information on other HNHF services. - Continue financial stability initiatives including My Bridge 2 Success and expand Volunteer Income Tax Assistance Program. - Increase filings for the Earned Income Tax Credit, especially for Black, female-led households. - Increase feelings of neighborhood safety through PlayStreets events. - Expand Linden Fresh Market reach between 44,000 and 46,000 annual visits by 2024. - Serve more than 13,100 unduplicated families at the South Side Fresh Market by 2024. RACIAL EQUITY: Nationwide Children's will work to help improve racial disparities in economic and housing stability, in quality health care, mental health and safety, and in maternal and infant health outcomes, by doing the following: - Create or preserve 1,000 units total (from when work began in 2008) of affordable housing on the South Side. - Create goals in collaboration with stakeholders for developing affordable housing in Linden by 2025 and by

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
	improving 100 to 150 homes and developing 20 to 30 homes and 50 rental units by 2025. - Increase the number of underrepresented minority (URM) community members who participate in workforce development programs and obtain a living wage career pathway as a result. - Increase the number of jobs and businesses created within the community. - Increase the URM youth employment rate in the community. - Increase the percentage of Nationwide Children's purchases from local underrepresented minority businesses. - Increase the percentage of Nationwide Children's patients receiving a social determinants of health screen. - Reduce visits of children with incarcerated parents, ages 2 to 18, seen at Nationwide Children's for a well-child check with behavioral health concern from 50% to 25% by 2023. - Create a coordinated health care response for detained youth as measured by a 50% increase in the number of youths, and youths of color, who receive provider recommended health care during detention and at three months after release by the end of 2022 and sustain for one year. - Improve pediatric health outcomes in URM children by increasing prevention measures including well child visits, immunizations, students exposed to evidence-based health education and teen pregnancy prevention. - Evaluate behavioral health access including depression screening and links to behavioral health care services. - Increase the percentage of Nationwide Children's patients receiving a social determinants of health screen. - Implement one intervention aimed specifically at reducing racial disparity in each pediatric vital sign measure. BEHAVIORAL HEALTH: Big Lots Behavioral Health Services at Nationwide Children's is dedicated to the care of children and adolescents suffering from problems of emotion, behavior, development, thought and adaptation-to-life challenges, including those associated with physical illness and trauma. The hospital and its partners are continuing to expand and improve treatment options, including inpatient and outpatient services and outreach and community programs, to serve children in Franklin County and in southeast Ohio. In 2020, Nationwide Children's opened the Big Lots Behavioral Health Pavilion, America's largest center dedicated exclusively to child and adolescent behavioral and mental health on a pediatric medical campus. Maternal and Infant Health: Nationwide Children's aims to decrease infant mortality and preterm births and improve prenatal care in Franklin County through several programs and services such as: Birth Control for Teens, Teen and Pregnant Program, Ohio Better Birth Outcomes; and by offering home visiting, adolescent well-care and safe sleep education. DISEASE MANAGEMENT: Nationwide Children's has multiple programs in place to address asthma, diabetes and obesity, many of which are designed to empower patients and their families to manage their conditions. For children with asthma and diabetes, this has led to fewer emergency department visits and inpatient hospital treatment. PREVENTIVE CARE: In response to the need for more appropriate, accessible care, Nationwide Children's has committed to providing additional primary and subspecialty health care to Franklin County residents and assisting with coordinating care for vulnerable patients through efforts that will increase access to well child visits and immunization through Nationwide Children's Primary Care Centers and through providing additional dental care access. For additional details and more programmatic specific actions established by Nationwide Children's to address these needs, 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 A, 1	Facility A, 1 - NATIONWIDE CHILDREN'S HOSPITAL. 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 A, 1	Facility A, 1 - NATIONWIDE CHILDREN'S HOSPITAL. 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 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 B, 1	Facility B, 1 - Nationwide Children's Hospital - Toledo. Nationwide Children's - Toledo was among several community partners involved with Healthy Lucas County. The mission of Healthy Lucas County is to improve the health and quality of life for Lucas County residents through data collection and planning that mobilizes collaborative partnerships that develop and implement strategic action in Lucas County to create health equity. The 2019/2020 Healthy Lucas County Executive Committee includes: - Adelante - Advocates for Basic Legal Equality - Area Office on Aging of Northwestern Ohio - Board of Lucas County Commissioners - City of Toledo - CWA Local 4319 - Connecting Kids to Meals - Health Partners of Western Ohio - Hospital Council of Northwest Ohio - LIISC Toledo - Live Well Greater Toledo - Lucas County Department of Job & Family Services - Lucas Metropolitan Housing Authority - McLaren St. Luke's - Mental Health & Recovery Services Board of Lucas County - Mercy Health - NAACP 3204 - Neighborhood Health Association - ProMedica - Toledo Fire & Rescue - Toledo/Lucas County CareNet - Toledo-Lucas County Health Department - Toledo Lucas County Homelessness Board - Toledo Public Schools - United Way of Greater Toledo - University of Toledo Medical Center - YMCA of Greater Toledo - YWCA of Northwest Ohio These local agencies worked collaboratively to help hospitals and other organizations better understand the health needs and priorities of its

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
	residents. Self-administered surveys were distributed county-wide to adults (19 years and older), youth (ages 12-18) and the parents of children (ages 0-11) from November 2019 through March 2020 before the COVID-19 pandemic. The Hospital Council of Northwest Ohio collected the data and integrated the sources into the final assessment, and the data analysis was conducted by health education researchers at the University of Toledo. Overall, the community health needs assessment captured vital data on health care access, health behaviors, chronic disease, social conditions and racial disparities in the community that Nationwide Children's - Toledo used to develop its Implementation Strategy. Community input for this report was obtained by the members of the Cherry Legacy Group, who are Lucas County residents. They reviewed the assessment and provided feedback on priorities as well as potential partnerships to address these community needs. A representative from Toledo-Lucas County Health Department also reviewed the community needs and provided feedback to ensure alignment with Lucas County community concerns. Because this is the first Community Health Needs Assessment that Nationwide Children's - Toledo has conducted, there are no written comments from previous Community Health Needs Assessments or Implementation Strategies to report.
Schedule H, Part V, Section B, Line 6a Facility B, 1	Facility B, 1 - Nationwide Children's Hospital - Toledo. THE CHNA WAS CONDUCTED WITH THESE OTHER HOSPITAL FACILITIIES: McLaren St. Luke's, Mercy Health and ProMedica.
Schedule H, Part V, Section B, Line 6b Facility B, 1	Facility B, 1 - Nationwide Children's Hospital - Toledo. THE CHNA WAS CONDUCTED WITH THESE OTHER NON-HOSPITAL FACILITIIES: - Adelante - Advocates for Basic Legal Equality - Area Office on Aging of Northwestern Ohio - Board of Lucas County Commissioners - City of Toledo - CWA Local 4319 - Connecting Kids to Meals - Health Partners of Western Ohio - Hospital Council of Northwest Ohio - LISC Toledo - Live Well Greater Toledo - Lucas County Department of Job & Family Services - Lucas Metropolitan Housing Authority - Mental Health & Recovery Services Board of Lucas County - NAACP 3204 - Neighborhood Health Association - Toledo Fire & Rescue - Toledo/Lucas County CareNet - Toledo-Lucas County Health Department - Toledo Lucas County Homelessness Board - Toledo Public Schools - United Way of Greater Toledo - University of Toledo Medical Center - YMCA of Greater Toledo - YWCA of Northwest Ohio
Schedule H, Part V, Section B, Line 11 Facility B, 1	Facility B, 1 - Nationwide Children's Hospital - Toledo. The 2021-2024 Lucas County Community Health Improvement Plan (herein referenced as 2021-2024 Lucas County CHIP) identifies four health priorities, and Nationwide Children's - Toledo has adopted one additional priority based on pediatric needs in the area. The following discusses how Nationwide Children's - Toledo is addressing the priorities identified in Mercy Health's Community Health Needs Assessment. All significant needs identified in the CHNA are being addressed. Community Conditions: To lessen the impact of adverse community conditions and improve quality of life for children in Lucas County, over the next three years Nationwide Children's - Toledo will: - Identify current prevention services and community partnerships. - Examine existing programs and identify local partners to support future housing initiatives and opportunities to reduce adverse childhood experiences. - Increase the percentage of patients under the age of 2 who have received their annual lead screening by 50% by 2024. - Create and distribute educational collateral/brochures on signs and symptoms related to lead exposure. - Identify community partners working to improve kindergarten readiness and support local efforts to build early language and literacy skills, increase high quality childhood education and improve children's well-being before age 5. Mental Health: To improve access to mental health care resources and screening for mental health care issues, over the next three years Nationwide Children's - Toledo will: - Grow the psychology team in Toledo and Lucas County. - Develop a three-year strategy to enhance autism services in Toledo and Lucas County. - Develop a three-year strategy to enhance behavioral health services in Toledo and Lucas County. - Increase depression screenings in Toledo and Lucas County. - Grow Extension for Community Healthcare Outcomes (ECHO) and Behavioral Health Treatment Insights and Provider Support in northwest Ohio to increase access to care and treatment. - Identify community partnerships including Avenues for Autism and Center for Child Development in Wood County. Childhood Conditions and Chronic Disease: To improve the quality of life for patients with chronic pediatric diabetes, allowing children to live as normal a life as possible, over the next three years Nationwide Children's - Toledo will: - Increase access to pediatric patients with diabetes by hiring a second provider. - Open additional outreach clinics in Lucas County to provide care closer to home and improve compliance. - Analyze opportunities to implement diabetes education in the community and identify community partnerships. - Establish Center for Healthy Weight and Nutrition via Project ECHO Collaborative. Injury Prevention: To help reduce or prevent injuries due to motor vehicle accidents and gun violence, over the next three years Nationwide Children's - Toledo will: - Support Mercy Health as they take the lead as a level 2 trauma center and be a supportive partner by completing a feasibility study to review car seat programming for the hospital. - Understand and support community priorities around gun violence prevention. - Participate in at least one program preventing gun violence with community partners. - Identify community partnerships. Maternal and Infant Health: To help improve health outcomes for infants, over the next three years Nationwide Children's - Toledo will: - Support local efforts to ensure success of home visiting programs and the Pathways HUB to connect pregnant women to needed supports related to health care and social determinants of health. - Provide standard safe sleep education in after-visit summary at Nationwide Children's - Toledo NICU discharge. - Establish a crib distribution program. - Establish social determinants of health screening within the Nationwide Children's - Toledo NICU to connect families to support services. - Explore increased breastfeeding education and support within the Nationwide Children's - Toledo NICU. - Partner with local organizations to explore other opportunities to reduce infant mortality. - Identify community partnerships. For additional details and more programmatic specific actions established by Nationwide Children's - Toledo to address these needs, please see the implementation strategy posted on this website: https://www.nationwidechildrens.org/locations/toledo/faqs/community-health-needs-assessment .
Schedule H, Part V, Section B, Line 13 Facility B, 1	Facility B, 1 - Nationwide Children's Hospital - Toledo. Ohio of Michigan residents with family income greater than 200% of the FPL but less than 450% of the FPL whose bills from NCH Toledo 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 300% of the FPL will be written off to a balance equal to 5% 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	Facility B, 1 - Nationwide Children's Hospital - Toledo. IN ADDITION TO USING THE FPG IN

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (List by name, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 61

Name and address		Type of Facility (describe)
1	NORTHWEST CHILDREN'S COMMUNITY PRACTICES II LLC DBA PEDIATRICARE ASSOCIATES 7629 KINGS POINTE ROAD TOLEDO,OH 43617	Physician Practice
2	ONTARIO CLOSE TO HOME 2003 W 4TH STREET ONTARIO,OH 44906	CLINICAL THERAPIES
3	NORTHWEST PEDIATRIC SPECIALISTS LLC 7435 BERRIDGE RD WHITEHOUSE,OH 43571	CLINICAL THERAPIES
4	NORTHWEST PEDIATRIC SPECIALISTS LLC 44 SAMARIA ROAD TEMPERANCE,MI 48182	CLINICAL THERAPIES
5	CHILDREN'S COMMUNITY PRACTICES LLC DBA HAND IN HAND PEDIATRICS 6051 MEMORIAL DRIVE DUBLIN,OH 43017	PHYSICIAN PRACTICE
6	NORTHWEST PEDIATRIC SPECIALISTS LLC DBA NATIONWIDE CHILDREN'S HOSPITAL TIFF IN PRIMARY CARE CENTER 500 W MARKET ST TIFFIN,OH 44883	PHYSICIAN PRACTICE
7	CHILDREN'S COMMUNITY PRACTICES LLC DBA BLANCHARD VALLEY PEDIATRICS 1818 CHAPEL DRIVE SUITE D FINDLAY,OH 45840	Physician Practice
8	CHILDREN'S COMMUNITY PRACTICES LLC DBA HELPING HANDS PEDIATRICS 5030 WALNUT STREET S SOUTH BLOOMFIELD,OH 43103	PHYSICIAN PRACTICE
9	NORTHWEST PEDIATRIC SPECIALISTS LLC DBA NATIONWIDE CHILDREN'S HOSPITAL VILL AGE SQUARE PRIMARY CARE CENTER 1103 VILLAGE SQUARE SUITE 202 PERRYSBURG,OH 43551	PHYSICIAN PRACTICE
10	CHILDREN'S COMMUNITY PRACTICES LLC DBA GAHANNA PEDIATRICS 470 SILVER LANE B GAHANNA,OH 43230	PHYSICIAN PRACTICE
11	CHILDREN'S COMMUNITY PRACTICES LLC DBA PEDIATRICS OF GROVE CITY 4079 GANTZ ROAD GROVE CITY,OH 43123	PHYSICIAN PRACTICE
12	NORTHWEST PEDIATRIC SPECIALISTS LLC DBA NATIONWIDE CHILDREN'S HOSPITAL DEFI ANCE PRIMARY CARE CENTER 1400 E SECOND STREET SUITE 100 DEFIANCE,OH 43512	PHYSICIAN PRACTICE
13	CHILDREN'S COMMUNITY PRACTICES LLC DBA CHILLICOTHE PEDIATRICS 1264 HOSPITAL ROAD CHILLICOTHE,OH 45601	Physician Practice
14	NEWARK CLOSE TO HOME CENTER 75 SOUTH TERRACE AVENUE NEWARK,OH 43055	MEDICAL OFFICES, LAB
15	SPRINGFIELD - OHIO PEDIATRIC CARE ALLIANCE 1644 NORTH LIMESTONE STREET SPRINGFIELD,OH 45503	LAB
16	REYNOLDSBURG - LIVINGSTON CAMPUS 6699 E LIVINGSTON AVENUE REYNOLDSBURG,OH 43068	SCHOOL-BASED PRIMARY CARE
17	NORTHWEST PEDIATRIC SPECIALISTS LLC 605 3RD AVENUE SUITE B FREMONT,OH 43420	SPECIALTY CLINICS
18	CHILDREN'S COMMUNITY PRACTICES LLC DBA UPPER ARLINGTON PEDIATRICS 4919 DIERKER ROAD UPPER ARLINGTON,OH 43220	PHYSICIAN PRACTICE
19	CHILLICOTHE CLOSE TO HOME CENTER 4439 STATE ROUTE 159 CHILLICOTHE,OH 45601	CARDIOLOGY CLINIC & HEM/ONC CLINIC
20	MANSFIELD CLOSE TO HOME CENTER 536 S TRIMBLE ROAD MANSFIELD,OH 44906	MEDICAL OFFICES, LAB, CARDIOLOGY
21	PHILIP HEIT CENTER FOR HEALTHY NEW ALBANY 150 W MAIN STREET NEW ALBANY,OH 43054	CLINICAL THERAPIES, RADIOLOGY
22	SHELBY CITY SCHOOLS	SCHOOL-BASED PRIMARY CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (If more than one, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 61

Name and address		Type of Facility (describe)
23	109 WEST SMILEY AVENUE SHELBY, OH 44875 CHILDREN'S COMMUNITY PRACTICES LLC DBA MOUNT VERNON PEDIATRICS 10 Woodlake Trail MOUNT VERNON, OH 43050	Physician Practice
24	CHILDREN'S COMMUNITY PRACTICES LLC DBA MOUNT VERNON PEDIATRICS 26 N Clayton CENTERBURG, OH 43011	Physician Practice
25	COLUMBUS SOUTH HIGH SCHOOL 1160 ANN STREET COLUMBUS, OH 43206	SCHOOL-BASED PRIMARY CARE
26	NELSONVILLE OUTPATIENT CARDIOLOGY SERVICES 11 JOHN LLOYD EVANS MEMORIAL DRIVE NELSONVILLE, OH 45764	CARDIOLOGY CLINIC
27	FORT HAYES METROPOLITAN EDUCATION CENTER 468 CLEVELAND AVENUE COLUMBUS, OH 43215	SCHOOL-BASED PRIMARY CARE
28	CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 540 S TRIMBLE ROAD MANSFIELD, OH 44906	Physician Practice
29	CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 110 West Smiley Avenue SHELBY, OH 44875	Physician Practice
30	NATIONWIDE CHILDREN'S HOSPITAL TOLEDO LLC 7223 MAUMEE WESTERN ROAD MAUMEE, OH 43537	DIAGNOSTIC SERVICES
31	COLUMBUS MARION FRANKLIN HIGH SCHOOL 1265 KOEBEL ROAD COLUMBUS, OH 43207	SCHOOL-BASED PRIMARY CARE
32	MARION CLOSE TO HOME CENTER 1069 DELAWARE AVENUE MARION, OH 43302	LAB & CARDIOLOGY
33	COLUMBUS WEST HIGH SCHOOL 179 S POWELL AVENUE COLUMBUS, OH 43204	SCHOOL-BASED PRIMARY CARE
34	COLUMBUS NORTHLAND HIGH SCHOOL 1919 NORTHCLIFF DRIVE COLUMBUS, OH 43229	SCHOOL-BASED PRIMARY CARE
35	ST MARY GERMAN VILLAGE SCHOOL 672 SOUTH 3RD STREET COLUMBUS, OH 43206	SCHOOL-BASED PRIMARY CARE
36	MARIETTA OUTPATIENT CARDIOLOGY SERVICES 416 FRONT STREET MARIETTA, OH 45750	CARDIOLOGY CLINIC
37	MOUNT VERNON HIGH SCHOOL 300 YELLOW JACKET DRIVE MOUNT VERNON, OH 43050	SCHOOL-BASED PRIMARY CARE
38	KIPP SCHOOL 2900 INSPIRE DRIVE COLUMBUS, OH 43224	SCHOOL-BASED PRIMARY CARE
39	COLUMBUS EAST HIGH SCHOOL 1500 E BROAD STREET COLUMBUS, OH 43205	SCHOOL-BASED PRIMARY CARE
40	COLUMBUS BUCKEYE MIDDLE SCHOOL 2950 S PARSONS AVENUE COLUMBUS, OH 43207	SCHOOL-BASED PRIMARY CARE
41	NORTHWEST PEDIATRIC SPECIALISTS LLC DBA NATIONWIDE CHILDREN'S HOSPITAL OREG ON CITY SCHOOLS 5665 SEAMAN ROAD OREGON, OH 43616	PHYSICIAN PRACTICE
42	COLUMBUS GIRLS PREP MIDDLE SCHOOL 1390 BRYDERN ROAD COLUMBUS, OH 43205	SCHOOL-BASED PRIMARY CARE
43	ZANESVILLE CLOSE TO HOME 740 ADAIR AVENUE ZANESVILLE, OH 43701	Specialty Clinics
44	HILLTOP EARLY LEARNING CENTER 45 CLARENDON AVENUE COLUMBUS, OH 43223	SCHOOL-BASED PRIMARY CARE
45	NORTHWEST PEDIATRIC SPECIALISTS LLC DBA NATIONWIDE CHILDREN'S HOSPITAL NAVA RRE PRIMARY CARE CENTER 2702 NAVARRE AVENUE SUITE 315 OREGON, OH 43616	PHYSICIAN PRACTICE
46	NORTHWEST PEDIATRIC SPECIALISTS LLC DBA NATIONWIDE CHILDREN'S HOSPITAL NAVA	PHYSICIAN PRACTICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (Report only if you have one, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 61

