

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

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

D Employer identification number
01-0782751
E Telephone number
(614) 722-5958
G Gross receipts \$ 3,064,884,220

F Name and address of principal officer
Steve Allen MD
700 Childrens Drive
Columbus, OH 43205

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 4235

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.nationwidechildrens.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation

M State of legal domicile
OH

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	85
4 Number of independent voting members of the governing body (Part VI, line 1b)	63
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	13,681
6 Total number of volunteers (estimate if necessary)	1,344
7a Total unrelated business revenue from Part VIII, column (C), line 12	8,435,123
7b Net unrelated business taxable income from Form 990-T, line 34	-2,200,952

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	197,698,721	244,669,298
9 Program service revenue (Part VIII, line 2g)	1,466,277,072	1,470,743,688
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,278,383	44,234,807
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,804,459	29,051,551
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,727,058,635	1,788,699,344

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,762,357	91,747,897
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	686,166,636	759,044,042
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,370,119		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	631,107,903	693,932,204
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,399,036,896	1,544,724,143
19 Revenue less expenses Subtract line 18 from line 12	328,021,739	243,975,201

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,352,825,862	3,738,660,695
21 Total liabilities (Part X, line 26)	913,351,922	937,992,969
22 Net assets or fund balances Subtract line 21 from line 20	2,439,473,940	2,800,667,726

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2017-11-08
TIMOTHY C ROBINSON TREASURER/CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: DIANE L BEAN Preparer's signature: DIANE L BEAN Date: _____
Check if self-employed PTIN: P00104972
Firm's name: ▶ ERNST & YOUNG US LLP Firm's EIN: _____
Firm's address: ▶ 800 Yard Street Suite 200 Phone no: (614) 224-5678
Grandview Heights, OH 43212

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O

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 \$	983,097,514	including grants of \$	21,247,110)	(Revenue \$	1,479,662,338)
	See Additional Data						

























4b	(Code)	(Expenses \$	185,044,752	including grants of \$	67,256,073)	(Revenue \$	0)
	See Additional Data						

4c	(Code)	(Expenses \$	34,460,473	including grants of \$	968,431)	(Revenue \$	1,057,747)
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	4,328,256	including grants of \$	2,276,283)	(Revenue \$	0)	

4e	Total program service expenses ▶	1,206,930,995					
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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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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 		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 	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 		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 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 	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 	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 		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 		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 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		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 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 	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 		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 		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) 		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 	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 	Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (85), 1b (63), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List the States...), 18 (Section 6104 requires...), 19 (Describe in Schedule O...), 20 (State the name, address, and telephone number...).

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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	20,398,742	0	1,488,604

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 ▶ 708

	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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PEDIATRIC ACADEMIC ASSOCIATION, 555 SOUTH 18TH STREET COLUMBUS, OH 43205	MEDICAL SERVICES	68,341,555
OHIO STATE UNIVERSITY, 410 WEST 10TH AVENUE COLUMBUS, OH 43210	MEDICAL SERVICES	31,346,179
OHIOHEALTH, 180 EAST BROAD STREET 33RD FLOOR COLUMBUS, OH 43215	MEDICAL SERVICES	27,210,924
MT CARMEL HEALTH, 6150 EAST BROAD STREET COLUMBUS, OH 43212	MEDICAL SERVICES	9,442,352
NBBJ, PO BOX 101800 PASADENA, CA 91189	ARCHITECTURAL SVCS	6,509,232

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 ▶ 265

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	364,137				
	b Membership dues	1b	6,974				
	c Fundraising events	1c	3,945,341				
	d Related organizations	1d	83,902,041				
	e Government grants (contributions)	1e	50,291,943				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	106,158,862				
	g Noncash contributions included in lines 1a-1f \$ _____		201,213				
	h Total. Add lines 1a-1f			244,669,298			
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICES REVENUE	900099	1,458,437,599	1,458,437,599	0	0	
	b PHYSICIAN SERVICES REVENUE	900099	7,722,909	7,722,909	0	0	
	c REFERENCE LAB	621500	2,738,582	0	2,738,582	0	
	d POISON CENTER	900099	883,258	883,258	0	0	
	e OPTICAL SHOP	446199	517,061	0	517,061	0	
	f All other program service revenue		444,279	415,289	28,990	0	
	g Total. Add lines 2a-2f		1,470,743,688				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		33,838,487		-202,289	34,040,776	
	4 Income from investment of tax-exempt bond proceeds		261,295			261,295	
	5 Royalties		1,699,382			1,699,382	
	6a Gross rents	(i) Real					
		(ii) Personal					
		Less rental expenses	1,600,354				
		b Less rental expenses	1,290,525				
	c Rental income or (loss)	309,829	0				
	d Net rental income or (loss)			309,829		309,829	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		Less cost or other basis and sales expenses	1,284,114,373	64,317			
		b Less cost or other basis and sales expenses	1,273,560,681	482,984			
	c Gain or (loss)	10,553,692	-418,667				
	d Net gain or (loss)			10,135,025		10,135,025	
8a Gross income from fundraising events (not including \$ 3,945,341 of contributions reported on line 1c) See Part IV, line 18	a						
	b Less direct expenses	461,891					
	c Net income or (loss) from fundraising events	828,249		-366,358		-366,358	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	52,755					
	c Net income or (loss) from gaming activities	22,437		30,318		30,318	
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	0					
	c Net income or (loss) from sales of inventory	0		0		0	
Miscellaneous Revenue	Business Code						
11a CAFETERIA	722210	6,877,598	0	0	6,877,598		
b BILLING SERVICES TO AFFILIATE	541200	4,641,469	4,641,469	0	0		
c OTHER RESEARCH REVENUE	900099	7,047,545	1,766,317	5,281,228	0		
d All other revenue		8,811,768	3,568,611	71,551	5,171,606		
e Total. Add lines 11a-11d		27,378,380					
12 Total revenue. See Instructions		1,788,699,344	1,477,435,452	8,435,123	58,159,471		

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	91,433,851	91,433,851		
2 Grants and other assistance to domestic individuals See Part IV, line 22	314,046	314,046		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	15,724,292	4,362,653	11,021,779	339,860
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	56,472	17,875	38,597	0
7 Other salaries and wages	585,165,263	467,042,460	116,338,136	1,784,667
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,098,439	22,292,384	6,806,055	0
9 Other employee benefits	88,881,838	70,997,173	17,399,944	484,721
10 Payroll taxes	40,117,738	30,485,729	9,632,009	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	5,732,374	46,533	5,685,841	0
c Accounting	550,428	0	550,428	0
d Lobbying	483,362	0	483,362	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	190,639,789	153,235,322	37,337,982	66,485
12 Advertising and promotion	8,318,434	395,460	5,541,241	2,381,733
13 Office expenses	42,678,935	26,968,925	15,666,218	43,792
14 Information technology	18,840,657	8,073,435	10,767,222	0
15 Royalties	825,847	825,847	0	0
16 Occupancy	82,474,066	71,202,455	11,271,611	0
17 Travel	6,303,701	4,766,099	1,441,680	95,922
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,761,735	1,069,200	687,160	5,375
20 Interest	34,127,932	0	34,127,932	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	80,556,534	68,974,760	11,581,774	0
23 Insurance	13,103,005	11,324,593	1,778,412	0
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 MEDICAL SUPPLIES	84,015,583	84,015,583	0	0
b DRUGS	78,130,091	77,833,089	297,002	0
c HOSPITAL FRANCHISE FEES	26,773,076	0	26,773,076	0
d TEXTILES & PAPER GOODS	4,459,488	3,293,990	1,165,498	0
e All other expenses	14,157,167	7,959,533	6,030,070	167,564
25 Total functional expenses. Add lines 1 through 24e	1,544,724,143	1,206,930,995	332,423,029	5,370,119
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	147,367,021	1	156,111,443
	2 Savings and temporary cash investments	2,555,188	2	3,069,260
	3 Pledges and grants receivable, net	20,648,186	3	55,227,153
	4 Accounts receivable, net	277,372,933	4	235,540,461
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	8,900,601	8	9,159,134
	9 Prepaid expenses and deferred charges	9,914,624	9	15,465,933
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,657,750,382		
	b Less accumulated depreciation	500,367,475		
		1,067,502,276	10c	1,157,382,907
	11 Investments—publicly traded securities	1,678,888,536	11	1,955,727,002
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	12,618,663	14	4,850,808
15 Other assets See Part IV, line 11	127,057,834	15	146,126,594	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,352,825,862	16	3,738,660,695	
Liabilities	17 Accounts payable and accrued expenses	162,586,403	17	174,053,125
	18 Grants payable	0	18	0
	19 Deferred revenue	8,532,472	19	25,803,237
	20 Tax-exempt bond liabilities	571,000,000	20	560,190,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	171,233,047	25	177,946,607
	26 Total liabilities. Add lines 17 through 25	913,351,922	26	937,992,969
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,215,442,432	27	2,530,738,586
	28 Temporarily restricted net assets	116,851,700	28	153,737,489
	29 Permanently restricted net assets	107,179,808	29	116,191,651
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,439,473,940	33	2,800,667,726	
34 Total liabilities and net assets/fund balances	3,352,825,862	34	3,738,660,695	

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	1,788,699,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,544,724,143
3	Revenue less expenses Subtract line 2 from line 1	3	243,975,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,439,473,940
5	Net unrealized gains (losses) on investments	5	120,030,223
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,811,638
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,800,667,726

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 01-0782751

Name: Nationwide Children's Hospital Group Return

Form 990 (2016)

Form 990, Part III, Line 4a:

PATIENT CARE (SEE SCHEDULE O)

Form 990, Part III, Line 4b:

RESEARCH (SEE SCHEDULE O)

Form 990, Part III, Line 4c:

EDUCATION (SEE SCHEDULE O)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
ALEX FISCHER CHAIR / DIRECTOR - NCH	3 0 0 0	X		X				0	0	0
GEORGE BARRETT DIRECTOR - NCH	3 0 0 0	X						0	0	0
DAVID CAMPISI DIRECTOR - NCH	3 0 0 0	X						0	0	0
JOSEPH A CHLAPATY DIRECTOR - NCH	3 0 0 0	X						0	0	0
JOHN B GERLACH DIRECTOR - NCH	3 0 0 0	X						0	0	0
C ROBERT KIDDER DIRECTOR - NCH	3 0 0 0	X						0	0	0
MICHAEL J FIORILE DIRECTOR - NCH	3 0 0 0	X						0	0	0
SHAREN JESTER TURNEY DIRECTOR - NCH	3 0 0 0	X						0	0	0
CHRIS OLSEN DIRECTOR - NCH	3 0 0 0	X						0	0	0
JORDAN MILLER JR DIRECTOR - NCH	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
R BLANE WALTER DIRECTOR - NCH	3 0 0 0	X						0	0	0
STEVE RASMUSSEN DIRECTOR - NCH	3 0 0 0	X						0	0	0
ABIGAIL S WEXNER DIRECTOR - NCH	3 0 0 0	X						0	0	0
DWIGHT SMITH DIRECTOR - NCH	3 0 0 0	X						0	0	0
BARBARA TRUEMAN DIRECTOR - NCH	3 0 0 0	X						0	0	0
ANN I WOLFE DIRECTOR - NCH	3 0 0 0	X						0	0	0
DARRYL A ROBBINS DO DIRECTOR - NCH	3 0 0 0	X						0	0	0
ALLAN BEEBE MD DIRECTOR - NCH	47 0 3 0	X						998,999	0	57,106
CHRISTOPHER ELLISON MD DIRECTOR - NCH (TO 9/2016)	3 0 0 0	X						0	0	0
THOMAS POMERING DO DIRECTOR - NCH (AS OF 1/2016)	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHELDON RETCHIN MD DIRECTOR - NCH	3 0 0 0	X						0	0	0
CRAIG KENT MD DIRECTOR - NCH (AS OF 9/2016)	3 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR / CEO - NCH	47 0 3 0	X		X				1,742,951	0	59,113
RICHARD MILLER CHAIR/DIRECTOR - NCH HOMECARE	50 0 0 0	X		X				0	0	0
TIMOTHY C ROBINSON TREAS/DIRECTOR - NCH HOMECARE	47 0 3 0	X		X				0	0	0
LINDA STOVEROCK RN SEC/DIRECTOR - NCH HOMECARE	50 0 0 0	X		X				0	0	0
CHRISTOPHER TIMAN MD MEDICAL DIR - NCH HOMECARE	3 0 0 0	X						0	0	0
LISA HUMPHREY MD INTERIM MED DIR - NCH HOMECARE	3 0 0 0	X						0	0	0
RICHARD MILLER PRESIDENT / DIRECTOR - CRI	50 0 0 0	X		X				0	0	0
GREG BATES MD DIRECTOR - CRI (TO 7/2016)	50 0 0 0	X						649,057	0	41,876

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE ALLEN MD DIRECTOR - CRI	47 0 3 0	X						0	0	0
RAJESH KRISHNAMURTHY MD DIRECTOR - CRI (AS OF 8/2016)	50 0 0 0	X						259,174	0	52,615
PHYLLIS HAMMOND-INNES MD PRESIDENT / DIRECTOR - PPAC	50 0 0 0	X		X				504,750	0	44,195
TIMOTHY C ROBINSON TREASURER / DIRECTOR - PPAC	47 0 3 0	X		X				0	0	0
RICHARD BRILLI MD DIRECTOR - PPAC	43 0 0 0	X						0	0	0
JAMIE PHILLIPS DIRECTOR - PPAC	50 0 0 0	X						339,344	0	47,090
RICHARD MILLER DIRECTOR - PPAC	50 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR - PPAC	47 0 3 0	X						0	0	0
RICHARD MILLER PRESIDENT / DIRECTOR - CSA	50 0 0 0	X		X				0	0	0
TIMOTHY C ROBINSON TREASURER / DIRECTOR - CSA	47 0 3 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
STEVE ALLEN MD DIRECTOR - CSA	47 0 3 0	X						0	0	0
R LAWRENCE MOSS MD DIRECTOR - CSA	50 0 0 0	X						1,369,664	0	59,163
ANN I WOLFE CHAIR / DIR - NCH FOUNDATION	3 0 0 0	X		X				0	0	0
THOMAS N BRIGDON VICE CHAIR/DIRECTOR -NCH FNDTN	3 0 0 0	X		X				0	0	0
CHERYL W LUCKS DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
CHAD A JESTER DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
ANDREW W LIVINGSTON DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
EDWARD SHEPHERD MD DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
CYNTHIA RASMUSSEN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
ALBERT COVELLI DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
RICHARD GERMAIN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
WILLIAM EASDALE DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
PAMELA FARBER DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
TIMOTHY JOHNSON DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
JONATHAN RAMSDEN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
BRYAN STEWART DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
MICHAEL RAYDEN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
MICHAEL FITZPATRICK DIR - NCH FDN (AS OF 8/2016)	3 0 0 0	X						0	0	0
MELISA MILLER DIR - NCH FDN (AS OF 8/2016)	3 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR - NCH FOUNDATION	47 0 3 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
SHAREN JESTER TURNEY CHAIR / DIRECTOR - RINCH	3 0 0 0	X		X				0	0	0
GEORGE BARRETT DIRECTOR - RINCH	3 0 0 0	X						0	0	0
KENT JOHNSON PHD DIRECTOR - RINCH	3 0 0 0	X						0	0	0
BEN MAIDEN PHD DIRECTOR - RINCH	3 0 0 0	X						0	0	0
CHRIS OLSEN DIRECTOR - RINCH	3 0 0 0	X						0	0	0
DWIGHT SMITH DIRECTOR - RINCH	3 0 0 0	X						0	0	0
THOMAS WALKER DIRECTOR - RINCH	3 0 0 0	X						0	0	0
CAROLINE C WHITACRE PHD DIRECTOR - RINCH	3 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR - RINCH	47 0 3 0	X						0	0	0
ABIGAIL S WEXNER CHAIR / DIRECTOR - CCFA	3 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
STEVE ALLEN MD DIRECTOR - CCFA	47 0 3 0	X						0	0	0
DAVID M ARONOWITZ DIRECTOR - CCFA	3 0 0 0	X						0	0	0
CARRIE BIRCH DIRECTOR - CCFA	3 0 0 0	X						0	0	0
JANET E JACKSON DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KATHERINE WOLFE LLOYD DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KEVIN O'CONNOR DIRECTOR - CCFA	3 0 0 0	X						0	0	0
AUDREY G TUCKERMAN DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KAREN DAYS PRES / DIRECTOR - CCFA	50 0 0 0	X		X				294,109	0	46,113
BISHOP CALLON HOLLOWAY DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KIMBERLEY JACOBS DIRECTOR - CCFA	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
CHAD A JESTER DIRECTOR - CCFA	3 0 0 0	X						0	0	0
STANLEY PARTLOW DIRECTOR - CCFA	3 0 0 0	X						0	0	0
JUDGE DANA PREISSE DIRECTOR - CCFA	3 0 0 0	X						0	0	0
ZACH SCOTT DIRECTOR - CCFA	3 0 0 0	X						0	0	0
OLIVIA THOMAS MD DIRECTOR - CCFA	3 0 0 0	X						0	0	0
SHAREN JESTER TURNEY DIRECTOR - CCFA	3 0 0 0	X						0	0	0
BRETT MEYER DIRECTOR - CCFA (AS OF 5/2016)	3 0 0 0	X						0	0	0
TIMOTHY C ROBINSON TREASURER - CRI	47 0 3 0			X				0	0	0
JAMES DIGAN PRESIDENT - NCH FOUNDATION	50 0 0 0			X				630,402	0	49,318
TIMOTHY C ROBINSON TREASURER / SR VP / CFO - NCH	47 0 3 0			X				1,004,559	0	64,296

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY C ROBINSON TREASURER - CCFA	47 0 3 0			X				0	0	0
TIMOTHY C ROBINSON TREASURER - NCH FOUNDATION	47 0 3 0			X				0	0	0
TIMOTHY C ROBINSON TREASURER - RINCH	47 0 3 0			X				0	0	0
RICHARD MILLER COO - NCH	50 0 0 0			X				931,961	0	63,546
LINDA STOVEROCK RN SR VP / CNO - NCH	50 0 0 0			X				509,818	0	54,108
WANDA STACKPOLE VP/EXEC DIR - NCH HOMECARE	50 0 0 0			X				199,262	0	27,167
JOHN A BARNARD MD PRESIDENT - RINCH	37 0 0 0			X				493,493	0	35,246
RHONDA COMER SECRETARY - CRI	47 0 3 0			X				0	0	0
RHONDA COMER SECRETARY - PPAC	47 0 3 0			X				0	0	0
RHONDA COMER SECRETARY - CSA	47 0 3 0			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RHONDA COMER SECRETARY - NCH FOUNDATION	47 0 3 0			X				0	0	0
RHONDA COMER SECRETARY - CCFA	47 0 3 0			X				0	0	0
RHONDA COMER SECRETARY - RINCH	47 0 3 0			X				0	0	0
RHONDA COMER SEC / SR VP / LEGAL SVCS - NCH	47 0 3 0			X				624,934	0	55,148
LUKE BROWN ASST TREAS - NCH FOUNDATION	50 0 0 0			X				305,285	0	45,861
SARA EVANS ASST SECRETARY - FOUNDATION	50 0 0 0			X				181,867	0	30,758
LORINA WISE ASST SECRETARY - RINCH	50 0 0 0			X				253,361	0	27,923
DENNIS MINZLER ASST SECRETARY - CRI	50 0 0 0			X				0	0	0
PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	50 0 0 0				X			559,913	0	59,790
RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH	43 0 0 0				X			624,250	0	53,010

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE MEYER MD ADMIN MEDICAL DIRECTOR - NCH	20 0 0 0				X			169,028	0	33,547
DENISE ZABAWSKI VP / CIO - NCH	50 0 0 0				X			400,449	0	34,497
ELISABETH BALDOCK VP/ HR - NCH	50 0 0 0				X			529,563	0	57,947
DENNIS MINZLER VICE PRESIDENT - NCH	50 0 0 0				X			227,851	0	43,745
BRUCE STEVENSON VICE PRESIDENT - RINCH	50 0 0 0				X			265,151	0	39,013
AMY ROSCOE VICE PRESIDENT - RINCH	50 0 0 0				X			212,384	0	19,166
LEE ANN WALLACE VP CLINICAL SERVICES - NCH	50 0 0 0				X			215,986	0	25,372
MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	50 0 0 0					X		1,874,983	0	61,746
KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X		1,274,499	0	56,613
RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	50 0 0 0					X		970,467	0	56,613