Name and address		Type of Facility (describe)
	RRE PRIMARY CARE CENTER 2702 NAVARRE AVENUE SUITE 202 OREGON,OH 43616	
47	FINDLAY OUTPATIENT CARDIOLOGY SERVICES & NEUROLOGY CLINIC 3949 NORTH MAIN STREET FINDLAY,OH 45840	NEUROLOGY CLINIC
48	COLUMBUS LIVINGSTON ELEMENTARY SCHOOL 825 E LIVINGSTON STREET COLUMBUS,OH 43205	SCHOOL-BASED PRIMARY CARE
49	COLUMBUS MOLER ELEMENTARY SCHOOL 1201 MOLER ROAD COLUMBUS,OH 43207	SCHOOL-BASED PRIMARY CARE
50	PORTSMOUTH CARDIOLOGY SERVICES 1711 27th Street Braulin Bldg Sui Portsmouth,OH 45662	CARDIOLOGY CLINIC
51	COLUMBUS LINDEN MCKINLEY STEM ELEMENTARY SCHOOL 1320 DUXBERRY AVENUE COLUMBUS,OH 43211	SCHOOL-BASED PRIMARY CARE
52	DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON,OH 45404	CARDIOLOGY CLINIC
53	ZANESVILLE CARDIOLOGY SERVICES 955 BETHESDA DRIVE ZANESVILLE,OH 43701	CARDIOLOGY CLINIC
54	PORTSMOUTH OUTPATIENT SPECIALTY CLINICS 8930 OHIO RIVER ROAD WHEELERSBURGH,OH 45694	HEM/ONC, UROLOGY
55	CHILDREN'S COMMUNITY PRACTICES LLC DBA SUNBURY PEDIATRICS 700 W CHERRY STREET SUITE B SUNBURY,OH 43074	PHYSICIAN PRACTICE
56	GROVE CITY LAB 2047 STRINGTOWN ROAD GROVE CITY,OH 43232	LAB
57	NORTHWEST PEDIATRIC SPECIALISTS LLC - FREMONT GASTROENTEROLOGY TIMESHARE 715 SOUTH TAFT AVENUE SUITE 3B-1 FREMONT,OH 43420	Timeshare
58	LIMA LABORATORY SERVICE CENTER 830 WEST HIGH STREET SUITE 375 LIMA,OH 45801	LAB
59	ZANESVILLE OUTPATIENT SPECIALTY CLINICS 716 ADAIR AVENUE ZANESVILLE,OH 43701	Specialty Clinics
60	ZANESVILLE LABORATORY SERVICE CENTER 1166 MILITARY ROAD SUITE 2B ZANESVILLE,OH 43701	LAB
61	ZANESVILLE CARDIOLOGY SERVICES 301 DR MIKE CLOSURE DRIVE SOMERSET,OH 43783	HEART CENTER

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 FEDERAL POVERTY LEVEL (FPL) 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 A COMPLETED IRS FORM 4029 TO NCH'S PATIENT ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR THE DISCOUNT OFFERED AT THE 301%-400% 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 EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST TO CHARGE RATIO USED IN LINE 7 WAS DERIVED FROM WORKSHEET 2.
Schedule H, Part V, Section A Hospital Facilities	Ohio began requiring hospitals to be licensed on September 30, 2024. Although Nationwide Children's Hospital has been a hospital since 1892 and registered with the state, this is the first year that it was officially licensed. There are a few additional locations outside of our main campus address under the same hospital license number. These locations, which are at different addresses, are deemed extensions of the Main Campus thus not separately listed on Schedule H, Part V, Section A. All addresses are available on the Nationwide Children's website.
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 800 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. ALONG WITH ITS TRANSFORMATIONAL EFFORTS IN THE COMMUNITIES SURROUNDING THE HOSPITAL, NCH'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. IN ADDITION, TO ADDRESS THE FOOD INSECURITY IN THE NEIGHBORHOOD, NATIONWIDE CHILDREN'S AND COMMUNITY PARTNERS OPENED THE LINDEN FRESH MARKET THAT PROVIDES FREE FRUITS AND VEGETABLES. 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. - 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 OPPORTUNITIES: 1) CONTRIBUTION TO THE COLUMBUS ROTARY CLUB TO SUPPORT THE CAREER PATHWAYS PROGRAM; AND 2) CONTRIBUTION TO THE WORKFORCE DEVELOPMENT BOARD OF COLUMBUS PROVIDES SERVICES TO UNEMPLOYED AND UNDEREMPLOYED JOB SEEKERS, HELPING THEM OBTAIN AND RETAIN EMPLOYMENT IN HIGH-GROWTH JOBS AND CAREERS PROVIDING ECONOMIC

Form and Line Reference	Explanation
	INDEPENDENCE. - VARIOUS EDUCATIONAL DEVELOPMENT PROGRAMS: 1) YOUTH SERVICE COLLECTIVE; 2) LEARNING EXTENTION CENTER SUPPORT THAT INCLUDED HOMEWORK HELP, PHYSICAL ACTIVITY AND MENTORING PROGRAMMING; 3) IT PROGRAMMING FOR MIDDLE SCHOOL AGED STUDENTS IN PARTNERSHIP WITH DOUGLAS RECREATION CENTER; AND 4) SUPPORT FOR AFTER SCHOOL PROGRAMMING. - 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 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.
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 22 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	A - NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS): Line 16a URL: https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance ; B - NATIONWIDE CHILDREN'S HOSPITAL TOLEDO: Line 16a URL: https://www.nationwidechildrens.org/locations/toledo/patient-resources/financial-assistance ;
Schedule H, Part V, Section B, Line 16b FAP Application website	A - NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS): Line 16b URL: https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance ; B - NATIONWIDE CHILDREN'S HOSPITAL TOLEDO: Line 16b URL: https://www.nationwidechildrens.org/locations/toledo/patient-resources/financial-assistance ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - NATIONWIDE CHILDREN'S HOSPITAL (MAIN CAMPUS): Line 16c URL: https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance ; B - NATIONWIDE CHILDREN'S HOSPITAL TOLEDO: Line 16c URL: https://www.nationwidechildrens.org/locations/toledo/patient-resources/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 2022, WHICH RECOGNIZED SIX AREAS AS BEING A LOCAL, PRIORITY HEALTH NEED FOR THE COMMUNITY. NCH ADOPTED THE FRANKLIN COUNTY HEALTHMAP 2022 AS ITS COMMUNITY HEALTH NEEDS ASSESSMENT. THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH INCLUDES THE 2022 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 . The process for Franklin County HealthMap2022 reflected an adapted version of Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process. This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so they can better focus their efforts and collaboration. The primary phases of the Assess Needs and Resources process, as adapted for use in Franklin County HealthMap2022, included the following steps: 1) PREPARE TO ASSESS 2) COLLECT AND ANALYZE SECONDARY DATA 3) COLLECT AND ANALYZE PRIMARY DATA 4) IDENTIFY

Form and Line Reference	Explanation
	PRIORITY HEALTH NEEDS 5) IDENTIFY COMMUNITY ASSETS AND RESOURCES 6) SHARE RESULTS WITH THE COMMUNITY FROM THESE EXERCISES, THE STEERING COMMITTEE WAS ABLE TO COMPLETE ITS CHARGE TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS OF FRANKLIN COUNTY. NCH'S SIX 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) BASIC NEEDS, 2) RACIAL EQUITY, 3) BEHAVIORAL HEALTH, 4) MATERNAL AND INFANT HEALTH, 5) DISEASE MANAGEMENT AND 6) PREVENTIVE CARE. Nationwide Children's Hospital - Toledo acquired Mercy Health Children's Hospital on March 1, 2022. This gives children in the Toledo area broader local access to procedures and therapies, reducing the need to travel for treatment. Nationwide Children's - Toledo continues the legacy and vision developed by Mercy Health Children's Hospital to provide high-quality, compassionate care, while enhancing clinical care to children in the Toledo area. Nationwide Children's - Toledo was among several community partners involved with Healthy Lucas County. The mission of Healthy Lucas County is to improve the health and quality of life for Lucas County residents through data collection and planning that mobilizes collaborative partnerships that develop and implement strategic action in Lucas County to create health equity. Self-administered surveys were distributed county-wide to adults (19 years and older), youth (ages 12-18) and the parents of children (ages 0-11) from November 2019 through March 2020 before the COVID-19 pandemic. The Hospital Council of Northwest Ohio collected the data and integrated the sources into the final assessment, and the data analysis was conducted by health education researchers at the University of Toledo. Overall, the community health needs assessment captured vital data on health care access, health behaviors, chronic disease, social conditions and racial disparities in the community that Nationwide Children's - Toledo will use to develop its Implementation Strategy. Community input for this report was obtained by the members of the Cherry Legacy Group, who are Lucas County residents. They reviewed the assessment and provided feedback on priorities as well as potential partnerships to address these community needs. A representative from Toledo-Lucas County Health Department also reviewed the community needs and provided feedback to ensure alignment with Lucas County community concerns. From this process, the 2021-2024 Lucas County Community Health Improvement Plan (herein referenced as 2021-2024 Lucas County CHIP) identifies four health priorities, and Nationwide Children's - Toledo has adopted one additional priority based on pediatric needs in the area.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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 FOR NATIONWIDE CHILDREN'S HOSPITAL AT: https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance; AND NATIONWIDE CHILDREN'S HOSPITAL TOLEDO AT: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/LOCATIONS/TOLEDO/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE.
Schedule H, Part VI, Line 4 Community information	NATIONWIDE CHILDREN'S HOSPITAL IS LOCATED IN COLUMBUS, OHIO, WHICH IS GEOGRAPHICALLY CENTRAL IN THE STATE OF OHIO. NATIONWIDE CHILDREN'S HOSPITAL - TOLEDO IS LOCATED IN TOLEDO, OHIO, WHICH IS GEORGRAPHICALLY NORTHWEST IN THE STATE OF OHIO. WHILE THE MAJORITY OF PATIENTS SERVED RESIDE IN FRANKLIN AND LUCAS COUNTIES, NCH PROVIDES CARE TO PATIENTS REPRESENTING EACH OF OHIO'S 88 COUNTIES, IN ADDITION TO 50 STATES AND 45 FOREIGN COUNTRIES. THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS \$71,680 AND 15.0% OF FAMILIES ARE BELOW THE POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IN LUCAS COUNTY IS \$63,575 AND 16.7% OF FAMILIES ARE BELOW THE POVERTY LEVEL. APPROXIMATELY 6.7% OF THE POPULATION OF OHIO IS UNINSURED.
Schedule H, Part VI, Line 5 Promotion of community health	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. THE KIDS MENTAL HEALTH FOUNDATION (KMHF) BEGAN OPERATIONS IN 2023 TO CREATE A WORLD WHERE MENTAL HEALTH IS A VITAL PART OF EVERY CHILD'S UPBRINGING-WHERE CHILDREN'S MENTAL HEALTH IS AS IMPORTANT AS THEIR PHYSICAL HEALTH, AND WHERE GROWN-UPS HAVE THE SKILLS TO HELP KIDS FACE AND MANAGE LIFE'S CHALLENGES. KMHF PARTNERS WITH

Form and Line Reference	Explanation
	LEADING CHILDREN'S HOSPITALS AND BEHAVIORAL HEALTH PROVIDERS TO HELP BREAK STIGMAS SURROUNDING KIDS' MENTAL HEALTH. KMHF PROVIDES FREE LOCALIZED RESOURCES TO FAMILIES, CAREGIVERS, EDUCATORS AND COACHES IN COMMUNITIES ACROSS THE U.S.
Schedule H, Part VI, Line 6 Affiliated health care system	NATIONWIDE CHILDREN'S HOSPITAL, INC. EXCLUSIVELY CONTROLS THE ACTIVITIES OF ITS SUBSIDIARIES IN OHIO INCLUDING: 1) NATIONWIDE CHILDREN'S HOSPITAL (NCH) IS A 627 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 ORGANIZATION WHICH PROVIDES ADVOCACY, EDUCATION, COUNSELING AND OTHER PROGRAMMATIC SERVICES TO CHILDREN AND FAMILIES SUFFERING FROM CHILD ABUSE AND NEGLECT. 5) PARTNERS FOR KIDS (PFK) IS A JOINT VENTURE BETWEEN THE HOSPITAL AND COMMUNITY PHYSICIANS. PFK IS A NOT-FOR-PROFIT FORMED TO CONTRACT WITH INSURERS OFFERING MEDICAID OR COMMERCIAL MANAGED CARE PRODUCTS FOR PROVISION OF MEDICAL SERVICES. 6) KIDS MENTAL HEALTH FOUNDATION (KMHF) IS A NOT-FOR-PROFIT CORPORATION CREATED TO BREAK THE STIGMA SURROUNDING CHILDREN'S MENTAL HEALTH.

Additional Data

[Return to Form](#)

Software ID: 24020961

Software Version: 2024v5.1

Schedule I
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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.