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
WALTER SAMORA MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X		957,105	0	45,630
MATTHEW BERAN MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X		824,123	0	41,273

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Children's 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 or 990-EZ))
- 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 in 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the 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 (2), 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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>		
b	Did the activities described in (a) 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 (a) and (b) 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>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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	0	
2 Recoveries of prior-year distributions	0	
3 Other gross income (see instructions)	0	
4 Add lines 1 through 3	0	
5 Depreciation and depletion	0	
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)	0	
7 Other expenses (see instructions)	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0	

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)		
a Average monthly value of securities	0	
b Average monthly cash balances	0	
c Fair market value of other non-exempt-use assets	0	
d Total (add lines 1a, 1b, and 1c)	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2 Acquisition indebtedness applicable to non-exempt use assets	0	
3 Subtract line 2 from line 1d	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	0	
6 Multiply line 5 by .035	0	
7 Recoveries of prior-year distributions	0	
8 Minimum Asset Amount (add line 7 to line 6)	0	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7 <input type="checkbox"/> 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	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. 0			
d From 2014. 0			
e From 2015. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. 0			
c Excess from 2014. 0			
d Excess from 2015. 0			
e Excess from 2016. 0			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
REASON FOR PUBLIC CHARITY STATUS FOR GROUP RETURN SUBORDINATES	<p>NATIONWIDE CHILDREN'S HOSPITAL (NCH) EIN 31-4379441 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(iii) NATIONWIDE CHILDREN'S HOSPITAL HOMECARE (NCH HOMECARE) EIN 31-1296332 PUBLIC CHARITY STATUS 509(a)(2) 2016 PUBLIC SUPPORT PERCENTAGE 100% 2015 PUBLIC SUPPORT PERCENTAGE 100% 2016 INVESTMENT INCOME PERCENTAGE 0% 2015 INVESTMENT INCOME PERCENTAGE 0% CH</p> <p>CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) EIN 31-1439570 PUBLIC CHARITY STATUS 509(a)(2) 2016 PUBLIC SUPPORT PERCENTAGE 99 47% 2015 PUBLIC SUPPORT PERCENTAGE 99 47% 2016 INVESTMENT INCOME PERCENTAGE 0 53% 2015 INVESTMENT INCOME PERCENTAGE 0 53% PEDIATRIC PATHOLOGY ASSO</p> <p>CITIES OF COLUMBUS (PPAC) EIN 31-1595013 PUBLIC CHARITY STATUS 509(a)(2) 2016 PUBLIC SUPPORT PERCENTAGE 99 79% 2015 PUBLIC SUPPORT PERCENTAGE 99 78% 2016 INVESTMENT INCOME PERCENTAGE 0 21% 2015 INVESTMENT INCOME PERCENTAGE 0 22% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHARITY STATUS 509(a)(2) 2016 PUBLIC SUPPORT PERCENTAGE 99 98% 2015 PUBLIC SUPPORT PERCENTAGE 99 97% 2016 INVESTMENT INCOME PERCENTAGE 0 02% 2015 INVESTMENT INCOME PERCENTAGE 0 03% NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) EIN 31-1036370 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2016 PUBLIC SUPPORT PERCENTAGE 59 50% 2015 PUBLIC SUPPORT PERCENTAGE 71 58% RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-6056230 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2016 PUBLIC SUPPORT PERCENTAGE 63 68% 2015 PUBLIC SUPPORT PERCENTAGE 64 87% 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) 2016 PUBLIC SUPPORT PERCENTAGE 85 40% 2015 PUBLIC SUPPORT PERCENTAGE 88 72%</p>

Schedule A Form 990 of 990-E 2016

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016
Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
 ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 Children's Hospital Group Return	Employer identification number 01-0782751
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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

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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-
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)**1b** Total lobbying expenditures to influence a legislative body (direct lobbying)**1c** Total lobbying expenditures (add lines 1a and 1b)**1d** Other exempt purpose expenditures**1e** Total exempt purpose expenditures (add lines 1c and 1d)**1f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

1g Grassroots nontaxable amount (enter 25% of line 1f)**1h** Subtract line 1g from line 1a If zero or less, enter -0-**1i** Subtract line 1f from line 1c If zero or less, enter -0-**1j** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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	0
d Mailings to members, legislators, or the public?	Yes		4,220
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?	Yes		148,399
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		821,328
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i Other activities?		No	0
j Total Add lines 1c through 1i			973,947
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 - DESCRIPTION OF LOBBYING ACTIVITY	Nationwide Childrens Hospital, Inc (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 The hospital has sent correspondence to and met directly with local, state, and federal officials 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 NCHs dues applicable to their lobbying activities is \$148,399 During 2016, one hospital staff member was registered as a lobbyist at the federal level and two at the state level During 2016 staff met with elected and appointed officials regarding child health, reimbursement, and grants/funding NCH utilized the services of two outside consultants, one at the local/state level and one at the federal level in 2016 These consultants prepared written materials and met with elected and appointed officials NCHs total direct and indirect lobbying expenditures based on resources or time were minimal and not substantial based on revenues

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Nationwide Children's Hospital Group Return

Employer identification number 01-0782751

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply) [Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure], 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year [2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register], 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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, 1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items [a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X]

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	146,550,272	147,768,473	141,883,193	118,965,128	108,604,577
b Contributions	9,011,343	3,486,666	4,501,073	8,593,015	3,806,940
c Net investment earnings, gains, and losses	9,515,476	-1,260,160	5,128,674	17,299,062	8,968,440
d Grants or scholarships					
e Other expenditures for facilities and programs	4,163,568	3,444,407	3,744,467	2,974,012	2,414,829
f Administrative expenses					
g End of year balance	160,913,523	146,550,572	147,768,473	141,883,193	118,965,128

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 25 540 %
 - b** Permanent endowment ▶ 74 460 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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	0	49,257,440		49,257,440
b Buildings	0	1,132,493,401	324,528,752	807,964,649
c Leasehold improvements	0	3,981,136	190,287	3,790,849
d Equipment	0	313,946,350	175,648,436	138,297,914
e Other	0	158,072,055		158,072,055
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,157,382,907

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	0
MARKET VALUE OF INTEREST RATE SWAP	31,789,532
ACCRUED RETIREMENT BENEFITS	31,411,570
OTHER DONOR RELATED LIABILITIES	1,859,593
ACCRUED PROFESSIONAL LIABILITY	32,760,489
BOND ISSUANCE COSTS	13,186,241
PAYABLE TO THIRD PARTY PAYORS	4,947,557
HCAP ACCRUAL	57,394,002
DEFERRED COMPENSATION	1,642,683
DUE TO AFFILIATE	2,954,940
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	177,946,607

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 01-0782751

Name: Nationwide Children's Hospital Group Return

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
MARKET VALUE OF INTEREST RATE SWAP	31,789,532
ACCRUED RETIREMENT BENEFITS	31,411,570
OTHER DONOR RELATED LIABILITIES	1,859,593
ACCRUED PROFESSIONAL LIABILITY	32,760,489
BOND ISSUANCE COSTS	13,186,241
PAYABLE TO THIRD PARTY PAYORS	4,947,557
HCAP ACCRUAL	57,394,002
DEFERRED COMPENSATION	1,642,683
DUE TO AFFILIATE	2,954,940

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USE OF ENDOWMENT FUNDS	AVAILABLE ENDOWMENT FUNDS ARE USED TO SUPPORT THE NCH MISSION OF PROVIDING THE HIGHEST QUA LITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, AND EDUCATION O F PATIENTS, FAMILIES AND FUTURE HEALTHCARE PROVIDERS

Supplemental Information

Return Reference	Explanation
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, 2016 AND 2015

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			1,510,071
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			1,510,071

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

- 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" to 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 non-cash assistance	(g) Description of non-cash 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)* 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)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 01-0782751

Name: Nationwide Children's Hospital Group Return

Part V 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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	SELF INSURANCE	1,091,898
East Asia and the Pacific			Program Services	HEALTHCARE SERVICES	1,200
East Asia and the Pacific			Program Services	RESEARCH COLLABORATION	200

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	HEALTHCARE SERVICES	1,700
Europe (Including Iceland and Greenland)			Program Services	HEALTHCARE SERVICES	42,614
Middle East and North Africa			Program Services	INTERNATIONAL BUSINESS	12,993

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	HEALTHCARE SERVICES	46,042
North America		1	Program Services	SALARY	83,413
North America			Program Services	RESEARCH COLLABORATION	100,011

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		130,000

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Children's 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
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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 ten 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)
		HORSE SHOW/CONC (event type)	MARATHON (event type)	11 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,810,008	946,300	1,650,924	4,407,232
2	Less Contributions	1,592,969	945,702	1,406,670	3,945,341
3	Gross income (line 1 minus line 2)	217,039	598	244,254	461,891
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	1,115	1,115
	6 Rent/facility costs	0	7,690	73,131	80,821
	7 Food and beverages	0	37,638	76,102	113,740
	8 Entertainment	0	2,200	47,655	49,855
	9 Other direct expenses	122,075	57,151	403,492	582,718
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-366,358

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			52,755
Direct Expenses	2 Cash prizes			1,787	1,787	
	3 Noncash prizes			20,650	20,650	
	4 Rent/facility costs			0	0	
	5 Other direct expenses			0	0	
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No		
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				22,437
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶					30,318

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 | 0 % |
| b | An outside facility | 100 000 % |
- 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 ▶ NA
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

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

Return Reference	Explanation
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SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

Attach to Form 990.

Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Name of the organization

Nationwide Children's Hospital Group Return

Employer identification number

01-0782751

Part I Financial Assistance and Certain Other Community Benefits at Cost

Table with 3 columns: Question, Yes, No. Rows 1a-6b.