(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
(1) RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	60,787,256				RESEARCH INITIATIVES
(2) RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	40,931,824				RESEARCH INITIATIVES
(3) RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	399,528				RESEARCH START-UP GRANTS
(4) RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	405,524				RESEARCH START-UP GRANTS
(5) RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	233,719				RESEARCH START-UP GRANTS
(6) NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	105,167,509	8,750,000	FMV	Land	TO AID IN PROVIDING INDIGENT CARE, TO SUPPORT & IMPROVE PATIENT CARE THROUGH PROGRAMS SUCH AS VOLUNTEER SERVICES, HEMATOLOGY/ONCOLOGY, OBESITY PREVENTION, & COMMUNITY EDUCATION.
(7) NCH HOMECARE 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1296332	501(c)(3)	138,552				HOSPICE AND PALLIATIVE CARE
(8) CHILDREN'S ANESTHESIA ASSOCIATES INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-0650338	501(c)(3)	81,472				ANESTHESIA PROGRAMS
(9) CENTER FOR CHILD & FAMILY ADVOCACY AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	02-0627166	501(c)(3)	3,535,111				CHILD ADVOCACY PROGRAMS
(10) CHILDREN'S SURGICAL ASSOCIATES 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1654000	501(c)(3)	2,366,305				SURGICAL RESEARCH INITIATIVES
(11) CHILDREN'S RADIOLOGICAL INSTITUTE INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1439570	501(c)(3)	2,635,876				RADIOLOGY RESEARCH INITIATIVES
(12) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1595013	501(c)(3)	109,397				TO SUPPORT PATHOLOGY RESEARCH INITIATIVES
(13) PARTNERS FOR KIDS 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1429047	501(c)(3)	15,600				TO SUPPORT PARTNERS FOR KIDS INITIATIVES
(14) NCH CHILD ASSESSMENT CENTER 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	781,142				TO SUPPORT CHILD ASSESSMENT PROGRAMS
(15) CENTER FOR CHILD & FAMILY ADVOCACY AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	02-0627166	501(c)(3)	1,207,978				TO SUPPORT ADMINISTRATIVE OVERSIGHT OF THE CENTER FOR CHILD & FAMILY ADVOCACY
(16) NATIONWIDE CHILDREN'S HOSPITAL INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1036372	501(c)(3)	25,000				TO SUPPORT VARIOUS COMMUNITY BENEFIT PROGRAMS
(17) PEDIATRIC ACADEMIC ASSOCIATION 555 SOUTH 18TH STREET COLUMBUS, OH 43205	31-1024403	501(c)(3)	1,238,550				TO PROVIDED FUNDING FOR ENDOWED CHAIRS
(18) PEDIATRIC ACADEMIC ASSOCIATION 555 SOUTH 18TH STREET COLUMBUS, OH 43205	31-1024403	501(c)(3)	31,800,644				TO SUPPORT PAA OPERATIONS
(19) CENTRAL OHIO CHAPTER OF NHF 1491 POLARIS PKWY PO BOX 268 COLUMBUS, OH 43240	13-1673104	501(c)(3)	15,000				BLEEDING DISORDER EDUCATION
(20) AMERICAN HEART ASSOCIATION PO BOX 841390 DALLAS, TX 50340	13-5613797	501(c)(3)	22,500				TO SUPPORT HEART GALA, WALK & STEM
(21) HNHF REALTY COLLABORATION 575 CHARRING CROSS DR STE 200 WESTERVILLE, OH 43081	20-2773085	501(c)(3)	5,000,000				SUPPORT HNHF OPERATIONS
(22) COMMUNITY DEVELOPMENT FOR ALL PEOPLE PO BOX 06063 964 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501(c)(3)	440,581				NEIGHBORHOOD PARTNERSHIP & LINDEN MARKET SUPPORT
(23) UNITED WAY OF CENTRAL OHIO 360 S 3RD STREET COLUMBUS, OH 43215	31-4393712	501(c)(3)	110,000				CHAMPION OF CHILDREN
(24) PARSONS AVENUE REDEVELOPMENT CORPORATION PO BOX 8159 COLUMBUS, OH 43201	46-3644554	501(c)(3)	26,500				SUPPORT THE REDEVELOPMENT OF PARSONS AVENUE
(25) PELOTONIA 2281 KENNY ROAD SUITE 450 COLUMBUS, OH 43210	31-1145986	501(c)(3)	16,470				CONTRIBUTION PLEDGED TO RIDERS TO END CANCER
(26) RONALD MCDONALD HOUSE 711 EAST LIVINGSTON AVE COLUMBUS, OH 43205	31-0890152	501(c)(3)	114,497				SPECIAL EVENTS SPONSORSHIPS & UTILITY FUNDING
(27) CENTRAL OHIO HOSPITAL COUNCIL 65 E STATE STREET SUITE 315 COLUMBUS, OH 43215	26-2795133	501(c)(3)	140,000				OHIO BETTER BIRTH OUTCOMES SUPPORT
(28) COLUMBUS METROPOLITAN CLUB 1041 DUBLIN ROAD SUITE 103 COLUMBUS, OH 43215	31-0889324	501(c)(3)	17,500				OPTIMAL HEALTH SERIES SUPPORT
(29) CHILDREN'S PRACTICING PEDIATRICS 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1161012	501(c)(3)	35,000				RESIDENT GRANT PROGRAM
(30) NEIGHBORHOOD DESIGN CENTER 1445 SUMMIT STREET SUITE 300 COLUMBUS, OH 43201	34-1049478	501(c)(3)	17,500				CAROLS ON CLEVELAND & SUPPORT OF YOUTH COLAB PROGRAM
(31) WE ARE LINDEN 1415 E 18TH AVENUE COLUMBUS, OH 43211	83-1164404	501(c)(3)	7,500				LINDEN PROGRAM & ADMIN SUPPORT
(32) COLUMBUS BLUE JACKETS 200 WEST NATIONWIDE BLVD COLUMBUS, OH 43218	31-1688700	501(c)(3)	20,000				GOLF CLASSIC & CANNONBALL SPONSORSHIP
(33) FINAL THIRD FOUNDATION 2404 E MAIN STREET COLUMBUS, OH 43209	81-4359966	501(c)(3)	171,350				2 AFTER SCHOOL PROGRAMS, SOCCER & LITERACY FOR 8 SCHOOLS
(34) COMMUNITY OF CARING 2956 CLEVELAND AVENUE COLUMBUS, OH 43224	83-0996863	501(c)(3)	115,000				HEALTH AND HOPE INITIATIVE AND LINDEN SUPPORT
(35) REEB AVENUE CENTER 280 REEB AVENUE COLUMBUS, OH 43207	46-3956659	501(c)(3)	45,000				REEB GRANT-COMMUNITY CONNECTIONS PROGRAM
(36) LEADERSHIP COLUMBUS 37 W BROAD STREET SUITE 980 COLUMBUS, OH 43215	31-0855540	501(c)(3)	8,225				TUITION FOR LEADERSHIP & 50TH ANNIVERSARY SPONSORSHIP
(37) GREATER COLUMBUS SPORTS FOUNDATION DEPT L-3431 COLUMBUS, OH 43260	31-4153118	501(c)(3)	6,000	1,547	FMV	Athletic trainer services & rewards for campers	SPONSORSHIP OF COMMUNITY YOUTH CAMPS
(38) SOUTHSIDE THRIVE 700 CHILDRENS DRIVE COLUMBUS, OH 43205	87-4079411	501(c)(3)	167,667				OPERATION SUPPORT
(39) AAMWW 2780 AIRPORT DRIVE SUITE 333 COLUMBUS, OH 43219	45-4831268	501(c)(3)	25,000				AFRICAN AMERICAN MALE WELLNESS SPONSORSHIP & WALK
(40) ADAPTIVE SPORTS CONNECTION 6000 HARRIOTT DRIVE POWELL, OH 43065	31-1561944	501(c)(3)	6,500				GOLF CLASSIC & NCH CAMP RISE KAYAKING
(41) ANNE GRADY FOUNDATION PO BOX 1297 HOLLAND, OH 43528	31-1212795	501(c)(3)	7,500				ENCHANTED EVENING PARTNERSHIP
(42) AWESOME ENTERTAINMENT 1250 MEMORY LANE NORTH COLUMBUS, OH 43209	81-3793899		27,050				PROVIDED GAMES & GENERATOR FOR MULTIPLE COMMUNITY EVENTS NCH HOSTED
(43) BOSS GENERAL CONTRACTING & MORE LLC PO BOX 43147 COLUMBUS, OH 43147	81-4352265		22,110				PROVIDED CLEANING SERVICES FOR LINDEN FRESH MARKET & PHARMACY
(44) HEALTHY LINDEN HOMES 255 EAST MAIN STREET COLUMBUS, OH 43215	85-3421316	501(c)(3)	17,436				OPERATION SUPPORT
(45) LEGACY YOUTH ACADEMY 1027 HURLEY COURT COLUMBUS, OH 43230	84-4663068	501(c)(3)	38,300				YOUNG LEGENDS PROGRAM & EXPOSURE IS KEY INITIATIVE
(46) CAMERON MITCHELL RESTAURANT 390 WEST NATIONWIDE BLVD COLUMBUS, OH 43215	31-1591459		14,112				COMMUNITY VOICES LUNCHEON & GOVERNOR'S LUNCHEON FOR IMAGINATION LIBRARY
(47) CAPITOL SOUTH COMMUNITY URBAN REDEVELOPMENT 150 S FRONT STREET SUITE 200 COLUMBUS, OH 43215	31-0868417	501(c)(4)	10,000				COMMONS FOR KIDS SPONSORSHIP
(48) CENTRAL OHIO PRIMARY CARE 655 AFRICA ROAD WESTERVILLE, OH 43083	31-1398575		190,000				ELECTRONIC HEALTH RECORD DONATION
(49) CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501(c)(3)	25,000				GENERAL OPEATIONS OF PHARMACY
(50) CLASSIC FOR COLUMBUS INC 1244 EASTHILL DRIVE COLUMBUS, OH 43213	85-1751658		10,000				SPONSORSHIP COLLEGE BASKETBALL ALL-STAR GAME & CELEBRITY EXTRAVAGANZA
(51) COHEAR PUBLIC BENEFIT 791 EAST MCMILLAN STREET SUITE 101 COLUMBUS, OH 43206	83-3069763		20,000				COMMUNITY ENGAGEMENT SERVICES & MANAGEMENT OF LINDEN ADVISORY COUNCIL
(52) COLUMBUS FUTSAL FOUNDATION 2270 INDIANA AVENUE COLUMBUS, OH 43202	84-1916577	501(c)(3)	10,000				SPONSORSHIP TO AMPLIFY FUTSAL & STREET SOCCER ACCESS IN OHIO
(53) COLUMBUS ROTARY CLUB PO BOX 494 HILLIARD, OH 43026	31-6034288	501(c)(3)	10,000				CAREER PATHWAYS PROGRAM
(54) EDUCATION SERVICE CENTER 2080 CITYGATE DRIVE COLUMBUS, OH 43219	26-3213462	EDUCATION	57,500				YOUTH SERVICES/collective IMPACT LIVINGSTON
(55) FATHERS IN FRONT OF BARS PO BOX 244 947 E JOHNSTOWN ROAD COLUMBUS, OH 43230	85-0875853	501(c)(3)	38,500				EXTRA-CURRICULUM EXTENDED LEARNING LEAGUE & SOCCER COACHING
(56) FEED THE KIDS COLUMBUS 7147 WILTON LOOP DUBLIN, OH 43017	85-3702423	501(c)(3)	15,000				SCHOOL SPONSORSHIP FOR FOOD INSECURITY
(57) FLAVORS 2 GO LLC 406 DUNBARTON ROAD GAHANNA, OH 43230	57-8022506		5,087				LINDEN FALL FESTIVAL
(58) FLYING HORSE FARMS 5260 STATE ROUTE 95 MT GILEAD, OH 43338	20-3498125	501(c)(3)	32,092				BURN CAMP, COLORECTAL & PELVIC RECONSTRUCTION CAMP, CAMPFIRE SPONSORSHIP
(59) FRANKLINTON CYCLESWORKS 897 W BROAD STREET COLUMBUS, OH 43222	27-4196075	501(c)(3)	15,000				BIKES FOR INDEPENDENCE PROGRAM SUPPORT
(60) GERMAN VILLAGE SOCIETY 588 S THRD STREET COLUMBUS, OH 43215	31-0969645	501(c)(3)	7,500				HAUS & GARTEN TOUR, HISTORIC PRESERVATION, MONSTER BASH & VILLAGE LIGHTS
(61) GERTRUDE WOOD COMMUNITY 1573 E LIVINGSTON AVENUE COLUMBUS, OH 43205	43-2099497	501(c)(3)	5,500				COMMUNITY HEALTH & WELLNESS SPONSORSHIP
(62) GOOD GRIEF OF NORTHWEST OHIO 440 S REYNOLDS ROAD SUITE D TOLEDO, OH 43615	46-0765319	501(c)(3)	7,500				RAISING HOPE SPONSORSHIP
(63) GOODWILL COLUMBUS 671 S HIGH STREET COLUMBUS, OH 43206	31-4379448	501(c)(3)	52,000				REEB AVENUE CENTER, STNA STUDENT & TOLEDO EOP LUNCHEON SPONSOR
(64) GREATER COLUMBUS ARTS 182 EAST LONG STREET COLUMBUS, OH 43215	31-0833384	501(c)(3)	15,000				COLUMBUS ARTS FESTIVAL SPONSORSHIP
(65) HEALTH POLICY INSTITUTE OF OHIO 140 E TOWN STREET SUITE 1000 COLUMBUS, OH 43215	30-0186863	501(c)(3)	56,000				FINANCIAL SECURITY/2 GENERATION APPROACH FOR PACES PROJECT
(66) HEALTHY RENTAL HOMES LLC 370 S 5TH STREET STE 2 COLUMBUS, OH 43215	20-2773085	501(c)(3)	161,006				SSRF RENTAL OPERATIONS SRPPRT
(67) HISTORIC SOUTH INITIATIVE PO BOX 1008 TOLEDO, OH 43697	47-1691856	501(c)(3)	7,500				SPONSORSHIPS FOR ADOPT A BLOCK & EDUCATION PROGRAMS
(68) JBK GROUP INC DEPT 7400 PO BOX 4110 WEBURN, MA 01888	34-1873488		8,771				LINDEN FALL FESTIVAL & COMMUNITY VOICES LUNCHEON
(69) JDRF PO BOX 1505 HAGERSTOWN, MD 21741	23-1907729	501(c)(3)	6,000				JUVENILE DIABETES RESEARCH WALK & GALA SPONSORSHIP
(70) JIREH DEVELOPMENT CORP 1670 E MAIN STREET COLUMBUS, OH 43205	75-3249499	501(c)(3)	15,000				HNHF FARMSTAND DEVELOPMENT FOR SOUTHSIDE FAMILY FARMS
(71) JUNIOR ACHIEVEMENT OF CENTRAL OHIO 68 E 2ND AVENUE L4368 COLUMBUS, OH 46260	31-4385042	501(c)(3)	16,500				JUNIOR ACHIEVEMENT INSPIRE & FP COLUMBUS
(72) LMSA STEM ACADEMY 1320 DUXBERRY AVENUE COLUMBUS, OH 43211	31-6400416		10,500				CHEERLEADING CAMP
(73) LOCAL MATTERS 633 PARSONS AVENUE COLUMBUS, OH 43206	06-1819644	501(c)(3)	17,800				COOKING CLASSES, LUNCH & LEARNS, TAKE HOME MEAL KITS FOR STUDENTS
(74) MAGICAL MOMENTS FOUNDATION PO BOX 3394 DUBLIN, OH 43016	84-4829986	501(c)(3)	6,000				GOLF CLASSIC & SILVER SPONSORSHIP
(75) MAUMEE VALLEY HABITAT FOR HUMANITY 1310 CONANT STREET MAUMEE, OH 43537	34-1584728	501(c)(3)	500,000				HOME PRESERVATION
(76) MOVING CENTRAL OHIO FORWARD 545 E TOWN STREET COLUMBUS, OH 43215	88-2705570	501(c)(3)	25,000				LINK US MOBILITY INITIATIVE
(77) MUSKINGUM VALLEY HEALTH CENTERS 33 S 5TH STREET ZANESVILLE, OH 43701	20-8814374	501(c)(3)	118,049				FQHC DONATION
(78) NATIONAL YOUTH ADVOCATE PROGRAM 1801 WATERMARK DRIVE SUITE 200 COLUMBUS, OH 43215	34-1404302	501(c)(3)	10,000				AFTER SCHOOL PROGRAM
(79) NEW ALBANY FOUNDATION 220 MARKET STREET SUITE 205 NEW ALBANY, OH 43054	31-1409264	501(c)(3)	40,000				FAMILY FLICK SPONSORSHIP & PERFORMING ARTS EVENT
(80) NEW DIRECTONS CAREER 2760 AIRPORT DRIVE SUITE 125 COLUMBUS, OH 43209	31-1130384	501(c)(3)	6,000				WOMEN OF PROMISE SPONSORSHIP
(81) OHIO HEALTH CORPORATION PO BOX 182142 COLUMBUS, OH 43260	31-4394942	501(c)(3)	10,000				HOME IN OHIO SPONSORSHIP
(82) PROMEDICA TOLEDO HOSPITAL 100 MADISON AVENUE 2ND FLOOR TOLEDO, OH 43604	34-4428256	501(c)(3)	9,800,000				COMMITMENT TO THE HEALTH CARE OF FAMILIES & CHILDREN IN TOLEDO, OH AREA
(83) PYRAMID COMMUNITY DEVELOPMENT 8282 DANBRIDGE WAY WESTERVILLE, OH 43082	81-2614509	501(c)(3)	75,000				SPONSORSHIP OF ADULTS INTERESTED IN IT CAREER
(84) REACHING HIGHER HEIGHTS 996 OAKWOOD AVENUE COLUMBUS, OH 43206	01-0722102	501(c)(3)	10,000				SUMMER YOUTH PROGRAM
(85) REMEMBER US URBAN SCOUTS PO BOX 297707 COLUMBUS, OH 43229	84-1930874	501(c)(3)	67,500				AFTER SCHOOL PROGRAM FOR LINDEN KIMBLE STUDENTS & YOUTH
(86) RESOLVE FITNESS LLC 316 MARSHALL PASSAGE COLUMBUS, OH 43215	92-3644045		10,000				AFTER SCHOOL WELLNESS PROGRAM
(87) ST STEPHENS COMMUNITY HOUSE 1500 E 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501(c)(3)	17,500				SPONSOR OF BRAVO & JAZZ IN THE PARK EVENTS, HNHF HEALTHY HOMES SPACE USAGE
(88) STARTING POINT LEARNING CENTER 2533 LOCKBOURNE ROAD COLUMBUS, OH 43207	20-2989639		100,000				CDA's APPRENTICESHIP PROG & ADD EARLY LEARNING CLASSROOMS IN IMPACT AREA
(89) THE COLUMBUS PARTNERSHIP 150 S FRONT STREET SUITE 200 COLUMBUS, OH 43215	02-0580058	501(c)(3)	10,000				CONTRIBUTION TO ADVANCE SOCIAL & ECONOMIC WELL BEING FOR ALL COLS RESIDENTS
(90) TOLEDO CLASSIC INC 3400 EXECUTIVE PARKWAY SUITE 1A TOLEDO, OH 43606	34-1499072	501(c)(3)	500,000				DANA OPEN PARTNERSHIP
(91) TOLEDO MUSEUM OF ART 701 E 1013 TOLEDO, OH 43697	34-4434678	501(c)(3)	40,000				TMA OUTREACH EFFORT TO ENGAGE UNDER SERVED POPULATIONS
(92) URBAN LAND INSTITUTE PO BOX 418168 BOSTON, MA 02441	53-0159845	501(c)(3)	5,500				ULI COLUMBUS ANNUAL SPONSORSHIP
(93) WHO R YOU INC 800 CROFTON CIRCLE REYNOLDSBURG, OH 43068	46-1204965		10,000				LINDEN COMMUNITY SUPPLIES & RESOURCES
(94) WHO'S WHO PUBLISHING COMPANY 1452 RANDOLPH SUITE 400 DETROIT, MI 48226	26-4163198		11,000				SPONSORSHIP OF WHO'S WHO IN BLACK - COLUMBUS
(95) ASPRY 1650 LAKE SHORE DRIVE SUITE 110 COLUMBUS, OH 43204	81-1497840	501(c)(3)	25,000				CENTRAL OHIO HEALTHCARE SECTOR PARTNERSHIP
(96) THE COLUMBUS FOUNDATION 1254 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(c)(3)	55,000				COLUMBUS PROMISE FUND, ARCHITECTURE, DESIGN EQUITY & REPRESENTATION FUND

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

76

3

Enter total number of other organizations listed in the line 1 table

1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) Rev. 1-2025

Part IIIGrants 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)	85710	1,174,502			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IVSupplemental 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

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule J
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public
Inspection

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ 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.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

Yes

6b

No

7

No

8

No

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50053T

Schedule J (Form 990) (Rev. 1-2025)