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
1b If "Yes," was it a written policy?
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
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
3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
3b Did the organization use FPG as a factor in determining eligibility for providing 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?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c 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?
6b 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

Table with 6 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

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			402,304		402,304	0 %
2 Economic development						
3 Community support			859,831	148,525	711,306	0 010 %
4 Environmental improvements			397,967		397,967	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			205,771		205,771	0 %
8 Workforce development			273,153		273,153	0 %
9 Other			2,500		2,500	0 %
10 Total			2,141,526	148,525	1,993,001	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 44,518,228	
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 4,041,755
6 Enter Medicare allowable costs of care relating to payments on line 5	6 6,211,269
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -2,169,514
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE				
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?

1

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
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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
6 a	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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART VI, LINE 2</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SECTION C</u>	10	Yes
a			
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)

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

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	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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 other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23	Yes	
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, 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
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 23

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A COMMUNITY BENEFIT REPORT	
PART II COMMUNITY BUILDING ACTIVITIES	<p>NATIONWIDE CHILDREN'S HOSPITAL (NCH) IMPACTS THE COMMUNITY IN MANY WAYS IN 2008, THE CITY OF COLUMBUS, NATIONWIDE CHILDRENS 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 SOUTH SIDE 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 IN THE PAST SIX YEARS, HNHF IMPACTED 225 HOMES 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 IN 2016, NCH HAD 55 MENTORS PARTICIPATE - 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 PRIMARY CARE DOCTORS PRESCRIBED 93,309 BOOKS TO CHILDREN IN THE SURROUNDING COMMUNITY TO IMPROVE LITERACY AND PREPARE CHILDREN FOR KINDERGARTEN NCH DISTRIBUTED 86,081 BOOKS TO CHILDREN IN THE SURROUNDING COMMUNITY TO IMPROVE LITERACY AND PREPARE CHILDREN FOR KINDERGARTEN APPROXIMATELY 83 PERCENT OF THE BOOKS WERE DONATIONS FROM THE COMMUNITY - LIVINGSTON PARK MAINTENANCE, A CITY OWNED PARK THAT NCH ASSISTS IN MAINTAINING THE NCH ENGINEERING DEPARTMENT PROVIDES SNOW/ICE REMOVAL, LAWN CARE AND WASTE REMOVAL SERVICES FOR THE UPKEEP OF THE PARK - NUTRITION SERVICES INITIATIVE - AN INTERNAL PROGRAM TO REPLACE OUR FOOD PACKAGING MATERIALS WITH THOSE THAT ARE THAT ARE MORE ENVIRONMENTALLY FRIENDLY ALSO INSTALLED RECYCLING CONTAINERS THROUGHOUT THE CAMPUS TO ENCOURAGE RECYCLING - VARIOUS WORKFORCE DEVELOPMENT PROGRAMS 1) SUMMER EDUCATION AND RESEARCH IN CLINICAL HEALTH CARE (SERVING COMMUNITY) PROGRAM - A PROGRAM THAT RECRUITS MINORITY STUDENTS FROM COLLEGES AND UNIVERSITIES TO INTERN IN THE AREAS OF CARDIOLOGY, AMBULATORY, AND RESEARCH FOR A SIX WEEK PROGRAM 2) JOB SHADOWING PROGRAM - A PARTNERSHIP WITH NEIGHBORHOOD HIGH SCHOOLS TO PROVIDE CAREER DEVELOPMENT TRAINING TO SELECTED JUNIORS AND SENIORS INTERESTED IN PURSUING CAREERS IN ALLIED HEALTHCARE 3) SUMMER SCIENTIST INTERNSHIP - A PROGRAM THAT EXPOSES HIGH SCHOOL AND UNDERGRADUATE STUDENTS TO THE SCIENTIFIC METHOD AND CAREERS IN MEDICAL RESEARCH 4) MECHANISMS OF HUMAN HEALTH AND DISEASE - AN IN-DEPTH PROGRAM DESIGNED TO CHALLENGE THE SERIOUS SCIENCE STUDENT STUDENTS INVESTIGATE CANCER AND OTHER DISEASE TOPICS WITH LECTURES FROM RESEARCH PROFESSIONALS THE PROGRAM ALSO PROVIDES OPPORTUNITIES FOR SHADOWING AND CAREER EXPLORATION 5) MORE THAN MY BROTHERS KEEPER - CALL TO ACTION FROM PRESIDENT OBAMA TO CREATE AND IMPLEMENT A PLAN TO ADDRESS OPPORTUNITY GAPS FOR BOYS AND MEN OF COLOR IN OUR COMMUNITY 6) BOYS AND GIRLS CLUB OF COLUMBUS - SUPPORT OF A YEAR-ROUND TEEN EMPLOYMENT GROUP AT THIS NEIGHBORHOOD INSTITUTION - 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 ADULTS RESIDING IN ZIP CODES 43205, 43206 AND 43207 PROGRAMS WERE ESTABLISHED TO MEET THE FOLLOWING GOALS RECRUIT AND ASSIST THE ENROLLMENT OF CHILDREN INTO NCHS SPARK LITERACY PROGRAM, RECRUIT PARTICIPANTS FOR THE MORE THAN MY BROTHERS KEEPER PROGRAM, RECRUIT FAMILIES TO PARTICIPATE IN THE FIRST BIRTHDAY CELEBRATION TO REDUCE INFANT MORTALITY, 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, A PARTNERSHIP BETWEEN NATIONWIDE CHILDREN'S HOSPITAL AND THE LEGAL AID SOCIETY OF COLUMBUS (LASC) NCH OFFERS FREE AND CONFIDENTIAL LEGAL HELP TO ELIGIBLE LOW-INCOME PATIENTS TO IMPROVE THEIR HEALTH AND WELL-BEING</p>

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Form and Line Reference	Explanation
PART III, LINE 2 BAD DEBT EXPENSE	
PART VI, LINE 2 NEEDS ASSESSMENT	<p>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 2016, WHICH RECOGNIZED SIX HEALTH AREAS AS BEING A LOCAL, PRIORITY HEALTH NEED FOR THE COMMUNITY. NCH ADOPTED THE FRANKLIN COUNTY HEALTHMAP 2016 AS ITS COMMUNITY HEALTH ASSESSMENT AND THIS REPORT CAN BE FOUND ON THE HOSPITALS WEBSITE WWW.NATIONWIDECOMMUNITY-HEALTH-NEEDS-ASSESSMENT.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT. IN ORDER TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE STEERING COMMITTEE CONSIDERED POTENTIAL HEALTH INDICATORS FOR INCLUSION IN THEIR REPORT. THESE INDICATORS WERE NARROWED DOWN TO THE SIX HEALTH NEEDS BY 1) COMPARING THE FRANKLIN COUNTY HEALTH INDICATORS AGAINST STATE AND SOMETIMES FEDERAL DATA, AND IDENTIFYING ANY INDICATORS THAT WORSENEDED SINCE THEY WERE COLLECTED FOR THE 2013 CHNA, AND THEN 2) THOSE INDICATORS FOUND TO BE WORSE THAN STATE AND FEDERAL DATA WERE GROUPED INTO RELATED CLUSTERS AND RANKED BY PRIORITY BASED ON INPUT FROM CLINICAL EXPERTS AND HOW THE INDICATORS RATED COMPARED TO A PREDETERMINED SET OF NINE CRITERIA. THE 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) OBESITY, 2) INFANT MORTALITY, 3) ACCESS TO CARE, 4) BEHAVIORAL HEALTH, 5) CHRONIC CONDITIONS, AND 6) INFECTIOUS DISEASE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	
PART VI, LINE 4 COMMUNITY INFORMATION	NATIONWIDE CHILDREN'S HOSPITAL IS LOCATED IN COLUMBUS, OHIO, WHICH IS GEOGRAPHICALLY CENTRAL IN THE STATE OF OHIO WHILE THE MAJORITY OF PATIENTS SERVED RESIDE IN FRANKLIN COUNTY, NCH PROVIDES CARE TO PATIENTS REPRESENTING EACH OF OHIO'S 88 COUNTIES, IN ADDITION TO 50 STATES AND 52 FOREIGN COUNTRIES THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS \$52,341 AND 17.1% OF FAMILIES ARE BELOW THE POVERTY LEVEL APPROXIMATELY 9.2% OF THE POPULATION OF OHIO IS UNINSURED

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Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	
PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM ROLES	<p>NATIONWIDE CHILDREN'S HOSPITAL, INC EXCLUSIVELY CONTROLS THE ACTIVITIES OF ITS SUBSIDIARIES IN CENTRAL OHIO INCLUDING 1) NATIONWIDE CHILDREN'S HOSPITAL (NCH) IS A 476 INPATIENT BED NOT-FOR-PROFIT TERTIARY CARE HOSPITAL PROVIDING INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES IN ADDITION, THE HOSPITAL LEASES 140 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 450 MEDICAL, PEDIATRIC SUB-SPECIALISTS, WHICH PROVIDES SUCH SERVICES AT THE HOSPITAL F) CHILDREN'S ANESTHESIA ASSOCIATES, INC (CAA) IS A FOR-PROFIT PROFESSIONAL PRACTICE PLAN IN WHICH THE HOSPITAL OWNS 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</p>

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Form and Line Reference	Explanation
PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT	N/A

Additional Data**Software ID:****Software Version:****EIN:** 01-0782751**Name:** Nationwide Children's Hospital Group Return**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE MAIN CAMPUS COLUMBUS, OH 43205 www.nationwidechildrens.org	X	X	X	X		X	X		NEONATAL INTENSIVE CARE UNIT	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY REPRESENTATIVES	COMMUNITY INPUT FOR THIS REPORT WAS PROVIDED THROUGH A SERIES OF MEETINGS WITH COMMUNITY REPRESENTATIVE ON THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, LED BY THE CENTRAL OHIO HOSPITAL COUNCIL AMONG THOSE WHO PARTICIPATED AS MEMBERS OF THE STEERING COMMITTEE WERE LYNN DODD - CENTRAL OHIO AREA AGENCY ON AGING, JODI KELLER - CENTRAL OHIO TRAUMA SYSTEM, PARMINDER BAJWA - PRIMARYONE HEALTH, KATHY COWEN - COLUMBUS PUBLIC HEALTH, MICHELLE GROUX - COLUMBUS PUBLIC HEALTH, RICHARD HICKS - COLUMBUS PUBLIC HEALTH, KYLE IDAHOSA - FRANKLIN COUNTY PUBLIC HEALTH, LORI SUMMERS - HEALTHCARE FOR THE HOMELESS, TRACY BROWN - OHIO DEPARTMENT OF AGING, DAVID ELLSWORTH - OHIO DEPARTMENT OF HEALTH, OHIO DISABILITY AND HEALTH PROGRAM, AND JOANNE PEARSOL - CENTER FOR PUBLIC HEALTH PRACTICE, THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 6A CHNA HOSPITAL FACILITIES	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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 6B CHNA NON-HOSPITAL FACILITIES	THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, FRANKLIN COUNTY PUBLIC HEALTH, HEALTHCARE FOR THE HOMELESS, OHIO DEPARTMENT OF AGING, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 10A IMPLEMENTATION STRATEGY	THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS POSTED ON THIS WEBSITE HTTPS //WWW NATIONWIDECHILDRENS ORG/DOCUMENT/GET/156839

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
<p>PART V, SECTION B, LINE 11 ADDRESSING NEEDS IDENTIFIED IN THE CHNA</p>	<p>PRIMARY TARGETS FOR NATIONWIDE CHILDRENS EFFORTS FALL INTO THE CATEGORIES IDENTIFIED BY THE FRANKLIN COUNTY HEALTHMAP 2016 GENERAL STRATEGIES FOR ADDRESSING THESE NEEDS ARE AS FOLLOWS - OBESITY NATIONWIDE CHILDRENS WILL CONTINUE STRIVING TO REDUCE THE INCIDENCE OF OBESITY AND ITS COMPLICATIONS BY INCREASING PATIENT TREATMENT CONTACT AND COMMUNITY EDUCATIONAL OUTREACH ADDITIONALLY, NATIONWIDE CHILDRENS WILL OFFER SPECIALTY SESSIONS FOR SPECIFIC OBESE POPULATIONS AND DEVELOP EVIDENCE-BASED INTERVENTIONS TO REDUCE DISPARITIES IN THE CARE OF THE HIGH-RISK, VULNERABLE POPULATIONS - INFANT MORTALITY BY PARTICIPATING IN THE ENDEAVORS OF OHIO BETTER BIRTH OUTCOMES AND PROVIDING CARE FOR INFANTS IN NEED THROUGH THE OHIO FETAL MEDICINE COLLABORATIVE, NATIONWIDE CHILDRENS WILL AIM TO INCREASE THE AVAILABILITY OF BIRTH CONTROL, PRENATAL CARE AND IMMUNIZATIONS TO REDUCE PREMATURETY AND TO PREVENT INFANT MORBIDITY AND MORTALITY - ACCESS TO CARE NATIONWIDE CHILDRENS WILL EXPAND ITS PRESENCE IN THE COMMUNITIES IT SERVES, WORK TO ADVANCE PATIENT-CENTERED MEDICAL HOME MODELS, AND IMPROVE COORDINATION OF CARE TO ENSURE COMMUNITY MEMBERS HAVE ACCESS TO HIGH-QUALITY PRIMARY, DENTAL, SPECIALIZED, URGENT AND EMERGENCY CARE IN APPROPRIATE SETTINGS - BEHAVIORAL HEALTH NATIONWIDE CHILDRENS WILL MAINTAIN AND EXPAND INPATIENT, OUTPATIENT AND COMMUNITY-BASED EFFORTS TO INNOVATIVELY PREVENT, TREAT AND MINIMIZE THE IMPACT OF BEHAVIORAL HEALTH PROBLEMS IN ITS TARGET POPULATION BY PROVIDING CARE IN THE MOST APPROPRIATE SETTING - CHRONIC CONDITIONS NATIONWIDE CHILDRENS WILL CONTINUE TO REDUCE ASTHMA AND DIABETES INCIDENCE AND COMPLICATIONS BY OPTIMIZING TREATMENT GIVEN THROUGH PRIMARY CARE VISITS, SCHOOL-BASED PROGRAMS AND, WHEN NECESSARY, THROUGH HOSPITALIZATIONS - INFECTIOUS DISEASES NATIONWIDE CHILDRENS WILL CONTINUE TO RAISE STANDARDS FOR HAND HYGIENE, INFECTION PREVENTION, COMMUNITY AND STAFF VACCINATION EFFORTS, ANTIBIOTIC STEWARDSHIP AND RESEARCH TO PREVENT, MANAGE AND TREAT INFECTIOUS DISEASES IN ADDITION, THE HOSPITAL WILL EXPAND TESTING AND EDUCATION ASSOCIATED WITH SEXUALLY TRANSMITTED INFECTIONS FOR ADDITIONAL DETAILS, PLEASE SEE THE IMPLEMENTATION STRATEGY POSTED ON THIS WEBSITE HTTPS //WWW NATIONWIDECHILDRENS ORG/DOCUMENT/GET/156839</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 16A	THE FAP IS WIDELY AVAILABLE ON THIS WEBSITE HTTP //WWW NATIONWIDECHILDRENS ORG/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 16B	THE FAP APPLICATION FORM IS WIDELY AVAILABLE ON THIS WEBSITE HTTP //WWW NATIONWIDECHILDRENS ORG/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 16C	A PLAIN LANGUAGE SUMMARY OF THE FAP IS WIDELY AVAILABLE ON THIS WEBSITE HTTP //WWW NATIONWIDECHILDRENS ORG/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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
PART V, SECTION B, LINE 23 AMOUNTS GENERALLY BILLED	IN 2017, OUR INTERNAL AUDIT DEPARTMENT CONDUCTED A REVIEW OF OUR HOSPITALS COMPLIANCE WITH 501(R) THIS WAS A RETROSPECTIVE REVIEW FOCUSING ON OUR COMPLIANCE DURING CALENDAR YEAR 2016 THROUGH INTERNAL AUDITS REVIEW, IT WAS DISCOVERED THAT THE TIME PERIOD, AS DEFINED PER OUR POLICY, FOR WHICH WE USED TO CALCULATE THE AMOUNTS GENERALLY BILLED (AGB) PERCENTAGE WAS OUTSIDE OF 120 DAYS FROM WHEN IT WAS APPLIED IN OUR FINANCIAL ASSISTANCE POLICY (FAP), OUR AGB PERCENTAGE IS THE BASIS FOR THE DISCOUNTED CARE THAT WE PROVIDE TO PATIENTS WITH EMERGENCY AND MEDICALLY NECESSARY NEEDS WHOSE INCOME IS BETWEEN 301% AND 400% OF THE FEDERAL POVERTY LEVEL (FPL) UPON LEARNING OF OUR ERROR, WE RECALCULATED AGB USING THE TIME PERIOD ALLOWED PER THE 501 (R) REGULATIONS AND DETERMINED WE SHOULD HAVE CHARGED PATIENTS QUALIFYING FOR OUR FAP WITHIN THIS INCOME THRESHOLD 58 5% INSTEAD OF 60% IN ORDER TO CORRECT THIS ERROR, WE ARE CURRENTLY IN THE PROCESS OF ISSUING REFUNDS TO PATIENTS FOR ANY AMOUNTS COLLECTED OVER AGB AND REVISING OUR FAP TO ACCURATELY REFLECT THE BASIS FOR CALCULATING AGB AND THE WRITE-OFF PERCENTAGE USED FOR PATIENTS WITH INCOME BETWEEN 301% TO 400% OF THE FPL GOING FORWARD, WE WILL CONTINUE TO MONITOR 501(R) COMPLIANCE BY ENGAGING OUR INTERNAL AUDIT DEPARTMENT TO CONDUCT A REVIEW ON AN ANNUAL BASIS

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 HOMECARE AND HOSPICE 255 EAST MAIN STREET COLUMBUS, OH 43215	HOMECARE
1 SPRINGFIELD CHILDLAB 1644 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	LAB
2 CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 120 STURGE Mansfield, OH 44903	Physician Practice
3 CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 110 W SMILE Shelby, OH 44875	Physician Practice
4 ZANESVILLE OUTPATIENT SPECIALTY CLINICS 716 ADAIR AVENUE ZANESVILLE, OH 43701	CARDIOLOGY CLINIC
5 CLEVELAND CHILDLAB 1139 ROCKSIDE ROAD PARMA, OH 44134	LAB
6 MANSFIELD CLOSE TO HOME CENTER 536 TRIMBLE ROAD MANSFIELD, OH 44906	MEDICAL OFFICES, CHILDLAB, CARDIOLOGY
7 MARIETTA OUTPATIENT CARDIOLOGY SERVICES 401 MATTHEW STREET SUITE 101 MARIETTA, OH 45750	CARDIOLOGY CLINIC
8 MARION CLOSE TO HOME CENTER 1069 DELAWARE AVENUE MARION, OH 43302	LAB & CARDIOLOGY
9 CHILLICOTHE CLOSE TO HOME CENTER 4439 STATE ROUTE 159 CHILLICOTHE, OH 45601	CARDIOLOGY CLINIC & HEM/ONC CLINIC
10 WASHINGTON COURT HOUSE CHILDLAB 616 WILLARD STREET WASHINGTON COURT HOUSE, OH 43160	Lab
11 ATHENS OUTPATIENT CARDIOLOGY SERVICES 75 HOSPITAL DR CASTROP CENTER STE ATHENS, OH 45701	CARDIOLOGY CLINIC
12 IRONTON CLOSE TO HOME CENTER 2301 SOUTH 7TH STREET IRONTON, OH 45638	CARDIOLOGY, LAB & MEDICAL OFFICES
13 NEWARK CLOSE TO HOME CENTER 75 SOUTH TERRACE AVENUE NEWARK, OH 43055	MEDICAL OFFICES, CHILDLAB
14 PORTSMOUTH CARDIOLOGY SERVICES 1711 27th St Braulin Bldg Suite 2 Portsmouth, OH 45662	CARDIOLOGY CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
16 DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON, OH 45404	CARDIOLOGY CLINIC
1 FINDLAY OUTPATIENT CARDIOLOGY SERVICES 1900 SOUTH MAIN STREET 2ND FLOOR FINDLAY, OH 45840	CARDIOLOGY CLINIC
2 ZANESVILLE CHILDLAB 1166 MILITARY ROAD SUITE B ZANESVILLE, OH 43701	LAB
3 LIMA CHILDLAB 830 WEST HIGH STREET SUITE 375 LIMA, OH 45801	LAB
4 WARREN CHILDLAB 321 NILES CORTLAND ROAD NE WARREN, OH 44484	LAB
5 WOODMERE CHILDLAB 28420 CHAGRIN BLVD WOODMERE, OH 44122	LAB
6 CANTON CHILDLAB 4579 Everhard Rd NW CANTON, OH 44718	LAB
7 CHILDREN'S COMMUNITY PRACTICES LLC DBA CHILLICOTHE PEDIATRICS 80 STAR Chillicothe, OH 45610	Physician Practice