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 Richard Miller COO - NCH	(i)	1,232,489	557,507	23,000	45,855	35,411	1,894,262	0
	(ii)	0	0	0	0	- 0	- 0	0
2 Nelson Weichold TREASURER / SR VP / CFO - NCH	(i)	849,367	352,015	23,000	45,639	20,959	1,290,980	0
	(ii)	0	0	0	0	- 0	- 0	0
3 Timothy C Robinson DIRECTOR / CEO - NCH	(i)	1,612,245	481,596	23,000	45,855	24,351	2,187,047	0
	(ii)	0	0	0	0	- 0	- 0	0
4 Rustin Morse MD CHIEF MEDICAL OFFICER - NCH (TO 5/24)	(i)	591,265	346,672	19,888	66,856	29,455	1,054,136	0
	(ii)	0	0	0	0	- 0	- 0	0
5 Catherine Krawczeski MD Director - PFK, CRI, CSA, CAA, PPAC	(i)	605,165	280,935	0	134,186	28,206	1,048,492	0
	(ii)	0	0	0	0	- 0	- 0	0
6 Lee Ann Wallace SR VP & CHIEF NURSING OFFICER - NCH	(i)	519,945	211,468	0	95,855	27,856	855,124	0
	(ii)	0	0	0	0	- 0	- 0	0
7 Brent Adler MD DIRECTOR - NCH (AS OF 1/24)	(i)	345,565	129,200	76,571	36,938	2,771	591,045	0
	(ii)	0	0	0	0	- 0	- 0	0
8 David Axelson MD DIRECTOR - PFK	(i)	344,545	115,000	0	45,855	26,361	531,761	0
	(ii)	0	0	0	0	- 0	- 0	0
9 Ellen Chung MD DIRECTOR - CRI	(i)	537,501	190,000	23,000	45,639	13,318	809,458	0
	(ii)	0	0	0	0	- 0	- 0	0
10 Prashant Malhotra MD DIRECTOR - PFK	(i)	516,176	60,046	0	45,855	31,211	653,288	0
	(ii)	0	0	0	0	- 0	- 0	0
11 SHAMLAL MANGRAY MD DIRECTOR - PPAC	(i)	412,897	100,029	5,200	50,853	33,853	602,832	0
	(ii)	0	0	0	0	- 0	- 0	0
12 Oluyinka Olutoye MD DIRECTOR - CSA/PFK	(i)	914,566	434,842	0	195,639	14,706	1,559,753	0
	(ii)	0	0	0	0	- 0	- 0	0
13 Greg D Pearson MD DIRECTOR - NCH	(i)	497,805	131,671	0	45,855	31,134	706,465	0
	(ii)	0	0	0	0	- 0	- 0	0
14 Vinay Prasad MD DIRECTOR - PFK	(i)	343,170	34,327	23,000	31,245	33,653	465,395	0
	(ii)	0	0	0	0	- 0	- 0	0
15 Rob Snyder MD DIRECTOR - PFK	(i)	120,307	20,000	0	0	18,110	158,417	0
	(ii)	0	0	0	0	- 0	- 0	0
16 Joseph Tobias MD DIRECTOR - CAA	(i)	669,330	183,712	23,000	45,855	30,653	952,550	0
	(ii)	0	0	0	0	- 0	- 0	0
17 Shilpi Banerjee ASST SECRETARY - RINCH (TO 4/24)	(i)	186,475	51,959	0	0	4,974	243,408	0
	(ii)	0	0	0	0	- 0	- 0	0
18 Rhonda Comer SECRETARY / SR VP / LEGAL SRVCS - NCH	(i)	695,169	289,924	23,000	170,855	28,956	1,207,904	0
	(ii)	0	0	0	0	- 0	- 0	0
19 Nancy Cunningham Interim President - CCFA (TO 3/24)	(i)	192,075	48,253	0	19,929	25,036	285,293	0
	(ii)	0	0	0	0	- 0	- 0	0
20 Dennis Durbin MD PRESIDENT - RINCH	(i)	531,927	281,099	23,000	129,188	17,905	983,119	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 Sara Evans ASST SECRETARY - FOUNDATION/PFK	(i)	340,843	53,120	0	31,245	32,187	457,395	0
	(ii)	0	0	0	0	- 0	- 0	0
22 Sean Gleeson MD PRESIDENT - PFK	(i)	301,893	107,734	23,000	31,245	32,903	496,775	0
	(ii)	0	0	0	0	- 0	- 0	0
23 Melissa Graves President - CCFA (AS OF 3/24)	(i)	219,699	0	6,346	14,699	20,595	261,339	0
	(ii)	0	0	0	0	- 0	- 0	0
24 Andrew Lenobel ASST SECRETARY - CAA/CRI/CSA	(i)	215,911	28,267	0	20,865	30,626	295,669	0
	(ii)	0	0	0	0	- 0	- 0	0
25 Kristen Maiorino ASST SECRETARY - PPAC (TO 9/24)	(i)	140,435	16,696	0	10,199	691	168,021	0
	(ii)	0	0	0	0	- 0	- 0	0
26 Stephen Testa PRES - NCH FOUNDATION	(i)	523,824	292,377	0	95,855	30,653	942,709	0
	(ii)	0	0	0	0	- 0	- 0	0
27 Pamela Edson VICE PRESIDENT - PFK (TO 4/24)	(i)	191,388	44,824	0	11,503	8,862	256,577	0
	(ii)	0	0	0	0	- 0	- 0	0
28 Marissa Larouere VP CLINICAL SERVICES - NCH	(i)	273,650	46,840	0	29,585	29,653	379,728	0
	(ii)	0	0	0	0	- 0	- 0	0
29 Patricia McClimon SR VP / PLAN & DEV'T - NCH	(i)	667,595	278,662	23,000	170,855	32,211	1,172,323	0
	(ii)	0	0	0	0	- 0	- 0	0
30 Dennis Minzler VP - NCH	(i)	353,271	59,294	0	30,269	29,137	471,971	0
	(ii)	0	0	0	0	- 0	- 0	0
31 Amy Roscoe VICE PRESIDENT - RINCH	(i)	331,611	53,379	0	31,245	25,824	442,059	0
	(ii)	0	0	0	0	- 0	- 0	0
32 Lorina Wise VP / HR - NCH	(i)	541,354	225,929	23,000	95,855	13,629	899,767	0
	(ii)	0	0	0	0	- 0	- 0	0
33 Denise Zabawski VP / CIO - NCH	(i)	559,908	219,454	0	95,855	26,756	901,973	0
	(ii)	0	0	0	0	- 0	- 0	0
34 Charles Elmaraghy MD CHIEF ENT surgeon - CSA	(i)	1,136,399	209,465	23,000	45,855	30,903	1,445,622	0
	(ii)	0	0	0	0	- 0	- 0	0
35 Mark Galantowicz MD CHIEF OF CT SURGERY - CSA	(i)	1,369,979	753,108	23,000	45,855	24,850	2,216,792	0
	(ii)	0	0	0	0	- 0	- 0	0
36 James Geiger MD Surgeon - CSA	(i)	1,167,934	60,000	23,000	26,031	26,756	1,303,721	0
	(ii)	0	0	0	0	- 0	- 0	0
37 Kevin Klingele MD ORTHOPEDIC SURGEON - CSA	(i)	826,842	415,750	29,925	45,855	30,653	1,349,025	0
	(ii)	0	0	0	0	- 0	- 0	0
38 Jerry Mendell MD PRINCIPAL INVESTIGATOR IV - RINCH	(i)	0	2,000,000	0	0	0	2,000,000	0
	(ii)	0	0	0	0	- 0	- 0	0
39 Luke Brown FORMER TREASURER / SR VP / CFO - NCH (TO 6/2023)	(i)	263,824	145,027	0	31,245	25,405	465,501	0
	(ii)	0	0	0	0	- 0	- 0	0

Part IIISupplemental 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 Patricia McClimon, Rustin Morse, M.D., Catherine Krawczeski M.D., and Dennis Durbin, M.D. These were treated as taxable compensation to the employee. Nationwide Children's Hospital also provided health or social club dues for Timothy C. 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 4a Severance or change-of-control payment	THE FOLLOWING SEVERANCE PAYMENTS WERE PAID OUT IN 2024: - RUSTIN MORSE, M.D. - \$263,031 - SHILPI BANERJEE - \$59,665 -PAMELA EDSON - \$65,918
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: TIMOTHY C. ROBINSON, RICHARD MILLER, RHONDA COMER, STEPHEN TESTA, LORINA WISE, PATRICIA MCCLIMON, OLUTOYE OLUYINKA, M.D., LEE ANN WALLACE, RUSTIN MORSE, M.D., DENNIS DURBIN, M.D., CATHERINE KRAWCZESKI, M.D., DENISE ZABAWSKI, AND BRENT ADLER, M.D. CONTRIBUTIONS WERE MADE ON BEHALF OF THE FOLLOWING EMPLOYEESS: RHONDA COMER \$125,000 STEPHEN TESTA \$50,000 LORINA WISE \$50,000 PATRICIA MCCLIMON \$125,000 OLUTOYE OLUYINKA, M.D. \$150,000 LEE ANN WALLACE \$50,000 RUSTIN MORSE, M.D. \$20,833 DENNIS DURBIN, M.D. \$83,333 CATHERINE KRAWCZESKI, M.D. \$83,333 DENISE ZABAWSKI \$50,000 BRENT ADLER, M.D. \$30,000 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

Return to Form

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Schedule K
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
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.

OMB No. 1545-0047

Open to Public
Inspection

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	353187ED5	11-16-2017	147,565,600	SEE PART VI		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	353187DN4	11-15-2016	143,485,390	SEE PART VI		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353187BT3	05-19-2015	97,434,250	SEE PART VI		X		X		X
D COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2014	17,225,000	SEE PART VI		X		X		X

Part II Proceeds

					A	B	C	D
1	Amount of bonds retired				2,265,000	15,095,000	0	15,350,000
2	Amount of bonds legally defeased							
3	Total proceeds of issue				147,898,824	143,737,373	101,702,675	17,225,000
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds					31,902		
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds				1,350,446	1,430,009	1,299,700	50,001
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds				100,380,929		95,902,975	
11	Other spent proceeds				46,167,448		4,500,000	17,174,999
12	Other unspent proceeds					142,275,462	0	
13	Year of substantial completion				2018	2016	2019	2015
					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	X
16	Has the final allocation of proceeds been made?					X	X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				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		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		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 %		0 %		0 %		1.1 %	
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 %		0 %		0 %		1.1 %	
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.	0 %		0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
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)

4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X	X	
b	Name of provider	(SEE STATEMENT)						(SEE STATEMENT)	
c	Term of hedge	0 %		0 %		0 %		0 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		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	0 %		0 %		0 %		0 %	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
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

	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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		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	2017 A&B BONDS - PART I, LINE A REPORT 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. 2016C BONDS - PART I, LINE B REPORT THE 2016 SERIES C HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF ADVANCE REFUDING THE 2008A AND 2009 BONDS. 2015A&B BONDS - PART I, LINE C 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. 2014A BONDS - PART I, LINE D REPORTS THE 2014 SERIES A BONDS. THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIAL BONDS. 2013 A&B BONDS - PART I, LINE A (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. 2008B-E BONDS - PART I, LINE B (2) 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. 2022 B&C BONDS - PART I, LINE C(2) REPORT THE 2022 SERIES B&C BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF REFUNDING PORTIONS OF THE 2012A AND 2016A BONDS. THE 2022C BONDS WERE ISSUED FOR THE PURPOSE OF REFUNDING PORTIONS OF THE 2014B AND 2016B BONDS. 2019A BONDS - PART I, LINE D(2) REPORT 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.
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 B- CAPITALIZED INTEREST FROM PROCEEDS	THE COLUMN B 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 COLUMN C - OTHER SPENT PROCEEDS	THIS AMOUNT REPRESENTS AN INTEREST RATE HEDGE TERMINATION PAYMENT OF \$4,500,000 (COLUMN C).
Schedule K, Part II, Line 11 OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE FOLLOWING OUTSTANDING REVENUE BONDS: 2002, 2003, 2005C, 2006, 2008A, 2008D, 2008G, 2009, 2012A, 2014B, 2016A AND 2016B BONDS.
Schedule K, Part IV, Line 4b COLUMNS A, D, A(2), B(2) & C(2), - HEDGE	THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS: COLUMN A: 2017 BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033. COLUMN D: 2014 BONDS - PROVIDER IS PNC BANK AND TERMINATION DATE IS MAY 1, 2025. COLUMN A(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(2): 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040. COLUMN C(2): 2022B BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2042. 2022B BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS NOVEMBER 1, 2025. 2022C BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031. 2022C BONDS - PROVIDER IS DEUTSCHE BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035.
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)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
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.

OMB No. 1545-0047

Open to Public
Inspection

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	000000000	06-04-2013	66,985,000	SEE PART VI		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	3531865S4	05-07-2008	176,675,000	SEE PART VI		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353187EW3	05-12-2022	134,880,000	SEE PART VI		X		X		X
D COUNTY OF FRANKLIN OHIO	31-6400067	353187EL7	10-30-2019	75,326,125	SEE PART VI		X		X		X

Part II Proceeds

					A	B	C	D
1	Amount of bonds retired				33,430,000	135,120,000	14,030,000	0
2	Amount of bonds legally defeased							
3	Total proceeds of issue				66,985,000	195,350,778	134,880,000	75,326,606
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds					865,761	110,426	324,063
8	Credit enhancement from proceeds					84,500		
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds					63,456,878		75,002,544
11	Other spent proceeds				66,985,000	130,943,639	134,769,574	
12	Other unspent proceeds							
13	Year of substantial completion				2013	2012	2022	2019
					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
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
16	Has the final allocation of proceeds been made?				X		X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				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	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	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 %		0 %		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 %		0 %		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.	0 %		0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
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)

4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X			X
b	Name of provider	(SEE STATEMENT)		(SEE STATEMENT)		(SEE STATEMENT)			
c	Term of hedge	0 %		0 %		0 %		0 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		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	0 %		0 %		0 %		0 %	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
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

	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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		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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Software ID: 24020961

Software Version: 2024v5.1

Schedule L
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
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.

OMB No. 1545-0047

Open to Public Inspection

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	5,500,000	5,790,346		No	Yes		Yes		
(2) Oluyinka Olutoye MD	Director - PFK/CSA	Fund Life Insurance		X	326,923	344,054		No	Yes		Yes		
(3) Luke Brown	FORMER TREASURER / SR VP / CFO - NCH	Fund Life Insurance		X	330,000	347,652		No	Yes		Yes		
(4) Dennis Durbin MD	President - RINCH	Fund Life Insurance		X	230,769	243,447		No	Yes		Yes		
(5) Sean Gleeson MD	President - PFK	Fund Life Insurance		X	561,539	590,813		No	Yes		Yes		
(6) STEPHEN TESTA	PRESIDENT - NCH FOUNDATION	FUND LIFE INSURANCE		X	12,500	12,647		No	Yes		Yes		
Total						\$	7,328,959						

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)	92,689	Wages (Project Coordinator, NCH - IS Dept)		No
(2) Jung Sun Miller	Family Member of Richard Miller (COO - NCH)	63,566	Wages (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: 24020961

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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		22	4,385,603	Selling cost
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				
17 Real estate—Other		2	13,490,000	Market value
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

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?

30a

No

b If "Yes," describe the arrangement in Part II.

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?

32a

No

b If "Yes," describe in Part II.

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2024)

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 - Other - NUMBER OF CONTRIBUTIONS

Additional Data

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Software ID: 24020961

Software Version: 2024v5.1

Name 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: 589	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 2024, Nationwide Children's Hospital received 19,425 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.
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 627-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 2024, Nationwide Children's had more than 1.9 million visits from all 50 states and 49 countries. Nationwide Children's discharged approximately 20,023 patients from its Columbus campus during 2024 for a total of 175,515 inpatient days. Patient care was provided by 1,712 medical staff, and the total hospital staff grew to 16,557 employees. Nationwide Children's is nationally ranked in all 11 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 2023, Nationwide Children's researchers saw their second FDA-approved gene therapy. The therapy for Duchenne muscular dystrophy was approved under Accelerated Approval, with full approval that followed in 2024. The therapy came from the lab of Jerry Mendell, MD, who retired from Nationwide Children's in October 2023. To further advance our ability to bring advanced care to patients, and as leaders in gene therapy, Nationwide Children's has established the Gene Therapy Center of Excellence, which is dedicated to improving gene therapy access to patients. Whether by increasing efficiency for clinical trials or bringing FDA-approved therapies into our clinics, the Gene Therapy Center of Excellence operates for the benefit of patients and their families. 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 2024, Nationwide Children's accomplished this by providing more than \$40 million in charity care assistance and more than \$187 million of unreimbursed Medicaid for a total of over \$227 million in uncompensated care. Approximately 51% of Nationwide Children's patient population is covered by Medicaid. Overall, NATIONWIDE CHILDREN'S PROVIDES APPROXIMATELY \$404 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT SERVICES ANNUALLY. Additionally, Nationwide Children's subsidized losses on its behavioral health and homecare programs in 2024. 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 inpatient admission. The Big Lots Behavioral Health Pavilion, dedicated exclusively to child and adolescent mental health, opened in 2020. It features inpatient services, intensive outpatient services and research all under one roof. The pavilion is currently staffing 38 inpatient psychiatric beds across three specially designed units, including one unit for children with neurobehavioral disorders. An additional 26 beds on the youth crisis stabilization unit and extended observation unit bring total beds to 64 in the behavioral health pavilion. 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 8,693 nursing home visits in 2024, in addition to more than 61,360 hours of private duty nursing care and 20,452 skilled therapy visits. 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 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, addressing racial health inequities and enhancing clinical quality initiatives to reduce prematurity. The Central Ohio Poison Control 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 45,737 poison exposure calls in 2024. 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