**Schedule I
(Form 990)**

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.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
**Open to Public
Inspection**

Name of the organization
Nationwide Children's 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 non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	38
3	Enter total number of other organizations listed in the line 1 table	1

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ASSISTANCE TO PATIENT FAMILIES (PAID BY NCH)	41615	351,245			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANTS	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 GRANTS PROVIDED ARE USED TO SUPPORT PROGRAM SERVICES AND RESEARCH, CONDUCTED WITHIN THE NCH, INC AFFILIATED GROUP 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

Additional Data

Software ID:
Software Version:
EIN: 01-0782751
Name: Nationwide Children's Hospital Group Return

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
RESEARCH INSTITUTE AT NCH (PAID BY NCH) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	53,240,441				TO SUPPORT VARIOUS RESEARCH INITIATIVES
RESEARCH INSTITUTE AT NCH (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	13,786,750				TO SUPPORT VARIOUS RESEARCH INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
RESEARCH INSTITUTE AT NCH (PAID BY NCH) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	8,077				TO FUND RESEARCH START-UP GRANTS
RESEARCH INSTITUTE AT NCH (PAID BY CSA) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	228,882				TO FUND RESEARCH START-UP GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
NATIONWIDE CHILDREN'S HOSPITAL (PD BY NCHF) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	13,527,501				TO AID IN PROVIDING INDIGENT CARE, TO SUPPORT & IM IMPROVE PATIENT CARE THROUGH PROGRAMS SUCH AS VOLUNTEER SERVICES, HEMATOLOGY / ONCOLOGY, OBESITY PREVENTION, & COMMUNITY EDUCATION
NCH HOMECARE (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1296332	501(c)(3)	63,632				TO SUPPORT HOSPICE AND PALLIATIVE CARE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CTR FOR CHILD & FAMILY ADVOCACY (PD BY NCHF) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	02-0627166	501(c)(3)	1,921,976				TO SUPPORT CHILD ADVOCACY PROGRAMS
CHILDREN'S SURGICAL ASSOC (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1654000	501(c)(3)	183,405				TO SUPPORT SURGICAL RESEARCH INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
NCH CHILD ASSESSMENT CENTER (PAID BY NCH) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	515,036				TO SUPPORT CHILD ASSESSMENT PROGRAMS
NCH BEHAVIORAL HLTH PROGRAMS (PD BY NCH) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	308,993				TO SUPPORT AUTISM AND BEHAVIORAL HEALTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CTR FOR CHILD FAMILY ADV AT NCH (PD BY NCH) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	02-0627166	501(c)(3)	354,307				TO SUPPORT ADMINISTRATIVE OVERSIGHT OF THE CENTER FOR CHILD & FAMILY ADVOCACY
NATIONWIDE CHILDREN'S HOSP INC (PD BY NCH) 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1036372	501(c)(3)	25,000				TO SUPPORT VARIOUS COMMUNITY BENEFIT PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ACADEMIC ASSOCIATION (PD BY NCHF) 555 SOUTH 18TH STREET COLUMBUS, OH 43205	31-1024403	501(c)(3)	900,032				TO PROVIDE FUNDING FOR ENDOWED CHAIRS
PEDIATRIC ACADEMIC ASSOCIATION (PD BY NCH) 555 SOUTH 18TH STREET COLUMBUS, OH 43205	31-1024403	501(c)(3)	5,323,116				TO SUPPORT PAA OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
FAMOHIO INC (PAID BY NCH) 2425 ROSCOE COURT DUBLIN, OH 43016	31-1353807	501(c)(3)	6,000				TO SUPPORT BLEEDING DISORDER FAMILIES
CENTRAL OHIO CHAPTER OF NHF (PAID BY NCH) 4400 N HIGH ST STE 216 COLUMBUS, OH 43214	13-5641857	501(c)(3)	30,500				SUPPORT EDUCATION AND OUTREACH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION (PAID BY NCH) PO BOX 4002907 DES MOINES, IA 50340	13-5613797	501(c)(3)	15,000				TO SUPPORT HEART GALA
CHARITABLE PHARMACY CENT OH INC (PD BY NCH) 200 E LIVINGSTON AVENUE COLUMBUS, OH 43215	27-0147099	501(c)(3)	27,500				TO SUPPORT OPERATIONS OF CPOCO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH (PAID BY NCH) 2545 FRAMERS DR STE 300 COLUMBUS, OH 43235	34-1471131	501(c)(3)	6,000				BIG WISH GALA
HNHF REALTY COLLABORATION (PAID BY NCH) 575 CHARRING CROSS DR STE 200 WESTERVILLE, OH 43081	20-2773085	501(c)(3)	300,000				SUPPORT HNHF OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY DEVELOP FOR ALL PEOPLE(PD BY NCH) PO BOX 06063 964 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501(c)(3)	345,500				TO SUPPORT CAREER GATEWAY HOMES
MARCH OF DIMES (PAID BY NCH) 975 EASTWIND DR STE 150 WESTERVILLE, OH 43081	13-1846366	501(c)(3)	20,500				TO SUPPORT PROGRAMS FOR HEALTHIER BABIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
OHIOHEALTH CORPORATION FDN (PAID BY NCH) 180 E BROAD ST FLOOR 31 COLUMBUS, OH 43215	23-7446919	501(c)(3)	10,000				OhioHealth Wellness Programs and Services Fund
FUTURE READY COLUMBUS (PAID BY NCH) 1234 E BROAD ST COLUMBUS, OH 43205	45-3819208	501(c)(3)	41,667				Cradle through Career Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
THE COLUMBUS FOUNDATION (PAID BY NCH) 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	501(c)(3)	25,000				Contribution to Safer Choices Program Fund
LEUKEMIA AND LYMPHOMA SOCIETY (PAID BY NCH) 2215 CITYGATE DRIVE SUITE A COLUMBUS, OH 43219	13-5644916	501(c)(3)	5,075				LIGHT THE NIGHT SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION (PAID BY NCH) 2800 CORPORATE EXCHANGE DRIVE SUIT COLUMBUS, OH 43231	13-1673104	501(c)(3)	7,000				CENTRAL OHIO KIDNEY WALK SPONSOR
MOUNT CARMEL FOUNDATION (PAID BY NCH) 495 COOPER ROAD SUITE 300 WESTERVILLE, OH 43081	31-1113966	501(c)(3)	40,000				RN SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GRTR COLUMBUS COMM HELPNG HANDS (PD BY NCH) 4200 REGENT STREET SUITE 200 COLUMBUS, OH 43215	20-4176600	501(c)(3)	6,000				HEALTH PROGRAM SUPPORT & SCHOLARSHIP AWARDS SPONSOR
THE HEMOPHILIA ALLIANCE (PAID BY NCH) 1758 ALLENTOWN ROAD 183 LANSDALE, PA 19446	20-2529619	501(c)(3)	6,000				Hemophilia Education Symposium Sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ONE COLUMBUS (PAID BY NCH) 545 E TOWN STREET COLUMBUS, OH 43215	81-2792186	501(c)(4)	25,000				ONE COLUMBUS CAMPAIGN
BIKES FOR ALL PEOPLE (PAID BY NCH) 946 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501(c)(3)	25,000				BIKE SHOP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CITY YEAR COLUMBUS (PAID BY NCH) 35 NORTH FOURTH STREET LL COLUMBUS, OH 43215	22-2882549	501(c)(3)	14,200				Supports Livingston Elementary & South High Scho
BOYS & GIRLS CLUB OF COLUMBUS (PAID BY NCH) 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501(c)(3)	11,260				Support of year-round teen employment program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL OHIO (PAID BY NCH) 360 S 3RD STREET COLUMBUS, OH 43215	31-4393712	501(c)(3)	25,000				Support of neighborhood safety initiatives in the
PARSONS AVE REDEVELOPMENT CORP (PD BY NCH) 545 E TOWN STREET COLUMBUS, OH 43206	46-3644554	501(c)(3)	25,000				Support the redevelopment of Parsons Avenue

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
FLYING HORSE FARMS (PAID BY NCH) 5260 STATE ROUTE 95 MT GILEAD, OH 43338	20-3498125	501(c)(3)	10,000				2016 CAMPFIRE SUPPORT
THE OHIO STATE UNIVERSITY (PAID BY NCH) 660 ACKERMAN ROAD 6TH FLOOR COLUMBUS, OH 43218	31-6025986	501(c)(3)	10,000				Support of OSU Harding Behavioral Health STAR Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
YWCA (PAID BY NCH) 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501(c)(3)	9,500				WOMEN OF ACHIEVEMENT PLEDGE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in 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.</p>	Yes	
<p>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 in line 1a?</p>	Yes	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p> <p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No
<p>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:</p> <p>a The organization?</p>	Yes	
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No
<p>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.</p>		No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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 and/or 1099-MISC compensation			(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A - EXPLANATION FOR HEALTH OR SOCIAL CLUB DUES	NATIONWIDE CHILDREN'S HOSPITAL PROVIDED HEALTH OR SOCIAL CLUB DUES FOR TIMOTHY ROBINSON AND STEVE ALLEN, M D. THESE WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE. NATIONWIDE CHILDREN'S HOSPITAL ALSO PROVIDED HEALTH OR SOCIAL CLUB DUES FOR STEVE ALLEN, M D, KAREN DAYS, AND JAMES DIGAN. THESE WERE DETERMINED TO BE BUSINESS EXPENSES AND WERE NOT TREATED AS COMPENSATION TO THE EMPLOYEE.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	PAYOUTS OF SRP THAT HAD BEEN PREVIOUSLY FUNDED, OCCURRED FOR THE FOLLOWING EMPLOYEES: GREG BATES, M D \$45,924 (\$45,924 PREVIOUSLY REPORTED ON A 990); PHYLLIS HAMMOND-INNES, M D \$160,439 (\$160,439 PREVIOUSLY REPORTED ON A 990); R. LAWRENCE MOSS, M D \$310,545 (\$310,545 PREVIOUSLY REPORTED ON A 990). 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	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

Software ID:
Software Version:
EIN: 01-0782751
Name: Nationwide Children's Hospital Group Return

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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 ALLAN BEEBE MD DIRECTOR - NCH	(i)	596,871	384,128	18,000	35,775	21,331	1,056,105	0
	(ii)	0	0	0	0	0	0	0
2 STEVE ALLEN MD DIRECTOR / CEO - NCH	(i)	1,006,444	736,507	0	35,775	23,338	1,802,064	0
	(ii)	0	0	0	0	0	0	0
3 GREG BATES MD DIRECTOR - CRI (TO 7/2016)	(i)	354,633	230,500	63,924	24,550	17,326	690,933	45,924
	(ii)	0	0	0	0	0	0	0
4 RAJESH KRISHNAMURTHY MD DIRECTOR - CRI (AS OF 8/2016)	(i)	191,174	50,000	18,000	31,277	21,338	311,789	0
	(ii)	0	0	0	0	0	0	0
5 PHYLLIS HAMMOND-INNES MD PRESIDENT / DIRECTOR - PPAC	(i)	255,923	78,000	170,827	24,550	19,645	548,945	160,439
	(ii)	0	0	0	0	0	0	0
6 JAMIE PHILLIPS DIRECTOR - PPAC	(i)	279,188	60,156	0	24,550	22,540	386,434	0
	(ii)	0	0	0	0	0	0	0
7 LAWRENCE MOSS MD DIRECTOR - CSA	(i)	728,381	623,283	18,000	35,775	23,388	1,428,827	310,545
	(ii)	0	0	0	0	0	0	0
8 JAMES DIGAN PRESIDENT - NCH FOUNDATION	(i)	419,906	192,496	18,000	35,775	13,543	679,720	0
	(ii)	0	0	0	0	0	0	0
9 KAREN DAYS PRES / DIRECTOR - CCFA	(i)	260,711	33,398	0	35,775	10,338	340,222	0
	(ii)	0	0	0	0	0	0	0
10 TIMOTHY C ROBINSON TREASURER / SR VP / CFO - NCH	(i)	651,204	335,355	18,000	35,775	28,521	1,068,855	0
	(ii)	0	0	0	0	0	0	0
11 RICHARD MILLER COO - NCH	(i)	603,618	310,343	18,000	35,775	27,771	995,507	0
	(ii)	0	0	0	0	0	0	0
12 LINDA STOVEROCK RN SR VP / CNO - NCH	(i)	389,383	120,435	0	35,775	18,333	563,926	0
	(ii)	0	0	0	0	0	0	0
13 WANDA STACKPOLE VP/EXEC DIR - NCH HOME CARE	(i)	172,304	26,958	0	17,260	9,907	226,429	0
	(ii)	0	0	0	0	0	0	0
14 JOHN A BARNARD MD PRESIDENT - RINCH	(i)	262,363	231,130	0	15,318	19,928	528,739	0
	(ii)	0	0	0	0	0	0	0
15 RHONDA COMER SEC / SR VP / LEGAL SVCS - NCH	(i)	475,999	148,935	0	35,775	19,373	680,082	0
	(ii)	0	0	0	0	0	0	0
16 LUKE BROWN ASST TREAS - NCH FOUNDATION	(i)	259,973	45,312	0	24,550	21,311	351,146	0
	(ii)	0	0	0	0	0	0	0
17 SARA EVANS ASST SECRETARY - FOUNDATION	(i)	167,081	14,786	0	12,960	17,798	212,625	0
	(ii)	0	0	0	0	0	0	0
18 LORINA WISE ASST SECRETARY - RINCH	(i)	223,513	29,848	0	19,279	8,644	281,284	0
	(ii)	0	0	0	0	0	0	0
19 PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	(i)	404,000	137,913	18,000	35,775	24,015	619,703	0
	(ii)	0	0	0	0	0	0	0
20 RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH	(i)	391,069	233,181	0	25,039	27,971	677,260	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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 BRUCE MEYER MD ADMIN MEDICAL DIRECTOR - NCH	(i)	121,920	29,108	18,000	14,160	19,387	202,575	0
	(ii)	0	0	0	0	0	0	0
1 DENISE ZABAWSKI VP / CIO - NCH	(i)	342,355	58,094	0	24,550	9,947	434,946	0
	(ii)	0	0	0	0	0	0	0
2 ELISABETH BALDOCK VP/ HR - NCH	(i)	371,563	140,000	18,000	35,775	22,172	587,510	0
	(ii)	0	0	0	0	0	0	0
3 DENNIS MINZLER VICE PRESIDENT - NCH	(i)	195,788	32,063	0	21,050	22,695	271,596	0
	(ii)	0	0	0	0	0	0	0
4 BRUCE STEVENSON VICE PRESIDENT - RINCH	(i)	206,751	40,400	18,000	20,435	18,578	304,164	0
	(ii)	0	0	0	0	0	0	0
5 AMY ROSCOE VICE PRESIDENT - RINCH	(i)	180,829	31,555	0	18,282	884	231,550	0
	(ii)	0	0	0	0	0	0	0
6 LEE ANN WALLACE VP CLINICAL SERVICES - NCH	(i)	196,064	19,922	0	15,785	9,587	241,358	0
	(ii)	0	0	0	0	0	0	0
7 MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	(i)	1,242,676	614,307	18,000	35,775	25,971	1,936,729	0
	(ii)	0	0	0	0	0	0	0
8 KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	(i)	792,974	463,525	18,000	35,775	20,838	1,331,112	0
	(ii)	0	0	0	0	0	0	0
9 RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	(i)	712,462	240,005	18,000	35,775	20,838	1,027,080	0
	(ii)	0	0	0	0	0	0	0
10 WALTER SAMORA MD ORTHOPEDIC SURGEON - CSA	(i)	398,190	540,915	18,000	24,792	20,838	1,002,735	0
	(ii)	0	0	0	0	0	0	0
11 MATTHEW BERAN MD ORTHOPEDIC SURGEON - CSA	(i)	382,003	442,120	0	20,435	20,838	865,396	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Nationwide Children's Hospital Group Return

Employer identification number

01-0782751

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include County of Franklin Ohio bonds.

Part II Proceeds

Table with 13 rows and 9 columns. Rows 1-12 show amounts for various categories like bonds retired, proceeds of issue, etc. Row 13 shows year of substantial completion (2016/2015). Rows 14-17 show yes/no responses for bond issuance details.

Part III Private Business Use

Table with 2 rows and 9 columns. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X				X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							X	
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 %		1 100 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5							1 100 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X	X	
b Name of provider	LN4B&4C-SEE PART VI		0		0		LN4B&4C-SEE PART VI	
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F) DESCRIPTION OF PURPOSE OF BONDS	PART I, LINE A REPORTS THE 2016 SERIES A&B HOSPITAL REVENUE REFUNDING BONDS THESE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING THE 2008C AND 2008F BONDS PART I, LINE B REPORTS THE 2016 SERIES C HOSPITAL REVENUE REFUNDING BONDS THESE BONDS WERE ISSUED FOR THE PURPOSE OF ADVANCE REFUNDING THE 2008A AND 2009 BONDS PART I, LINE 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 PART I, LINE D REPORTS THE 2014 SERIES A BONDS THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIAL BONDS PART I, LINE A (2) REPORTS THE 2014 SERIES B BONDS THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS PART I, LINE B (2) REPORTS THE 2013 BONDS, SERIES A & B THE 2013A BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008E BONDS THE 2013B BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008G BONDS PART I, LINE C (2) REPORTS THE 2012 HOSPITAL IMPROVEMENT REVENUE BOND, SERIES A ITS PURPOSE IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES PART I, LINE D (2) REPORTS 2009 HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING A NEW PATIENT TOWER AND RESEARCH BUILDING PART I, LINE A (3) REPORTS THE 2008A HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING THE NEW PATIENT TOWER AND POWER PLANT PART I, LINE B (3) REPORTS THE 2008 BONDS, SERIES B, C, D & E THE PURPOSE OF THE 2008B VARIABLE RATE DEMAND HOSPITAL IMPROVEMENT REVENUE BONDS IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING 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

Return Reference	Explanation
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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 5, COLUMNS B(1) CAPITALIZED INTEREST	THE COLUMN B(1) AMOUNT REPRESENTS BOND PROCEEDS IN THE AMOUNT OF \$31,902 THAT WERE USED TO PAY INTEREST ON THE BOND

Return Reference	Explanation
SCH K, PART II, LINE 11, COLUMNS C(1), C(2) & A(3) - OTHER SPENT PROCEEDS	THIS AMOUNT REPRESENTS AN INTEREST RATE HEDGE TERMINATION PAYMENT OF \$4,500,000 (COLUMN C(1)), \$823,513 (COLUMN C(2)), AND \$2,672,000 (COLUMN A(3))

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN A(1) OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2008C AND 2008F

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN D(1) & A(2) OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2005C

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN B(2) - OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2008 E&G

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN B(3) - OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2002 AND 2003

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B, COLUMN A(3) & B(3) - REBATE	THE 5/1/2008 ISSUANCE AND 5/1/2008 ISSUANCE MET SPEND DOWN REQUIREMENTS THEREFORE, NO REBATE IS DUE

Return Reference	Explanation
SCH K, PART IV, LINES 4B&4C, COLUMNS A(1), D(1), A(2), B(2) & B(3) - HEDGE	<p>THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS</p> <p>COLUMN A(1) 2016A BONDS - PROVIDER IS MERRILL LYNCH & COMPANY AND TERMINATION DATE IS NOVEMBER 1, 2025</p> <p>2016B BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031</p> <p>COLUMN D(1) 2014 BONDS - PROVIDER IS PNC BANK AND TERMINATION DATE IS MAY 1, 2025</p> <p>COLUMN A(2) 2014B BONDS - PROVIDER IS DEUTSCHE BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035</p> <p>COLUMN B(2) 2013A BONDS - PROVIDER IS GOLDMAN SACHS GROUP, INC AND TERMINATION DATE IS NOVEMBER 1, 2025</p> <p>2013B BONDS - PROVIDER IS MERRILL LYNCH & COMPANY AND TERMINATION DATE IS MAY 1, 2029</p> <p>COLUMN B(3) 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040</p> <p>2008D BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033</p>