Return Reference	Explanation
	health issues. 5. Focusing our quality, safety and service strategic plan on simulation, communication, big data analytics, antibiotic stewardship and clinical pathways. ANOTHER WAY PATIENT CARE IS IMPACTED IS THROUGH PARTNERS FOR KIDS (PFK), THE OLDEST AND LARGEST PEDIATRIC ACCOUNTABLE CARE ORGANIZATION IN THE UNITED STATES. PFK WAS CREATED IN 1994 BY NATIONWIDE CHILDREN'S HOSPITAL TO SERVE CHILDREN IN SOUTH CENTRAL AND SOUTH EASTERN OHIO, AND EXPANDED TO HELP CHILDREN IN THE WEST CENTRAL PART OF THE STATE. PFK IS A CRUCIAL LINK BETWEEN FAMILIES, HEALTH CARE PROVIDERS AND OHIO'S MANAGED MEDICAID SYSTEM, ALLOWING CHILDREN TO GET THE HIGH-QUALITY CARE THEY NEED, WHEN THEY NEED IT AND WHERE THEY NEED IT. PFK HAS FULL-RISK CAPITATION AGREEMENTS WITH THE 6 MEDICAID MANAGED CARE PLANS AND IS FINANCIALLY RESPONSIBLE FOR THE MEDICAL, DENTAL, VISION AND PHARMACY CLAIMS EXPENSES FOR APPROXIMATELY 470,000 CHILDREN ACROSS 47 COUNTIES. PFK WORKS CLOSELY WITH HOSPITALS, PHYSICIAN PRACTICES AND MEDICAID MANAGED CARE PLANS TO ENSURE COMPREHENSIVE AND QUALITY MEDICAL CARE IS AVAILABLE TO THE MEDICAID POPULATION WITHIN ITS SERVICE AREA. BECAUSE OF THE SIZE AND SCOPE OF PFK, IT HAS THE RARE ABILITY TO ADDRESS EACH PART OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM: - IT IMPROVES THE PATIENT'S EXPERIENCE OF CARE BY OFFERING QUALITY IMPROVEMENT RESOURCES TO PROVIDERS AND WORKING WITH INDIVIDUAL FAMILIES TO COORDINATE SERVICES;
Form 990, Part III, Line 4d OTHER PROGRAM SERVICE ACTIVITIES	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 MANY 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 AND 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. NEARLY 51% OF NATIONWIDE CHILDREN'S PATIENTS ARE COVERED THROUGH MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM, AND NATIONWIDE CHILDREN'S, IN CONJUNCTION WITH THE CHILDREN'S HOSPITAL ASSOCIATION, ADVOCATES FOR PROTECTING ACCESS TO HEALTH CARE THROUGH THOSE PROGRAMS. ADDITIONALLY, THROUGH THE CHILD HEALTH PATIENT SAFETY ORGANIZATION AND SOLUTIONS FOR PATIENT SAFETY, 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 AN ADVOCACY ROTATION TO THE HOSPITAL'S RESIDENTS. EDUCATIONAL SESSIONS AND EVENTS, INCLUDING RESIDENT ADVOCACY DAYS AT THE OHIO STATEHOUSE, INTRODUCE FUTURE PEDIATRICIANS TO POLICY ISSUES SURROUNDING CHILD HEALTH. IN 2024, NATIONWIDE CHILDREN'S CONTINUED 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 AND SOUTH SIDE NEIGHBORHOODS THROUGH ITS PROVEN HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES COMMUNITY HEALTH AND ECONOMIC IMPROVEMENT INITIATIVE, WITH SUPPORT FROM THE NATIONWIDE FOUNDATION AND IN PARTNERSHIP WITH THE OHIO CAPITAL FINANCE CORPORATION, CITY OF COLUMBUS, FRANKLIN COUNTY BOARD OF COMMISSIONERS AND OTHERS. 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. 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. TCFSH OFFERS A CONTINUUM OF RESEARCH-BASED PREVENTION, ASSESSMENT, INTERVENTION AND TREATMENT PROGRAMS FOR INDIVIDUALS WHO HAVE EXPERIENCED FAMILY VIOLENCE. IN 2024, THE CHILD ASSESSMENT CENTER SERVED 12,000 UNIQUE CLIENTS WITH 45,000 VISITS ACROSS PROGRAMS. AN ADDITIONAL 7,100 INDIVIDUALS WERE SERVED THROUG COMMUNITY EDUCATION AND TRAINING. THE CENTER IMPACTED PEOPLE IN 73 OF 88 OHIO COUNTIES. THE CHILD ASSESSMENT TEAM PROVIDED 472 INPATIENT CONSULTS TO NATIONWIDE CHILDREN'S. IN 2024, THE CENTER'S FIRST COHORT OF A YOUTH ADVISORY COUNCIL RAISED AWARENSS ABOUT TEEN DATING VIOLENCE AND HEALTHY RELATIONSHIPS THROUGH THE GREEN FLAGS CAMPAIGN. 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 2024, TAD TRAINED 4,167 ADULTS AND 3,006 YOUTH. NATIONWIDE CHILDREN'S ALSO WORKED WITH THE CITY OF COLUMBUS TO PROVIDE SAFETY CITY, AN INJURY-PREVENTION CURRICULUM THAT WAS LAST SEEN INSIDE THE CITY LIMITS IN THE 1980S. THE PROGRAM IS DESIGNED FOR CHILDREN WHO ARE APPROXIMATELY 5 TO 7 YEARS OLD, AND FOCUSES ON PREVENTING SOME OF THE MOST COMMON CAUSES OF INJURY. THE CURRICULUM CAN CHANGE DEPENDING ON THE AGES AND NEIGHBORHOODS, THOUGH IT USUALLY FOCUSES ON AREAS INCLUDING BIKE SAFETY, DROWNING PREVENTION AND WATER SAFETY, FIREARM SAFETY, HOUSEHOLD CHEMICAL SAFETY AND SAFELY APPROACHING ANIMALS AND PETS. NATIONWIDE CHILDREN'S USED GEOGRAPHIC MORTALITY DATA, ALONG WITH ITS EXPERIENCE IN ADDRESSING INFANT MORTALITY THROUGH OHIO BETTER BIRTH OUTCOMES, TO DETERMINE PILOT PROJECT SITES. PROVIDING FREE UPSTREAM RESOURCES FOR CHILDREN'S MENTAL HEALTH: IN 2018, NATIONWIDE CHILDREN'S HOSPITAL CREATED THE ON OUR SLEEVES MOVEMENT FOR CHILDREN'S MENTAL HEALTH. SINCE THAT TIME, IT HAS GROWN TO A NATIONAL ORGANIZATION WITH A MISSION TO GIVE FREE, EXPERT-CREATED RESOURCES TO ALL U.S. COMMUNITIES SO EVERYONE CAN UNDERSTAND AND PROMOTE MENTAL HEALTH FOR CHILDREN. NOW CALLED THE KIDS MENTAL HEALTH FOUNDATION, CONTENT IS DESIGNED TO EMPOWER ADULTS WITH THE CONFIDENCE TO UNDERSTAND, ADDRESS AND PROMOTE THE MENTAL HEALTH OF KIDS. PART OF THOSE RESOURCES INCLUDE CURRICULA FOR EDUCATORS, EMPLOYEE WELLNESS RESOURCES, GUIDES AND TOOLS FOR PARENTS AND COACHES AND RESOURCES FOR PRIMARY CARE PROVIDERS. IN 2024 ALONE, CONTENT WAS ACCESSED BY MORE THAN 10 MILLION PEOPLE. 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. BEHAVIORAL HEALTH TREATMENT INSIGHTS AND PROVIDER SUPPORT (BH-TIPS) IS A VIRTUAL

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	BEHAVIORAL HEALTH CONSULTATION SERVICE FOR COMMUNITY-BASED PROVIDERS. PROVIDERS SCHEDULE 15-MINUTE APPOINTMENTS WITH NATIONWIDE CHILDREN'S PSYCHIATRISTS FOR SUPPORT AND INSIGHT. SINCE LAUNCHING IN 2021, BH-TIPS HAS COMPLETED 907 CONSULTATIONS WITH 275 PRIMARY CARE PROVIDERS IN 38 OHIO COUNTIES. PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES) IS A COLLABORATIVE MEDICAL EDUCATION AND CARE MANAGEMENT MODEL THAT EMPOWERS CLINICIANS TO PROVIDE BETTER CARE TO MORE PEOPLE. PROJECT ECHO PROFESSIONAL SERIES AT NATIONWIDE CHILDREN'S HOSPITAL FOCUSES ON DIAGNOSTIC AND MEDICAL CARE FOR CHILDREN AND YOUTH. WE WELCOME PHYSICIANS, NURSES, PSYCHOLOGISTS, COUNSELORS, SOCIAL WORKERS, HEALTHCARE ADMINISTRATORS, COMMUNITY HEALTH WORKERS, PHARMACISTS, AND PUBLIC HEALTH PRACTITIONERS TO PARTICIPATE. ECHO CREATES ONGOING LEARNING COMMUNITIES WHERE COMMUNITY-BASED PROVIDERS RECEIVE SUPPORT AND DEVELOP THE SKILLS THEY NEED TO DIAGNOSE AND TREAT PEDIATRIC PATIENTS. AS A RESULT, THEY CAN PROVIDE COMPREHENSIVE, BEST-PRACTICE CARE TO PATIENTS WITH COMPLEX HEALTH CONDITIONS, IN THEIR OWN COMMUNITIES. ECHO DATA - PROFESSIONAL SERIES 2024 ECHO SERIES: 16 ECHO SESSIONS: 131 INDIVIDUAL ATTENDEES: 516 TOTAL ATTENDANCES: 1918 ECHO DATA - FAMILY SERIES 2024 ECHO SERIES: 2 ECHO SESSIONS: 10 INDIVIDUAL ATTENDEES: 889 TOTAL ATTENDANCES: 1483 NATIONWIDE CHILDREN'S ALSO UTILIZES PROJECT ECHO TO SUPPORT FAMILIES THROUGH THE ECHO FAMILY SERIES. FAMILY ECHO: AUTISM IS A VIRTUAL LEARNING PROGRAM FOR FAMILIES AND CAREGIVERS RAISING CHILDREN WITH AUTISM. AS A COLLABORATIVE ENVIRONMENT, FAMILY ECHO: AUTISM, CONNECTS FAMILIES WITH AN INTERDISCIPLINARY PANEL OF EXPERTS. THE SERIES IS DESIGNED TO INCREASE AUTISM KNOWLEDGE, BUILD LEADERSHIP SKILLS FOR MANAGING INTERDISCIPLINARY CARE TEAMS AND PROVIDE STRATEGIES THAT CAN BE APPLIED FOR FAMILIES AND THEIR TEAMS. CUMULATIVE PROJECT ECHO DATA 2024 (PROFESSIONAL SERIES + FAMILY SERIES) ECHO SERIES: 18 ECHO SESSIONS: 141 INDIVIDUAL ATTENDEES: 1,405 TOTAL ATTENDANCES: 3,401 LANGUAGE SERVICES: NATIONWIDE CHILDREN'S AIMS TO COMMUNICATE EFFECTIVELY WITH ITS VARIED PATIENT POPULATION. LANGUAGE SERVICES ARE PROVIDED AT NO ADDITIONAL COST. FOUR LANGUAGES (SPANISH, SOMALI, NEPALI AND ARABIC) ARE SERVICED BY 26 CERTIFIED STAFF INTERPRETERS WHO HAVE A HIGH LEVEL OF PROFICIENCY IN AT LEAST TWO LANGUAGES. AN ADDITIONAL 96 LANGUAGES INCLUDING AMERICAN SIGN LANGUAGE ARE SERVICED THROUGH CONTRACTORS. WITH 5,600 CLINICAL IN-PERSON INTERPRETING SESSIONS, 9,800 VIDEO INTERPRETING AND 13,000 PHONE INTERPRETING CALLS OCCURRING MONTHLY, PATIENTS AND THEIR FAMILIES WITH LIMITED ENGLISH PROFICIENCY OR WHO ARE DEAF OR HARD OF HEARING RECEIVE ACCESSIBLE CARE.
Form 990, Part III, Line 4b PROGRAM SERVICE ACTIVITY #2	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 IN THE NATION'S TOP 10 FOR NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING, AWRI OCCUPIES 800,000 SQUARE FEET OF DEDICATED RESEARCH SPACE ACROSS FOUR BUILDINGS ON THE HOSPITAL'S MAIN CAMPUS. RESEARCH BUILDING IV AND RESEARCH BUILDING III ARE CONNECTED THROUGH A COMMON ENTRY ATRIUM AND ON EVERY FLOOR, ENABLING THEM TO FUNCTION AS ONE COMPLEX. HERE, WORLD-CLASS CLINICAL CARE AND CHILD HEALTH RESEARCH OPERATIONS ARE SEAMLESSLY INTEGRATED. IN 2024, THE AWRI TEAM INCLUDED MORE THAN 1,956 RESEARCH INSTITUTE EMPLOYEES, 93 POSTDOCTORAL RESEARCHERS, AND 268 PRINCIPAL INVESTIGATORS (WHO HAVE \$50,000 OR MORE IN RESEARCH FUNDING SUPPORT). NATIONWIDE CHILDREN'S IS HOME TO WORLD-CLASS GENE AND CELL THERAPY RESEARCH. RESEARCHERS IN THE JERRY R. MENDELL CENTER FOR GENE THERAPY HAVE RECEIVED A P50 GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TO ESTABLISH A WELLSTONE MUSCULAR DYSTROPHY SPECIALIZED RESEARCH CENTER. ONE OF ONLY SIX WELLSTONE AWARDS IN THE NATION, THE NATIONWIDE CHILDREN'S AWARD SPANS FOUR YEARS TO ESTABLISH THE CENTER UNDER THE LEADERSHIP OF KEVIN FLANIGAN, MD, DIRECTOR OF THE CENTER FOR GENE THERAPY AND CO-DIRECTOR PAUL MARTIN, PHD. THE CENTER FOR CHILDHOOD CANCER RESEARCH CONTINUES TO HAVE EXCEPTIONAL GROWTH AND SUCCESS IN ITS RESEARCH PROGRAMS THROUGH STRONG INTEGRATION AND COLLABORATION AMONG LABORATORIES IN THE CENTER AND CLINICAL DIVISIONS. INVESTIGATORS IN THE CENTER HAVE BEEN AWARDED TWO U54 (MOONSHOT) GRANT AWARDS IN ADDITION TO A T32 TRAINING GRANT IN PEDIATRIC CANCER. THEY ARE LEADERS IN BRINGING CELLULAR AND IMMUNOTHERAPIES TO CLINICAL TRIALS. IN 2024, THE TEAM REACHED AN IMPORTANT MILESTONE: MORE THAN 1 TRILLION NATURAL KILLER (NK) CELLS FROM THE UNIVERSAL DONOR PROGRAM WERE MANUFACTURED AND DELIVERED TO PATIENTS IN FIVE CLINICAL TRIALS. SOME OF THESE CLINICAL TRIALS ARE FIRST-IN-HUMAN. IN 2024, THE STEVE AND CINDY RASMUSSEN INSTITUTE FOR GENOMIC MEDICINE (IGM) AT NATIONWIDE CHILDREN'S ROLLED OUT CLINICAL RAPID GENOME SEQUENCING HOSPITAL-WIDE AT NATIONWIDE CHILDREN'S MAIN CAMPUS. IN THAT FIRST YEAR, THEY COMPLETED MORE THAN 220 PATIENT SAMPLES AND NEARLY 350 PARENT SAMPLES, WITH AN AVERAGE TIME OF 3.5 DAYS TO PROVIDE A PRELIMINARY CLINICAL REPORT. ADDITIONALLY, TEAMS WERE ABLE TO PROVIDE A DIAGNOSIS IN 28% OF RAPID GENOME CASES, SHARING INFORMATION THAT CAN DIRECTLY IMPACT CARE. EVEN WHEN TESTING DID NOT FIND A DIAGNOSIS, IT SUPPORTED MEDICAL DECISION MAKING BY RULING OUT CERTAIN CONDITIONS. IN ADDITION, MORE THAN 18,000 CLINICAL ASSAYS WERE PERFORMED. THE IGM ALSO SUPPORTS THE MOLECULAR CHARACTERIZATION INITIATIVE (MCI), WHICH PROVIDES SEQUENCING FOR PATIENTS WITH TUMORS AS PART OF AN INTERNATIONAL STUDY FUNDED BY THE NATIONAL CANCER INSTITUTE. IN 2024, 2,036 PATIENTS WERE SEQUENCED FROM 47 U.S. STATES, WASHINGTON DC, PUERTO RICO, CANADA, AUSTRALIA AND NEW ZEALAND. MEDICALLY MEANINGFUL RESULTS ARE RETURNED FOR MORE THAN 95% OF PATIENTS SEQUENCED THROUGHOUT THE MCI. THE IGM'S PROCESS TRANSFORMS PATIENT CARE AND MAKES GENOMIC TESTING RESULTS ACCESSIBLE AND MEANINGFUL FOR PROVIDERS AND THE PATIENTS AND FAMILIES THEY SERVE. THE INSTITUTE FOR MENTAL AND BEHAVIORAL HEALTH RESEARCH (IMBHR) CONDUCTS INNOVATIVE TRANSLATIONAL, CLINICAL AND EPIDEMIOLOGICAL RESEARCH FOCUSED ON THE ETIOLOGY, PREVENTION AND TREATMENT OF MENTAL, EMOTIONAL AND BEHAVIORAL DISORDERS. FACULTY AND STAFF WITHIN THE INSTITUTE WORK WITH CLINICIANS ACROSS THE NATIONWIDE CHILDREN'S HOSPITAL ENTERPRISE, INCLUDING THE OFFICE OF DATA SCIENCES AND THE STEVE AND CINDY RASMUSSEN INSTITUTE FOR GENOMIC MEDICINE, AND IN COLLABORATION WITH THE OHIO STATE UNIVERSITY DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL HEALTH AND THE OSU INSTITUTE FOR BEHAVIORAL MEDICINE RESEARCH. THE CENTER FOR SUICIDE PREVENTION AND RESEARCH, CURRENTLY IMPLEMENTING A P50 GRANT FROM THE NATIONAL INSTITUTE OF MENTAL HEALTH, IS LOCATED WITHIN IMBHR. THE CENTER'S FACULTY AND STAFF ARE FOCUSED ON AN ARRAY OF PROJECTS TO BETTER UNDERSTAND AND PREVENT YOUTH AND TEEN SUICIDE. IN 2024, THE TEAM PUBLISHED THE RESULTS OF THEIR CARING CONTACTS PROGRAM. NATIONWIDE CHILDREN'S IS THE FIRST PEDIATRIC HOSPITAL TO IMPLEMENT CARING CONTACTS APPROACH WITHIN ITS ZERO SUICIDE INITIATIVE. THE INITIAL STUDY PERIOD SHOWS HIGH ENROLLMENT AND SATISFACTION WITH THE PROGRAM, WHICH USES TEXT MESSAGING, POST CARDS AND LETTERS TO SUPPORT YOUTH WHO HAVE BEEN DISCHARGED FROM AN INPATIENT BEHAVIORAL HEALTH STAY. SUPPORTED BY A P50 CENTER GRANT FROM THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE CENTER FOR ACCELERATING SUICIDE PREVENTION IN REAL-WORLD SETTINGS (ASPIRES) AIMS TO ACCELERATE THE DELIVERY OF YOUTH SUICIDE PREVENTION INTERVENTIONS AND SERVICES IN CLINICAL AND COMMUNITY SETTINGS TO REDUCE THE

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	RATE OF YOUTH SUICIDE. THE ASPIRES WEBINAR SERIES PROVIDES FREE INFORMATION FOR HEALTH CARE PROVIDERS ON INNOVATIVE SUICIDE PREVENTION RESEARCH STRATEGIES IN REAL-WORLD, PRACTICE-BASED SETTINGS. THE CENTER FOR INJURY RESEARCH AND POLICY (CIRP) OF THE ABIGAIL WEXNER RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL WORKS GLOBALLY TO REDUCE INJURY-RELATED PEDIATRIC DEATH AND DISABILITY. WITH INNOVATIVE RESEARCH AT ITS CORE, CIRP WORKS TO CONTINUALLY IMPROVE SCIENTIFIC UNDERSTANDING OF THE EPIDEMIOLOGY, BIOMECHANICS, PREVENTION, ACUTE TREATMENT AND REHABILITATION OF INJURIES. CIRP SERVES AS A PIONEER BY TRANSLATING CUTTING EDGE INJURY RESEARCH INTO EDUCATION, ADVOCACY AND ADVANCES IN CLINICAL CARE. IN 2024, CIRP CONTINUED PUBLISHING RESEARCH IN COLLABORATION WITH CENTRAL OHIO POISON CONTROL, REPORTING ON HAZARDOUS INGESTIONS, INCLUDING THOSE OF WATER BEADS, MARIJUANA EDIBLES, TOBACCO POUCHES, DELTA-8 TCH AND LAUNDRY PACKETS. ADDITIONALLY, CIRP RESEARCHERS REPORTED NEW EVIDENCE TO SUPPORT CHANGES IN CONCUSSION CARE FOR YOUTH. A NATIONWIDE CHILDREN'S TEAM FROM THE OFFICE OF DATA SCIENCES WON THE ADVANCED MACHINE LEARNING (ML) TIER IN THE PRECISIONFDA AUTOMATED MACHINE LEARNING (AUTOML) APP-A-THON CHALLENGE: DEMOCRATIZING AND DEMYSTIFYING ARTIFICIAL INTELLIGENCE (AI). SUPPORTING THE GOAL OF MAKING ML MORE ACCESSIBLE FOR HEALTH CARE ORGANIZATIONS AND RESEARCHERS, THE TEAM SUCCESSFULLY DEVELOPED AN APP THAT ENABLES NON-DATA SCIENCE EXPERTS TO INPUT DATA AND SPECIFY SIMPLE GUIDELINES FOR THE REQUIRED MODEL. THE OFFICE OF DATA SCIENCES CONTINUES TO DRIVE NEW DISCOVERIES AND PROPEL RESEARCH FORWARD BY INTEGRATING CLOUD COMPUTING, AI, MACHINE LEARNING AND BIG DATA ANALYTICS. THE MIDWEST PEDIATRIC DEVICE CONSORTIUM (MPDC), A \$6.95 MILLION GRANT INITIATIVE FROM THE FOOD AND DRUG ADMINISTRATION, IS A NEW CONSORTIUM LED BY NATIONWIDE CHILDREN'S HOSPITAL AND THE OHIO STATE UNIVERSITY TO DEVELOP, PRODUCE AND COMMERCIALIZE PEDIATRIC MEDICAL DEVICES. THE GRANT WAS AWARDED TO CO-PRINCIPAL INVESTIGATORS CORY CRISS, MD, CHIEF OPERATING OFFICER OF THE CONSORTIUM AND PEDIATRIC SURGEON AT NATIONWIDE CHILDREN'S AND DAVID ECKMANN, PHD, MD, CHIEF EXECUTIVE OFFICER OF THE CONSORTIUM AND FOUNDING DIRECTOR OF THE CENTER FOR MEDICAL AND ENGINEERING INNOVATION AT THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE. IN 2024, THE MPDC AWARDED THEIR FIRST ROUND OF GRANT FUNDING TO FIVE PROJECTS. THE PROJECTS ARE FROM ORGANIZATIONS ACROSS THE UNITED STATES WORKING TO ADVANCE PEDIATRIC MEDICAL DEVICES INTO CLINICAL USE. ADDITIONALLY, THE MPDC BEGAN OFFERING FREE EDUCATIONAL SESSIONS FOR INVENTORS AND ENTREPRENEURS. IN 2024 THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED NATIONWIDE CHILDREN'S HOSPITAL A \$4.7 MILLION GRANT FOR THE IMPLEMENTATION OF THE HEALTHY START INITIATIVE, STRIVING TO IMPROVE THE HEALTH OF MOMS AND BABIES IN THREE APPALACHIAN OHIO COUNTIES. THIS AWARD ALIGNS WITH THE HOSPITAL'S LONG-STANDING COMMITMENT TO ADVANCING COMMUNITY HEALTH SERVICES FOR FAMILIES IN THE APPALACHIAN REGION. THE GRANT WILL SUPPORT FOUR KEY STRATEGIES: EMBEDDING COMMUNITY HEALTH WORKERS, BUILDING AND EXPANDING SUPPORT AROUND HEALTH EDUCATION, HOME VISITS, LEGAL SERVICES, BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT, ESTABLISHING A COMMUNITY CONSORTIUM AND GROWING A SUSTAINABLE VOICE OF LOCAL COMMUNITY MEMBERS. THE INNOVATIVE INFANT FEEDING DISORDERS PROGRAM AT NATIONWIDE CHILDREN'S HOSPITAL IS A STATE-OF-THE-ART PROGRAM THAT USES ADVANCED TECHNOLOGIES TO DEVELOP PERSONALIZED FEEDING MANAGEMENT STRATEGIES TO IMPROVE NEURODEVELOPMENTAL, PULMONARY AND ORAL FEEDING OUTCOMES FOR INFANTS WITH FEEDING, AIRWAY AND DIGESTIVE DISORDERS. THE PROGRAM'S UNIQUE APPROACH OF "CRIB-SIDE" RESEARCH SUPPORTS EARLIER TIME TO DISCHARGE AND LOWER READMISSION RATES. LED BY SUDARSHAN JADCHERLA, MD, THE PROGRAM CURRENTLY HAS THREE CLINICAL TRIALS ONGOING. IN ADDITION, THE PROGRAM OFFERS CLINICAL MANAGEMENT OUTSIDE OF RESEARCH AND QUALITY IMPROVEMENT AND EDUCATIONAL STRATEGIES TO SUPPORT EVIDENCE-BASED CARE FOR INFANTS IN THE NEONATAL INTENSIVE CARE UNIT.
Form 990, Part III, Line 4c PROGRAM SERVICE ACTIVITY #3	EDUCATION - AS AN ACADEMIC MEDICAL CENTER, THE HOSPITAL'S MISSION INCLUDES PREPARING THE NEXT GENERATION OF PEDIATRIC HEALTHCARE PROVIDERS. IN 2024, 600 OHIO STATE UNIVERSITY ("OSU") FACULTY MEMBERS TRAINED 375 MEDICAL STUDENTS, 125 DENTAL STUDENTS, 318 HOSPITAL-SPONSORED MEDICAL, SURGICAL AND DENTAL RESIDENTS, AND OVER 620 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 2024, THE HOSPITAL SPONSORED 39 ACCREDITED MEDICAL/DENTAL RESIDENCY AND FELLOWSHIP PROGRAMS, 35 ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION; 4 ACCREDITED BY OTHER ORGANIZATIONS. THE HOSPITAL HAS 39 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 MEDICINE, EPILEPSY SURGERY, BONE MARROW TRANSPLANT, COLORECTAL SURGERY, ADVANCED HEART FAILURE AND CARDIAC TRANSPLANT, GENE THERAPY, AND PERINATAL SURGERY. GIVEN THE ACCELERATING NATIONAL SHORTAGE OF PEDIATRIC SUBSPECIALISTS, RECRUITMENT IS AN IMPORTANT OUTCOME FOR THE HOSPITAL'S EDUCATION INVESTMENT. IN 2024, 10 PHYSICIAN SPECIALTIES RECRUITED 12 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 \$9.8 MILLION IN 2024, FOR A TOTAL OF OVER \$27 MILLION IN EXPENSES UNDERWRITTEN OVER THE PAST THREE YEARS, FROM CHGME. IN 2024, APPROXIMATELY 1,800 NURSING STUDENTS, 175 PARAMEDIC STUDENTS, AND OVER 700 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 481 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 170 SCHOOL DISTRICTS. THE HOSPITAL OFFERS PROFESSIONAL EDUCATION PROGRAMS TO IMPROVE AND SUSTAIN DELIVERY OF HIGH-QUALITY PEDIATRIC CARE TO ALL CHILDREN. IN 2024, IT AWARDED OVER 145,000 CONTINUING MEDICAL EDUCATION CREDITS TO APPROXIMATELY 29,356 PHYSICIANS AND 46,103 ALLIED HEALTH PROFESSIONALS, INCLUDING DENTISTS/DENTAL ASSISTANTS, NURSES, PHARMACISTS/PHARMACY TECHNICIANS, PHYSICIAN ASSISTANTS, PSYCHOLOGISTS, AND SOCIAL WORKERS; AND

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	ORGANIZED 25 LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL CONFERENCES AND 160 REGULARLY SCHEDULED SERIES. PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES) IS AN INNOVATIVE TELE-MENTORING PROGRAM THAT BRINGS TOGETHER COMMUNITY PROVIDERS AND SPECIALIST TEAMS TO FORM VIRTUAL COMMUNITIES OF PRACTICE. IN 2024, 16 PROFESSIONAL SERIES WERE OFFERED, TRAINING 520 COMMUNITY PROVIDERS. WE REACHED 24 COUNTRIES, 42 STATES, 70 OHIO COUNTIES WITH 430 CASE PRESENTATIONS, 693 ECHO SESSIONS WITH A TOTAL ATTENDANCE OF OVER 1500. 34 SCHOLARS REPRESENTING 17 SPECIALTIES AND 18 COUNTRIES SPENT TIME AT NATIONWIDE CHILDREN'S THROUGH OUR INTERNATIONAL SCHOLARS PROGRAM. THE HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS, INCLUDING 21 AFFILIATE HOSPITALS, TO STANDARDIZE PEDIATRIC CARE THROUGHOUT OHIO. IN 2024, THE HOSPITAL PROVIDED 27 OUTREACH EDUCATION SESSIONS FOR 538 PARTICIPANTS. AN ADDITIONAL 4,417 HEALTH CARE PROVIDERS RECEIVED PEDIATRIC ADVANCED LIFE SUPPORT TRAINING, AND 72 RECEIVED PEDIATRIC EMERGENCY ASSESSMENT AND RECOGNITION TRAINING FROM THE HOSPITAL. IN ADDITION, 501 HEALTH CARE PROVIDERS RECEIVED ADVANCED CARDIAC LIFE SUPPORT. IN ADDITION, WE HELD 2,415 SIMULATION SESSIONS AND TRAINED OVER 18,779 LEARNERS IN 2024. SINCE 2012, THE HOSPITAL'S PREP (PERSONAL RESPONSIBILITY EDUCATION PROGRAM) HAS TRAINED STAFF IN OVER 60 AGENCIES TO PROVIDE EVIDENCE-BASED HEALTH AND LIFE SKILLS EDUCATION TO HIGH-RISK ADOLESCENTS IN A VARIETY OF SETTINGS. PATIENT, FAMILY, AND COMMUNITY EDUCATION ARE VERY IMPORTANT TO HEALTH AND WELLBEING. IN 2024, APPROXIMATELY 50,000 CHILDREN AND ADULTS PARTICIPATED IN HOSPITAL-SPONSORED EDUCATION, SPECIALTY CAMPS, HEALTH FAIRS, AND OTHER EDUCATION EVENTS. THE HOSPITAL DISTRIBUTED OVER 3.2 MILLION PATIENT EDUCATION TEACHING TOOLS FOR CHILDREN AND FAMILIES. THE FAMILY HEALTH INFORMATION CENTER TAUGHT 1,304 CLASSES, 1581 LEARNERS RECEIVED MEDICAL DEVICE TRAINING AND 957 LEARNERS RECEIVED 957 CPR TRAINING. OUR PATIENT EDUCATION MATERIALS HAD OVER 3.6 MILLION WEB VIEWS. 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. IN 2024, BY THE END OF THE PROGRAM, 98% OF THE CHILDREN WERE KINDERGARTEN READY AS EVIDENCED BY THEIR TEST SCORES. THE HOSPITAL CONTINUES TO EDUCATE EVERY HOSPITAL AND MEDICAL STAFF MEMBER ON QUALITY IMPROVEMENT. THE HOSPITAL'S QUALITY LEADERSHIP ACADEMY IS NATIONALLY RECOGNIZED FOR TRAINING THE NEXT GENERATION OF QUALITY IMPROVEMENT ("QI") LEADERS. SINCE 2010, THE HOSPITAL HAS TRAINED NEARLY 600 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 MAINTENANCE OF CERTIFICATION (MOC) PART IV PORTFOLIO PROGRAM SPONSOR. SINCE 2012, OVER 1,100 PHYSICIANS (AND HUNDREDS OF OTHER TEAM MEMBERS) HAVE ENGAGED IN OVER 300 DIFFERENT QI PROJECTS FOR MOC PART IV CREDIT AT NO CHARGE TO PHYSICIANS.
Form 990, Part III, Line 4d OTHER PROGRAM SERVICE ACTIVITIES (CONTINUED)	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. 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 2024, 97% OF CHILDREN WERE KINDERGARTEN-READY BASED ON PRE-AND POST-TEST SCORES. KINDERGARTEN LITERACY SCREENS ARE NOW BEING DONE IN SELECT PRIMARY CARE CENTERS. NATIONWIDE CHILDREN'S EDUCATIONAL FOCUS LED TO MORE THAN 85 EMPLOYEES FROM ACROSS THE HOSPITAL, INCLUDING RESEARCH, CLINICAL AND HOSPITAL EMPLOYEES, PARTICIPATING AS MENTORS THROUGH NEIGHBORHOOD SCHOOLS AND ORGANIZATIONS IN 2024. MENTORS SPEND ONE HOUR WEEKLY WITH THEIR MENTEE IN DELIBERATE ACTIVITIES AND DISCUSSION. IN ADDITION, NEARLY 35 LOCAL HIGH SCHOOL STUDENTS PARTICIPATED IN THE UPWARD BOUND MATH AND SCIENCE PROGRAM IN 2024. 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 2024, 85 HOME REPAIR GRANTS WERE PROVIDED TO HOMEOWNERS, 45 RENTAL PROJECTS WERE COMPLETED AND 33 HOMES WERE CONSTRUCTED AND SOLD. SINCE 2008, MORE THAN 950 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 1,300 RESIDENTS OF THE ZIP CODES SURROUNDING THE HOSPITAL IN THE SOUTH SIDE AND LINDEN NEIGHBORHOODS WERE EMPLOYED BY NATIONWIDE CHILDREN'S HOSPITAL IN 2024. A ECONOMIC S A RESULT OF WORKFORCE DEVELOPMENT AND STRATEGIC RECRUITMENT EFFORTS BY THE HOSPITAL, MORE THAN 330 NATIONWIDE CHILDREN'S HOSPITAL NEIGHBORHOOD RESIDENTS WERE HIRED. NATIONWIDE CHILDREN'S HOSTS YOUTH AND YOUNG ADULTS (AGES 16 TO 24) FOR PAID SUMMER WORK LEARNING EXPERIENCES WHERE STUDENTS BUILD THEIR SKILLS AND GAIN VALUABLE WORK EXPERIENCE WITHIN A HEALTH CARE SETTING. IN 2025, THE PROGRAM CELEBRATED ITS FIFTH YEAR WITH OVER 1000 STUDENTS PARTICIPATING. ON AVERAGE, 10 PARTICIPANTS RECEIVE JOB OFFERS AT NATIONWIDE CHILDREN'S AFTER COMPLETING THE PROGRAM. THE HIGH SCHOOL CAREER ACADEMY INTRODUCES STUDENTS WHO HAVE AN INTEREST IN THE HEALTH CARE PROFESSION BUT ARE NOT ENROLLED IN HEALTH CARE TECHNICAL EDUCATION PROGRAM TO VARIOUS HEALTH CARE PROFESSIONAL TRACKS. IN 2024, 34 STUDENTS WERE ON-SITE FOR SIX MONTHS FOR ABOUT 40 HOURS TOTAL, EARNING \$12 PER HOUR. THEY MET WITH CLINICAL STAFF FROM VARIOUS IN-DEMAND DEPARTMENTS, GAINED HANDS-ON EXPERIENCE IN AN ENVIRONMENT THAT DEVELOPS LEADERSHIP AND CONFIDENCE TOWARD NAVIGATING A SUCCESSFUL HEALTH CARE CAREER. NATIONWIDE CHILDREN'S ALSO STARTED FREE IRS/VITA TAX CLINICS FOR RESIDENTS MAKING UNDER \$75,000 TO HELP THEM ACCESS TAX CREDITS AND REFUNDS. IN 2024, THE TAX ASSISTANCE PROGRAM COMPLETED MORE THAN 1,000 RETURNS AND HELPED SECURE MORE THAN \$1.8 MILLION IN REFUNDS. COMMUNITY ENRICHMENT - IN 2024, NATIONWIDE CHILDREN'S HOSTED 12 PLAYSTREETS EVENTS, WHICH ALLOW KIDS IN THE NEIGHBORHOODS A SAFE PLAY TO PLAY.MORE THAN 2,875 CHILDREN AND ADULTS ATTENDED. IN

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	ADDITION, SOUTH SIDE THRIVE COLLABORATIVE CONVENED NEARLY 263 STAKEHOLDERS FROM 83 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 MORE THAN 17,712 TOTAL PATIENT VISITS IN 2024. SCHOOL-BASED BEHAVIORAL HEALTH HAD MORE THAN 3,546 VISITS DURING 2024. SCHOOL-BASED HEALTH HAS NOW EXPANDED INTO OFFERING DENTAL AND DIABETES PROGRAMS. IN ADDITION, 60 CAREGIVERS (TEEN AND ADULTS) ATTENDED POSITIVE PARENTING PROGRAM (TRIPLE P) WORKSHOPS FROM THE SOUTH SIDE AND LINDEN NEIGHBORHOODS IN 2024.
Form 990, Part III, Line 4b PROGRAM SERVICES ACTIVITY #2 (CONTINUED)	MORE THAN 3,000 CLINICAL RESEARCH PROJECTS ARE UNDERWAY AT NATIONWIDE CHILDREN'S. THESE PROJECTS INCLUDE SINGLE- AND MULTI-SITE INVESTIGATOR-INITIATED TRIALS AND NATIONAL AND INTERNATIONAL CLINICAL STUDIES. WE ARE PROUD TO BE PART OF MANY CONSORTIA AND COLLABORATIONS DESIGNED TO MAXIMIZE INCREASED RESEARCH PARTICIPATION, ESPECIALLY FOR COLLABORATIONS DESIGNED TO MAXIMIZE INCREASED RESEARCH PARTICIPATION, ESPECIALLY FOR RARE DISEASES, WHERE THE PATIENT POPULATIONS ARE SMALL. MORE THAN 1,880 PAPERS WERE PUBLISHED IN 2024 BY NATIONWIDE CHILDREN'S CLINICIANS AND SCIENTISTS IN PEER-REVIEWED MEDICAL AND SCIENTIFIC JOURNALS, AND AT THE END OF 2024, THERE WERE NEARLY 3,000 INSTITUTIONAL REVIEW BOARD (IRB)-APPROVED STUDIES IN PROGRESS.
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 9,280,037 including grants of \$ 4,743,089)(Revenue \$ 0)
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JOSEPH A. CHLAPATY AND ALEX FISCHER - Business relationship, ALEX FISCHER, C. ROBERT KIDDER, AND TIMOTHY C. ROBINSON - Business relationship, THOMAS WALKER AND DENNIS DURBIN, M.D. - Business relationship, TIMOTHY C. ROBINSON, RHONDA COMER, AND STEPHEN TESTA - Business relationship, TIMOTHY C. ROBINSON, ALEX FISCHER, DENNIS DURBIN, M.D. - Business relationship, TIMOTHY C. ROBINSON AND DWIGHT SMITH - 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; VP OF FINANCE/BOARD TREASURER; SENIOR VICE PRESIDENT OF LEGAL SERVICES / BOARD SECRETARY; AND THE FINANCE COMMITTEE CHAIR. THE RETURN WAS ALSO MADE AVAILABLE UPON REQUEST TO THE FINANCE COMMITTEE OF THE BOARD AND TO THE FULL 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 2024, 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	IN THE FIRST QUARTER OF 2024, 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

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compensation of other employees	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 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: CHAIR/ DIRECTOR - RINCH, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A DiMarco, Ann ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: VICE CHAIR/DIRECTOR - NCH FOUNDATION , AverageHours: 3.000; 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 , AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Kemper, M.D., Alex ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: VICE CHAIR/DIRECTOR - PFK , AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Long, M.D., William ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 20.000; IndividualTrusteeOrDirector Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR / CHAIRMAN - PFK, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Miller, Richard ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: PRESIDENT/COO - NCH, AverageHours: 47.000; Officer Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR - PFK, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: PRESIDENT/DIRECTOR - CRI, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: PRESIDENT/DIRECTOR - PPAC, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: PRESIDENT/DIRECTOR - CSA, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: PRESIDENT/DIRECTOR - CAA, AverageHours: 1.000; 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: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR - PFK, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: DIRECTOR - PPAC, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: DIRECTOR - CAA, AverageHours: 1.000; 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
Form 990, Part VII, Section A	Organization Name: Nationwide Children's Hospital (31-4379441), Title: Chair/Director - NCH, AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer

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Walker, Kirt ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Weichold, Nelson 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: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: TREASURER / DIRECTOR - PFK , AverageHours: 3.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: TREASURER/DIRECTOR - CRI , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: TREASURER/DIRECTOR - PPAC , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: TREASURER/DIRECTOR - CSA , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: TREASURER / DIRECTOR - CAA , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer 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
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 Krawczeski, M.D., Catherine ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: Director - PFK, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: Nationwide Children's Hospital (31-4379441), Title: PHYSICIAN-IN-CHIEF-NCH (AS OF 7/24), AverageHours: 50.000; KeyEmployee Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI (AS OF 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: DIRECTOR - PPAC (AS OF 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA (AS OF 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: DIRECTOR - CAA (AS OF 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Morse, M.D., Rustin ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: CHIEF MEDICAL OFFICER - NCH (TO 5/24), AverageHours: 47.000; KeyEmployee Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR - PFK (TO 3/24), AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI (TO 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: DIRECTOR - PPAC (TO 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA (TO 7/24), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: DIRECTOR - CAA (TO 7/24), 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; KeyEmployee Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Adler, M.D., Brent ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (AS OF 1/24), AverageHours: 47.000; 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 ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Axelson, M.D., David ADDITIONAL POSITIONS	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 50.000; IndividualTrusteeOrDirector

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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 Bergman, Chris ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bignall, M.D., Ray ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR - PFK , AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - PFK , 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, Eleanor ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION , 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 , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bryant, Elaine ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA (AS OF 8/24), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Burger, Corrine ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH , 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 Chlapaty, Linda ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: DIRECTOR - CCFA (AS OF 5/24), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Chung, M.D., Ellen ADDITIONAL	Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: DIRECTOR - CRI, AverageHours: 50.000; IndividualTrusteeOrDirector

Return Reference	Explanation
POSITIONS HELD	
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 , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Delatore, Miranda ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Feldman, Deborah ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Fischer, Alex 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 Fitzpatrick, Michael ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Frecka, Brenda ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (TO 6/24), 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 , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Healy, Brian 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 Holcomb, Michele	Organization Name: Research Institute at Nationwide Children's Hospital, Title: DIRECTOR - RINCH , AverageHours: 3.000; IndividualTrusteeOrDirector

Return Reference	Explanation
ADDITIONAL POSITIONS HELD	
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 Jester, Chad A. ADDITIONAL POSITIONS HELD	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
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 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 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 Malhotra, M.D., Prashant ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 50.000; 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
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 McConnell, John ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION (AS OF 5/24), 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

Return Reference	Explanation
POSITIONS HELD	
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 Mott-Young, M.D., Adrienne ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR - PFK (AS OF 3/24), AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Noritz, M.D., Garey ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Olutoye, M.D., Oluyinka ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 3.000; IndividualTrusteeOrDirector Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: DIRECTOR - CSA, AverageHours: 47.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Pearson, M.D., Greg D. ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH , AverageHours: 47.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Prasad, M.D., Vinay ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 50.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Ramsden, Jonathan ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Redd, Achea 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 Reed, Jamie ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Schottenstein, Lindsay 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 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: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR - PFK , 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 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 Vaughan, Matt 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 Vickers, Billy 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 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 Wexner, Hannah ADDITIONAL POSITIONS HELD	Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: DIRECTOR - NCH FOUNDATION , AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A White, Aimee ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: DIRECTOR -PFK, AverageHours: 3.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Wolfe, Ann I. ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: DIRECTOR - NCH (TO 5/24), 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 (TO 4/24), 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 (TO 4/24), AverageHours: 50.000; 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: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: SECRETARY - PFK, AverageHours: 3.000; Officer Organization Name: CHILDREN'S RADIOLOGICAL INSTITUTE, Title: SECRETARY - CRI, AverageHours: 1.000; Officer Organization Name: PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS, Title: SECRETARY - PPAC, AverageHours: 1.000; Officer Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: SECRETARY - CSA, AverageHours: 1.000; Officer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: SECRETARY - CAA, AverageHours: 1.000; 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
Form 990, Part VII, Section A Cunningham, Nancy ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: Interim President - CCFA (TO 3/24), AverageHours: 50.000; Officer
Form 990, Part VII, Section A Durbin, M.D., Dennis ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: PRESIDENT - RINCH, AverageHours: 50.000; Officer
Form 990, Part VII, Section A Evans, Sara ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: ASSISTANT SECRETARY - PFK, AverageHours: 3.000; Officer Organization Name: NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION, Title: ASST SECRETARY - FOUNDATION, AverageHours: 47.000; Officer
Form 990, Part VII, Section A	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: PRESIDENT - PFK, AverageHours: 50.000; Officer

Return Reference	Explanation
Gleeson, M.D., Sean ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Graves, Melissa ADDITIONAL POSITIONS HELD	Organization Name: CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL, Title: PRESIDENT - CCFA (AS OF 3/24), AverageHours: 50.000; Officer
Form 990, Part VII, Section A Lenobel, Andrew ADDITIONAL POSITIONS HELD	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: 47.000; Officer Organization Name: CHILDREN'S ANESTHESIA ASSOCIATES, Title: ASST SECRETARY - CAA, 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 (TO 9/24), AverageHours: 50.000; Officer
Form 990, Part VII, Section A Patel, M.D., Anup ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: CHIEF MEDICAL DIRECTOR - PFK (AS OF 3/24), AverageHours: 3.000; 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 Edson, Pamela ADDITIONAL POSITIONS HELD	Organization Name: Children's Hospital and Physician's Healthcare Network (Partners for Kids), Title: VICE PRESIDENT - PFK (TO 4/24), AverageHours: 50.000; KeyEmployee
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
Form 990, Part VII, Section A Minzler, Dennis ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441), Title: VP - 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

Return Reference	Explanation
HELD	
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 Elmaraghy, M.D., Charles ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: CHIEF ENT surgeon - CSA, AverageHours: 50.000; HighestCompensatedEmployee
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 Geiger, M.D., James ADDITIONAL POSITIONS HELD	Organization Name: CHILDREN'S SURGICAL ASSOCIATES, Title: Surgeon - CSA, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Klinge, 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 Mendell, M.D., Jerry ADDITIONAL POSITIONS HELD	Organization Name: Research Institute at Nationwide Children's Hospital, Title: PRINCIPAL INVESTIGATOR IV - RINCH, AverageHours: 50.000; HighestCompensatedEmployee
Form 990, Part VII, Section A Brown, Luke ADDITIONAL POSITIONS HELD	Organization Name: Nationwide Children's Hospital (31-4379441)(Former), Title: Former TREASURER / SR VP / CFO - NCH (TO 6/2023), AverageHours: 50.000; Officer
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue: 2252286, Related or Exempt Function Revenue: 2252286, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	GIFT SHOP - Total Revenue: 2767194, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 2767194; OTHER - Total Revenue: 2168997, Related or Exempt Function Revenue: 2168997, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTHER - Total Revenue: 2000000, Related or Exempt Function Revenue: 2000000, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; RESEARCH UBI - Total Revenue: 540993, Related or Exempt Function Revenue: , Unrelated Business Revenue: 540993, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; BILLING SERVICES - Total Revenue: 274080, Related or Exempt Function Revenue: 274080, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; ANDELYN MARKUP - Total Revenue: 3156, Related or Exempt Function Revenue: 3156, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part	NET CHANGE IN INTEREST RATE SWAP AGREEMENTS - 8320455; OTHER - -46136; EFFECT OF ADOPTION OF SFAS NO. 158

Return Reference	Explanation
XI, Line 9 Other changes in net assets or fund balances	- 6835728; Total - 15110047;
Form 990, Part III, Line 4a PROGRAM SERVICE ACTIVITY #1 (CONTINUED)	- IT IMPROVES THE HEALTH OF POPULATIONS WITH EFFORTS TO ENSURE ALL CHILDREN IN ITS REGIONS HAVE ACCESS TO THE CARE THEY NEED WHEN THEY NEED IT - EVEN WHEN THEY ARE NOT SICK; - IT REDUCES THE PER CAPITA COST OF HEALTH CARE BY KEEPING CHILDREN AS HEALTHY AS POSSIBLE, AND BY PROVIDING THE HIGHEST QUALITY CARE WHEN CHILDREN HAVE HEALTH CHALLENGES. PARTNERS FOR KIDS' EFFORTS TO IMPROVE INDIVIDUAL AND POPULATION HEALTH FOCUS ON AREAS, WHICH OFTEN OVERLAP AND INTERSECT WITH EACH OTHER: 1) QUALITY IMPROVEMENT COACHING - PARTNERS FOR KIDS QUALITY IMPROVEMENT COACHING PROGRAM CONCENTRATES ON KEY ISSUES AFFECTING CHILDREN'S HEALTH, AND IS TAILORED TO PARTICIPATING COMMUNITY PRIMARY CARE AND BEHAVIORAL HEALTH PROVIDERS IN A 47-COUNTY REGION. PRACTICES ARE SUPPORTED ON-SITE BY A PFK QUALITY STRATEGIST OR QUALITY CONSULTANT WHO COACHES PRACTICE TEAMS THROUGH PROJECTS, SHARES IDEAS FOR CHANGE AND TESTS CHANGES. THE IMPROVEMENT PROCESS AT THE COMMUNITY PRIMARY CARE PRACTICE OR BEHAVIORAL HEALTH ORGANIZATION IS THEN SUPPORTED BY PARTICIPATION IN A DIVERSE NETWORK WHERE BEST PRACTICES AND CHALLENGES ARE SHARED. IMPROVEMENT IS MEASURED USING OBJECTIVE DEFINITIONS, OFTEN BASED ON HEDIS MEASURES PRIORITIZED BY THE OHIO DEPARTMENT OF MEDICAID, AND STATISTICAL TOOLS TO SUPPORT DECISION MAKING. IN 2024, THE PARTNERS FOR KIDS QUALITY IMPROVEMENT ADVISING PROGRAM: A. INCLUDED A TEAM OF NINE QUALITY IMPROVEMENT ADVISORS (QIAS) SUPPORTING COMMUNITY-BASED PRIMARY CARE AND BEHAVIORAL HEALTH PROVIDERS ACROSS THE REGION. B. ENGAGED 32 COMMUNITY PRIMARY CARE PRACTICES IN AT LEAST ONE ACTIVE QI PROJECT, REACHING ROUGHLY 70,000 PARTNERS FOR KIDS PATIENTS IN 2024. - NINE OF THESE PRACTICES PARTICIPATED IN MORE THAN ONE ACTIVE PROJECT. C. PARTNERED WITH EIGHT COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS, EACH PARTICIPATING IN AT LEAST ONE QI PROJECT IN 2024. -TWO BEHAVIORAL HEALTH ORGANIZATIONS ENGAGED IN MORE THAN ONE ACTIVE PROJECT D. FACILITATED 62 ACTIVE QI PROJECTS FOCUSED ON THE FOLLOWING AREAS: * ASTHMA * DEPRESSION SCREENING AND MANAGEMENT * CONSTIPATION * FOLLOW UP AFTER EMERGENCY DEPARTMENT DISCHARGE FOR BEHAVIORAL HEALTH CONCERNS * FLOURIDE VARNISH * IMMUNIZATIONS (CHILDHOOD AND ADOLESCENT) * REPRODUCTIVE HEALTH (ASSESSMENTS, CONTRACEPTIVE ACCESS, STI AND HIV SCREENING) * WELL VISITS * LEAD SCREENING * PATIENT ENGAGEMENT IN PSYCHOSOCIAL SERVICES 2) CARE NAVIGATION - PARTNERS FOR KIDS CARE NAVIGATION PROVIDES BOTH EPISODIC AND COMPLEX CASE MANAGEMENT BASED ON PATIENT NEEDS, INTENSITY OF SERVICE REQUIRED, AND LEVEL OF CARE. THE GOALS OF CARE NAVIGATION PROGRAM ARE: a. ASSIST PATIENTS IN ACHIEVING OPTIMUM HEALTH OUTCOMES, FUNCTIONAL CAPABILITY, AND QUALITY OF LIFE THROUGH IMPROVED MANAGEMENT OF THEIR DISEASE OR CONDITION. b. IDENTIFYING, ACCESSING AND MAXIMIZING AVAILABLE BENEFITS AND RESOURCES. c. ASSIST PATIENTS IN ACHIEVING GOALS BY IMPROVING THEIR ABILITY TO SELF-MANAGE THEIR DISEASE OR CONDITION. d. COORDINATING SERVICES AMONG PROVIDERS INVOLVED BY CREATING COLLABORATION BETWEEN PATIENTS, FAMILY, PROVIDERS, AND COMMUNITY ORGANIZATIONS TO DEVELOP GOALS. e. FACILITATING TIMELY RECEIPT OF APPROPRIATE SERVICES IN THE MOST APPROPRIATE SETTING. PARTNERS FOR KIDS' CARE NAVIGATION CONDUCTS SEMI-ANNUAL PROGRAM EVALUATIONS WHICH MEASURE: a. REDUCTION IN UTILIZATION * TESTING OF SELECT PATIENTS DEMONSTRATES A SIGNIFICANT REDUCTION IN INPATIENT ADMISSIONS, BED DAYS, AND ED VISITS. -INPATIENT ADMISSIONS WENT FROM 640 ADMITS TO 574 ADMITS AFTER ENROLLMENT -BED DAYS DECREASED FROM 5138 DAYS TO 3336 DAYS AFTER ENROLLMENT -ED VISITS DECREASED FROM 2070 VISITS TO 1794 VISITS AFTER ENROLLMENT b. OUTREACH ENGAGEMENT RATES BY POPULATION TYPE * 2024 PATIENT OUTREACH RESULTED IN 44% ENROLLMENT. c. SATISFACTION SURVEY RESULTS * 950 PATIENT SATISFACTION PHONE CALLS WERE ATTEMPTED. 499 WERE SUCCESSFUL, WITH A RESPONSE RATE OF 52.5%. 472/499 RESPONSES ALIGNED TO PATIENTS/CAREGIVERS HAVING A POSITIVE EXPERIENCE WITH CARE NAVIGATION. 97.5% OF SURVEY RESPONSES ASSESSED AS BEING POSITIVE EXPERIENCES WITH CARE NAVIGATION. 3) SCHOOL-BASED HEALTH CENTERS AND MOBILE UNITS - THE SCHOOL-BASED HEALTH PROGRAM IS A PARTNERSHIP WITH CENTRAL OHIO SCHOOLS THAT IS DESIGNED TO REACH PATIENTS WITH THE GREATEST NEED. THE PROGRAM IS CO-FUNDED BY NATIONWIDE CHILDREN'S HOSPITAL AND PARTNERS FOR KIDS AND MANAGED BY NATIONWIDE CHILDREN'S HOSPITAL. THE 17 SCHOOL-BASED HEALTH CENTERS (SBHC) AND 2 MOBILE UNITS PROVIDE UNIQUE ACCESS TO PRIMARY CARE FOR THOSE NOT OTHERWISE ACCESSING CARE. PROVIDERS IN THESE CLINICS AND MOBILE UNITS INTEGRATE CARE WITH SERVICES PROVIDED IN SCHOOLS, COMMUNITY SITES AND ALSO RECONNECT PATIENTS TO A MEDICAL HOME. A PRIMARY GOAL OF THE SCHOOL-BASED HEALTH CENTERS AND MOBILE UNITS IS TO REDUCE HEALTH INEQUITIES FOR AN AT-RISK POPULATION OF STUDENTS. SECONDARILY, THE AIMS INCLUDE: REDUCING PREVENTABLE SCHOOL ABSENCES, INCREASING THE NUMBER OF CHILDREN RECEIVING PREVENTATIVE CARE, IMPROVING OUTCOMES FOR STUDENTS WITH CHRONIC MEDICAL CONDITIONS AND REDUCING PHYSIOLOGICAL AND ENVIRONMENTAL FACTORS THAT IMPEDE ACADEMIC ATTAINMENT. IN ADDITION TO THESE INITIATIVES, SCHOOL HEALTH SERVICES ADMINISTERS DENTAL AND VISION SERVICES FOR THOUSANDS OF CHILDREN IN FRANKLIN COUNTY. DENTAL AND VISION SERVICES AIM TO PROVIDE CORE DIAGNOSTIC AND PREVENTATIVE SERVICES FOR CHILDREN THAT WERE PREVIOUSLY DISCONNECTED FROM ROUTINE CARE. IMPORTANT MEASURES OF THESE PROGRAMS INCLUDE: A. THE SCHOOL HEALTH TEAM (SBHCS AND MOBILES) PLAYED A VITAL ROLE IN VACCINE DISTRIBUTION TO CHILDREN, PROVIDING 18,892 VACCINES (450 COVID VACCINES AND 18,442 ROUTINE VACCINES), REACHING CHILDREN WITH BARRIERS TO ACCESS VACCINES. B. THE SBHC STAFF COMPLETED 15,944 PATIENT VISITS AND THE MOBILE TEAM COMPLETED 1,750 VISITS (17,694 TOTAL VISITS). 5,080 OF THESE TOTAL VISITS WERE WELL CHECKS. C. THE CLINIC STAFF SUBMITTED 3,733 REFERRALS, WITH THE MOST COMMON BEING SOCIAL WORK, BEHAVIORAL HEALTH, AND OPHTHALMOLOGY REFERRALS. D. IN 2024, THE MOBILE UNITS SERVED 65 UNIQUE SITES. THESE SITES WERE A COMBINATION OF SCHOOLS, EARLY CHILDHOOD CENTERS AND COMMUNITY LOCATIONS. E. IN 2024, THE SCHOOL BASED DENTAL PROGRAM PERFORMED 4,826 PREVENTATIVE, 1,877 DIAGNOSTIC, AND 1,046 RESTORATIVE PROCEDURES ACROSS 1,650 OFFICE VISITS. F. IN 2024, THE SCHOOL BASED EYE CLINIC PROGRAM ADMINISTERED 650 TOTAL VISITS INCLUDING 610 COMPREHENSIVE EXAMS AND 40 FOLLOW UP APPOINTMENTS. SCHOOL-BASED ASTHMA THERAPY (SBAT) PROGRAM - THE SCHOOL-BASED ASTHMA THERAPY (SBAT) PROGRAM WORKS AS A LIAISON BETWEEN THE SCHOOL AND THE ASTHMA CARE PROVIDER TO DESIGN A PLAN FOR STUDENTS WITH HIGH-RISK ASTHMA TO RECEIVE HIS/HER ASTHMA PREVENTION MEDICATION RIGHT AT SCHOOL. ONE OF THE PRIMARY GOALS OF THE PROGRAM IS TO MAINTAIN THE STUDENT'S ASTHMA CARE WITH THEIR ASTHMA CARE PROVIDER, WHILE HELPING IMPROVE COMPLIANCE OF THE STUDENT'S ASTHMA CARE WITH THEIR CONTROLLER MEDICATIONS. WORKING WITH COMMUNITY PARTNERS, SUCH AS THE SCHOOL NURSE TO HELP CHILDREN GET THEIR MEDICINE MAKES THIS POSSIBLE. A. THERE WERE 800+ UNIQUE STUDENTS ENROLLED IN SBAT BY THE END OF THE 2024-2025 SCHOOL YEAR FROM 300+ PARTICIPATING SCHOOLS. B. WHEN COMPARING PATIENT OUTCOMES 1 YEAR PRE- AND 1

Return Reference	Explanation
	YEAR POST-SBAT ENROLLMENT, THE FOLLOWING RESULTS WERE ACHIEVED: A. A 55% REDUCTION IN ED RATES B. A 72% REDUCTION IN IP RATES C. A 72% REDUCTION IN PICU RATES DIABETES AND SCHOOL HEALTH (DASH) PROGRAM - THE DIABETES AND SCHOOL HEALTH (DASH) PROGRAM IS AN INNOVATIVE, SCHOOL-BASED INITIATIVE DEVELOPED IN LATE 2021 WHICH AIMS TO OPTIMIZE T1D CARE IN SCHOOLS AND REDUCE HEALTHCARE DISPARITIES. THE PROGRAM AIMS TO ENHANCE CARE COORDINATION AMONG SCHOOL STAFF, T1D TEAM AND FAMILIES, IMPROVE SELF-EFFICACY WITH DIABETES CARE FOR STUDENTS, AND PROVIDE TARGETED EDUCATION TO SCHOOLS. INTERNAL PHARMACY ENGAGEMENT PROVIDES REGULAR MEDICATION AND SUPPLY DELIVERY TO HOME / SCHOOL FOR ENROLLED STUDENTS. THE DASH PROGRAM ENROLLED SCHOOL AGED CHILDREN WITH T1D IDENTIFIED AS MOST VULNERABLE TO SUBOPTIMAL T1D OUTCOMES. THE ENROLLED STUDENTS ENGAGE IN REGULAR "IN SCHOOL" DIABETES CARE APPOINTMENTS WITH THE DASH TEAM (PEDIATRIC DIABETES NURSE PRACTITIONER AND DIABETES NURSE EDUCATOR). EDUCATION AND ACUTE CARE ARE ADDRESSED WITH THE SCHOOL STAFF AND MEDICAL TEAM. ONGOING PROGRAM RESULTS SHOW IMPROVEMENT IN DIABETES OUTCOMES, INCREASED DIABETES TECHNOLOGY UTILIZATION AND MEDICATION DELIVERY, AND EFFICIENT COMMUNICATION BETWEEN SCHOOL STAFF AND THE MEDICAL TEAM. IMPORTANT MEASURES OF THE PROGRAM INCLUDE: A. THE DASH TEAM ENROLLED 100+ UNIQUE STUDENTS BY THE END OF THE 2024-25 SCHOOL YEAR. B. WHEN COMPARING PATIENT OUTCOMES 1 YEAR PRE- AND 1-YEAR POST-DASH ENROLLMENT, THE FOLLOWING RESULTS WERE ACHIEVED: A. A 39% REDUCTION IN ED VISITS B. A 39% REDUCTION IN IP VISITS C. A 82% REDUCTION IN UC VISITS

Additional Data

[Return to Form](#)

Software ID: 24020961

Software Version: 2024v5.1

SCHEDULE R
(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047

Open to Public
Inspection

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	10,536,529	2,618,800	NCH
(2) NEAR EAST SIDE HOLDINGS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 83-2817371	REAL ESTATE	OH	0	3,285,911	NCH
(3) PEDIATRIC ROTOR WING LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2042425	AIR TRANSPORT	OH	3,261,088	3,673,801	NCH
(4) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306	PHYSICIAN SVC	OH	2,264,755	0	NCH
(5) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371	PHYSICIAN SVC	OH	7,488,473	0	NCH
(6) SOUTH OF MAIN INVESTMENTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 86-1909917	REAL ESTATE	OH	0	1,740	NCH
(7) CHILDREN'S NEWBORN MEDICINE LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 86-3804181	PHYSICIAN SERVICES	OH	11,867,592	14,060,786	NCH
(8) NORTHWEST PEDIATRIC SPECIALISTS LLC 2213 CHERRY STREET TOLEDO, OH 43608 86-1532270	PHYSICIAN SERVICES	OH	22,835,726	19,946,805	NCH
(9) NORTHWEST CHILDREN'S COMMUNITY PRACTICES II LLC 2213 CHERRY STREET TOLEDO, OH 43608 86-2724808	PHYSICIAN SERVICES	OH	4,035,346	1,634,115	NCH
(10) NATIONWIDE CHILDREN'S HOSPITAL TOLEDO LLC 2213 Cherry Street Toledo, OH 43608 86-1592742	PHYSICIAN SERVICES	OH	66,638,809	117,542,061	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)THE KIDS MENTAL HEALTH FOUNDATION 700 CHILDRENS DRIVE COLUMBUS, OH 43205 88-4419089	Mental Health Education	OH	501(c)(3)	7	NCH INC	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	12,393,262	100 %	Yes	
(2) NE CLOSE TO HOME CENTER CONDO ASSOCIATION 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corporation	46,040	403	90.75 %	Yes	
(3) CHILDREN'S NW MOB CONDO ASSOCIATION 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5540559	CONDO ASSOCIATION	OH	NCH	C Corporation	41,241	626	74.4 %	Yes	
(4) ANDELYN BIOSCIENCES INC 575 CHILDRENS CROSSROAD COLUMBUS, OH 43215 31-1609283	GENE THERAPY	OH	NCH	C Corporation	17,138,935	139,787,442	67.14 %	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	284,100	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

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

• m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

s Other transfer of cash or property from related organization(s)

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	2,366,305	ACTUAL AMOUNT
(2)PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	B	109,397	ACTUAL AMOUNT
(3)NATIONWIDE CHILDREN'S HOSPITAL	B	3,626,799	ACTUAL AMOUNT
(4)NCH HOMECARE	B	138,552	ACTUAL AMOUNT
(5)CHILDREN'S RADIOLOGICAL INSTITUTE	B	2,635,876	ACTUAL AMOUNT
(6)CENTER FOR CHILD & FAMILY ADVOCACY	B	1,207,978	ACTUAL AMOUNT
(7)CENTER FOR CHILD & FAMILY ADVOCACY	B	3,535,111	ACTUAL AMOUNT
(8)RESEARCH INSTITUTE AT NCH	B	40,931,824	ACTUAL AMOUNT
(9)NATIONWIDE CHILDREN'S HOSPITAL	B	119,040,710	ACTUAL AMOUNT
(10)CHILDREN'S ANESTHESIA ASSOCIATES	B	81,472	ACTUAL AMOUNT
(11)RESEARCH INSTITUTE AT NCH	B	61,186,784	ACTUAL AMOUNT
(12)RESEARCH INSTITUTE AT NCH	B	233,719	ACTUAL AMOUNT
(13)RESEARCH INSTITUTE AT NCH	B	405,524	ACTUAL AMOUNT
(14)NCH FOUNDATION	C	2,366,305	ACTUAL AMOUNT
(15)NCH FOUNDATION	C	81,472	ACTUAL AMOUNT
(16)NCH FOUNDATION	C	109,397	ACTUAL AMOUNT
(17)NCH FOUNDATION	C	3,626,799	ACTUAL AMOUNT
(18)NCH FOUNDATION	C	138,552	ACTUAL AMOUNT
(19)NCH FOUNDATION	C	2,635,876	ACTUAL AMOUNT
(20)CHILDREN'S SURGICAL ASSOCIATES	C	233,719	ACTUAL AMOUNT
(21)CENTER FOR CHILD & FAMILY ADVOCACY	C	405,524	ACTUAL AMOUNT
(22)NATIONWIDE CHILDREN'S HOSPITAL	C	1,207,978	ACTUAL AMOUNT
(23)NCH FOUNDATION	C	3,535,111	ACTUAL AMOUNT
(24)NCH FOUNDATION	C	40,931,824	ACTUAL AMOUNT
(25)NCH FOUNDATION	C	119,040,710	ACTUAL AMOUNT
(26)NATIONWIDE CHILDREN'S HOSPITAL	C	61,186,784	ACTUAL AMOUNT
(27)Partners for Kids	J	419,920	ACTUAL AMOUNT
(28)Pediatric Clinical Trials Inc	J	1,053,833	ACTUAL AMOUNT
(29)NATIONWIDE CHILDREN'S HOSPITAL	K	419,920	ACTUAL AMOUNT
(30)NATIONWIDE CHILDREN'S HOSPITAL	L	3,953,693	ACTUAL AMOUNT
(31)CHILDREN'S ANESTHESIA ASSOCIATES	L	934,200	ACTUAL AMOUNT
(32)CHILDREN'S ANESTHESIA ASSOCIATES	L	68,709	ACTUAL AMOUNT
(33)CHILDREN'S SURGICAL ASSOCIATES	L	1,133,988	ACTUAL AMOUNT
(34)CHILDREN'S RADIOLOGICAL INSTITUTE	L	500,520	ACTUAL AMOUNT
(35)NATIONWIDE CHILDREN'S HOSPITAL	L	5,623,244	ACTUAL AMOUNT
(36)NATIONWIDE CHILDREN'S HOSPITAL	L	1,800,495	ACTUAL AMOUNT
(37)NATIONWIDE CHILDREN'S HOSPITAL	L	7,216,878	ACTUAL AMOUNT
(38)NATIONWIDE CHILDREN'S HOSPITAL	L	19,537,254	ACTUAL AMOUNT
(39)NCH HOMECARE	L	51,008	ACTUAL AMOUNT
(40)Partners for Kids	L	6,081,868	ACTUAL AMOUNT
(41)Partners for Kids	L	543,121,378	ACTUAL AMOUNT
(42)Partners for Kids	L	8,002,256	ACTUAL AMOUNT
(43)Partners for Kids	L	389,230	ACTUAL AMOUNT
(44)Partners for Kids	L	158,325	ACTUAL AMOUNT
(45)Partners for Kids	L	228,704	ACTUAL AMOUNT
(46)NATIONWIDE CHILDREN'S HOSPITAL	M	6,081,868	ACTUAL AMOUNT
(47)NATIONWIDE CHILDREN'S HOSPITAL	M	543,121,378	ACTUAL AMOUNT
(48)NCH HOMECARE	M	8,002,256	ACTUAL AMOUNT
(49)CHILDREN'S SURGICAL ASSOCIATES	M	389,230	ACTUAL AMOUNT
(50)CHILDREN'S RADIOLOGICAL INSTITUTE	M	158,325	ACTUAL AMOUNT
(51)CHILDREN'S ANESTHESIA ASSOCIATES	M	228,704	ACTUAL AMOUNT
(52)NATIONWIDE CHILDREN'S HOSPITAL	M	1,002,909	ACTUAL AMOUNT
(53)NCH HOMECARE	M	3,953,693	ACTUAL AMOUNT
(54)NATIONWIDE CHILDREN'S HOSPITAL	M	1,133,988	ACTUAL AMOUNT
(55)NATIONWIDE CHILDREN'S HOSPITAL	M	500,520	ACTUAL AMOUNT
(56)CHILDREN'S ANESTHESIA ASSOCIATES	M	1,800,495	ACTUAL AMOUNT
(57)CHILDREN'S RADIOLOGICAL INSTITUTE	M	5,623,244	ACTUAL AMOUNT
(58)PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	7,216,878	ACTUAL AMOUNT
(59)CHILDREN'S SURGICAL ASSOCIATES	M	19,537,254	ACTUAL AMOUNT
(60)NATIONWIDE CHILDREN'S HOSPITAL	M	51,008	ACTUAL AMOUNT
(61)CENTER FOR CHILD & FAMILY ADVOCACY	O	3,492,058	ACTUAL AMOUNT
(62)NCH FOUNDATION	O	4,335,860	ACTUAL AMOUNT
(63)PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	O	7,982,943	ACTUAL AMOUNT
(64)NCH HOMECARE	O	13,796,594	ACTUAL AMOUNT
(65)CHILDREN'S RADIOLOGICAL INSTITUTE	O	17,658,642	ACTUAL AMOUNT
(66)CHILDREN'S ANESTHESIA ASSOCIATES	O	42,172,993	ACTUAL AMOUNT
(67)CHILDREN'S SURGICAL ASSOCIATES	O	63,672,033	ACTUAL AMOUNT
(68)RESEARCH INSTITUTE AT NCH	O	152,437,463	ACTUAL AMOUNT
(69)Partners for Kids	O	21,651,959	ACTUAL AMOUNT
(70)THE KIDS MENTAL HEALTH FOUNDATION	O	1,888,396	ACTUAL AMOUNT
(71)CHILDREN'S NW MOB CONDO ASSOC'N	P	55,432	ACTUAL AMOUNT
(72)NORTHEAST CLOSE TO HOME CTR CONDO ASSOC'N	P	50,732	ACTUAL AMOUNT
(73)THE KIDS MENTAL HEALTH FOUNDATION	P	5,997,374	ACTUAL AMOUNT
(74)RESEARCH INSTITUTE AT NCH	Q	644,177	ACTUAL AMOUNT
(75)CENTER FOR CHILD & FAMILY ADVOCACY	Q	762,606	ACTUAL AMOUNT
(76)PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	Q	1,127,747	ACTUAL AMOUNT
(77)NCH FOUNDATION	Q	5,206,048	ACTUAL AMOUNT
(78)CHILDREN'S SURGICAL ASSOCIATES	Q	7,880,045	ACTUAL AMOUNT
(79)NCH HOMECARE	Q	27,734,870	ACTUAL AMOUNT
(80)CHILDREN'S RADIOLOGICAL INSTITUTE	Q	630,595	ACTUAL AMOUNT
(81)Partners for Kids	Q	1,007,426	ACTUAL AMOUNT
(82)CHILDREN'S ANESTHESIA ASSOCIATES	Q	347,801	ACTUAL AMOUNT
(83)NATIONWIDE CHILDREN'S HOSPITAL	R	305,626,073	ACTUAL AMOUNT
(84)RESEARCH INSTITUTE AT NCH	R	241,243,774	ACTUAL AMOUNT
(85)NCH FOUNDATION	R	120,000,000	ACTUAL AMOUNT
(86)CHILDREN'S RADIOLOGICAL INSTITUTE	S	11,248,911	ACTUAL AMOUNT
(87)PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	S	3,178,451	ACTUAL AMOUNT
(88)CHILDREN'S SURGICAL ASSOCIATES	S	20,901,777	ACTUAL AMOUNT
(89)CHILDREN'S ANESTHESIA ASSOCIATES	S	16,593,257	ACTUAL AMOUNT
(90)NCH HOMECARE	S	32,787,904	ACTUAL AMOUNT
(91)NCH FOUNDATION	S	48,000,000	ACTUAL AMOUNT
(92)NATIONWIDE CHILDREN'S HOSPITAL	S	241,243,774	ACTUAL AMOUNT
(93)RESEARCH INSTITUTE AT NCH	S	137,806,767	ACTUAL AMOUNT
(94)Partners for Kids	S	35,109,006	ACTUAL AMOUNT
(95)Partners for Kids	S	120,000,000	ACTUAL AMOUNT

Schedule R (Form 990) (Rev. 1-2025)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID: 24020961

Software Version: 2024v5.1

Name:

Nationwide Childrens Hospital Group Return

EIN:

01-0782751

Software ID:

24020961

Software Version:

2024v5.1

Name	Address	EIN	Name control
Nationwide Children's Hospital Group Return	700 Childrens Drive Columbus, OH 43205	01-0782751	NATI
Center for Child & Family Advocacy at Nationwide Children's Hospital	700 Childrens Drive Columbus, OH 43205	02-0627166	CENT
Nationwide Children's Hospital Foundation	700 Childrens Drive Columbus, OH 43205	31-1036370	NATI
Children's Radiological Institute	700 Childrens Drive Columbus, OH 43205	31-1439570	CHIL
Pediatric Pathology Associates of Columbus	700 Childrens Drive Columbus, OH 43205	31-1595013	PEDI
Children's Surgical Associates Corp	700 Childrens Drive Columbus, OH 43205	31-1654000	CHIL
Nationwide Children's Hospital	700 Childrens Drive Columbus, OH 43205	31-4379441	NATI
Research Institute at Nationwide Children's Hospital	700 Childrens Drive Columbus, OH 43205	31-6056230	RESE
Nationwide Children's Hospital Self Insurance Trust	700 Childrens Drive Columbus, OH 43205	47-1657920	NATI
Children's Anesthesia Associates Inc	700 Childrens Drive Columbus, OH 43205	31-0650338	CHIL
Children's Hospital and Physician's Healthcare Network	700 Childrens Drive Columbus, OH 43205	31-1429047	CHIL