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6 - TEMPORARY AVAILABLE PERIOD	SPEND DOWN REQUIREMENTS HAVE BEEN MET WHERE APPLICABLE ON ALL OUTSTANDING BONDS

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Children's 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	11-20-2014	45,580,000	2014B BONDS (SEE SCH K, PART VI)		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2013	66,985,000	2013 BONDS (SCH K, PART VI)		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353187AR8	05-15-2012	83,291,333	2012A BONDS (SCH K, PART VI)		X		X		X
D COUNTY OF FRANKLIN OHIO	31-6400067	3531867H6	12-17-2009	100,162,742	2009 BONDS (SCH K, PART VI)		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		8,475,000		6,155,000		93,795,000
2 Amount of bonds legally defeased		0		0		0		0
3 Total proceeds of issue		45,580,000		66,985,000		88,860,416		114,454,378
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		0		0		0		0
7 Issuance costs from proceeds		50,001		0		976,231		1,235,586
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		0		0		87,060,672		113,218,792
11 Other spent proceeds		45,529,999		66,985,000		823,513		0
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion	2015		2013		2012		2012	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X			X		X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							
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							
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 ▶	1 100 %		0 %		0 %		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 ▶								
6 Total of lines 4 and 5	1 100 %							
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	LN4B&4C-SEE PART VI		LN4B&4C-SEE PART VI		0		0	
c Term of hedge								
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Children's 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	3531865R6	05-01-2008	43,921,562	2008A BONDS (SCH K, PART VI)		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	3531865S4	05-07-2008	176,675,000	2008B-E BONDS (SCH K, PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	44,415,000		86,120,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	46,794,180		195,350,778					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	379,213		865,761					
8	Credit enhancement from proceeds	0		84,500					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	43,742,967		63,456,878					
11	Other spent proceeds	2,672,000		130,943,639					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2012		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider	0		LN4B&4C-SEE PART VI					
c Term of hedge								
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Nationwide Children's Hospital Group Return

Employer identification number

01-0782751

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

Table with 5 columns: (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 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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) JUNG SUN MILLER	SEE SCHEDULE L, PART V	38,147	SEE SCHEDULE L, PART V		No
(2) SCOTT STOVEROCK	SEE SCHEDULE L, PART V	13,881	SEE SCHEDULE L, PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	NAME OF INTERESTED PERSON JUNG SUN MILLER RELATIONSHIP FAMILY MEMBER OF RICHARD MILLER (COO-NCH, CHAIR/DIRECTOR - NCH HOMECARE, PRESIDENT/DIRECTOR - CRI, DIRECTOR - PPAC, & PRESIDENT/DIRECTOR - CSA) AMOUNT \$38,147 DESCRIPTION WAGES (PROJECT COORDINATOR, NCH - IS DEPT) SHARING OF ORGANIZATION'S REVENUES NO NAME OF INTERESTED PERSON SCOTT STOVEROCK RELATIONSHIP FAMILY MEMBER OF LINDA STOVEROCK, RN (SR VP/CNO NCH & SEC/DIRECTOR - NCH HOMECARE) AMOUNT \$13,881 DESCRIPTION WAGES (AMBULATORY RN) SHARING OF ORGANIZATION'S REVENUES NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	201,213	COST/SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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 is not required to be used for exempt purposes for the entire holding period?

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Department of the Treasury
Internal Revenue Service

Name of the organization

Nationwide Children's Hospital Group Return

Employer identification number

01-0782751

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6 TOTAL NUMBER OF VOLUNTEERS 1,344	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 NUMBER OF HOURS AT ALL LOCATIONS OUR VOLUNTEERS ARE A MIXTURE OF BOTH FULL AND PART TIME IN 2016, NATIONWIDE CHILDRENS HOSPITAL RECEIVED 53,736 HOURS OF VOLUNTEER TIME THIS CONSISTED OF AN ARRAY OF SERVICES INCLUDING HELP IN MANY PATIENT CARE AREAS, OUR INFORMATION DESK, THE RESEARCH INSTITUTE, AND VARIOUS FAMILY SUPPORT AREAS NOT INCLUDED IN THIS NUMBER ARE MANY VOLUNTEERS IN THE COMMUNITY WHO IN 2016 SPENT A TOTAL OF 36,438 HOURS CREATING ITEMS FOR OUR PATIENTS AND VISITING THE HOSPITAL TO PROVIDE ACTIVITIES FOR BOTH PATIENTS AND FAMILIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 ORGANIZATIONS MISSION	NATIONWIDE CHILDRENS HOSPITAL (NCH) BELIEVES THAT NO CHILD SHOULD BE REFUSED NECESSARY CARE AND ATTENTION FOR LACK OF ABILITY TO PAY UPON THIS FUNDAMENTAL BELIEF, NCH IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, EDUCATION OF PATIENTS, FAMILIES AND FUTURE PROVIDERS, AND OUTSTANDING SERVICE TO ACCOMMODATE THE NEEDS OF PATIENTS AND FAMILIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1	<p>PATIENT CARE NATIONWIDE CHILDREN'S HOSPITAL IS ONE OF THE COUNTRY'S LARGEST FREESTANDING PEDIATRIC HEALTH CARE NETWORKS, 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 476-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 140 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS. IN 2016, NATIONWIDE CHILDREN'S HAD MORE THAN 14 MILLION VISITS FROM ALL 50 STATES AND 52 COUNTRIES. NATIONWIDE CHILDREN'S DISCHARGED APPROXIMATELY 18,183 PATIENTS DURING 2016 FOR A TOTAL OF 185,000 INPATIENT DAYS. PATIENT CARE WAS PROVIDED BY APPROXIMATELY 1,300 MEDICAL STAFF, AND THE TOTAL HOSPITAL STAFF GREW TO 11,234 EMPLOYEES. NATIONWIDE CHILDREN'S IS NATIONALLY RANKED IN ALL 10 SPECIALTIES BY U.S. NEWS AND WORLD REPORT AND IS ON THE HONOR ROLL LIST OF AMERICA'S BEST CHILDREN'S HOSPITALS. SPECIALIZED SERVICES THAT DRAW PATIENTS NATIONALLY AND INTERNATIONALLY INCLUDE CARDIOLOGY AND CARDIOTHORACIC SURGERY (THE HEART CENTER), HEMATOLOGY, ONCOLOGY & BLOOD AND MARROW TRANSPLANT, GASTROENTEROLOGY, HEPATOLOGY, AND NUTRITION, NEONATAL MEDICINE, PEDIATRIC INTENSIVE CARE, BURN/TRAUMA, INFECTIOUS DISEASES, NEUROSCIENCES, CENTER FOR COLORECTAL AND PELVIC RECONSTRUCTION, AND PEDIATRIC REHABILITATION. OTHER SERVICES INCLUDE INPATIENT AND OUTPATIENT SURGICAL SERVICES INCLUDING UROLOGY, NEUROSURGERY, PLASTIC SURGERY, ORTHOPEDICS, OTOLARYNGOLOGY, DENTISTRY, PULMONARY MEDICINE, NEPHROLOGY AND ENDOCRINOLOGY, AS WELL AS GENERAL MEDICINE. 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 2016, NATIONWIDE CHILDREN'S ACCOMPLISHED THIS PRINCIPAL BY PROVIDING OVER \$20 MILLION IN CHARITY CARE ASSISTANCE AND APPROXIMATELY \$110 MILLION OF UNREIMBURSED MEDICAID FOR A TOTAL OF ABOUT \$130 MILLION IN UNCOMPENSATED CARE. APPROXIMATELY 51 PERCENT OF NATIONWIDE CHILDREN'S PATIENT POPULATION IS COVERED BY MEDICAID OR HAS NO INSURANCE COVERAGE AT ALL. ADDITIONALLY, NATIONWIDE CHILDREN'S SUBSIDIZED LOSSES ON ITS BEHAVIORAL HEALTH AND HOMECARE PROGRAMS IN 2016. 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. ADDITIONALLY, NATIONWIDE CHILDREN'S PROVIDES BEHAVIORAL HEALTH SERVICES IN 10 CRISIS STABILIZATION BEDS IN AN ATTEMPT TO AVOID AN INPATIENT ADMISSION. INPATIENT BEHAVIORAL HEALTH SERVICES ARE PROVIDED IN A 16-BED INPATIENT PSYCHIATRIC UNIT. HOMECARE AT NATIONWIDE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1</p>	<p>CHILDRENS PROVIDES HOME HEALTH CARE SERVICES TO CHILDREN THROUGHOUT CENTRAL OHIO SERVICES OFFERED INCLUDE INTERMITTENT NURSING, PRIVATE DUTY NURSING, INFUSION THERAPY, HOME MEDICAL EQUIPMENT AND PEDIATRIC HOSPICE THE DEPTH AND BREADTH OF SERVICES OFFERED AT NATIONWIDE CHILDRENS SPANS THE DEPTH AND BREADTH OF CHILD HEALTH FROM LOOKING FOR EVIDENCE-BASED WAYS TO MOVE THE NEEDLE ON 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 CHILDRENS ARE SUPPORTED BY A PROGRAMMATIC INFRASTRUCTURE THAT ENABLES THEM TO MEET THE NEEDS OF THE PATIENT POPULATIONS TWO PROGRAMS OF NOTE INCLUDE THE OHIO BETTER BIRTH OUTCOMES (OBBO) COLLABORATIVE AND THE CENTRAL OHIO POISON CONTROL CENTER NATIONWIDE CHILDRENS 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 AND PRIMARYONE HEALTH THROUGH THE PARTNERSHIP, OBBO IS DEVOTED TO USING EVIDENCE-BASED INTERVENTIONS TO REDUCE INFANT MORTALITY RATES THE COLLABORATIVES KEY INITIATIVES INCLUDE IMPROVING REPRODUCTIVE HEALTH, EXPANDING ACCESS TO PRENATAL CARE AND ENHANCING CLINICAL QUALITY INITIATIVES TO REDUCE PREMATUREITY THE CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDRENS PROVIDES OHIO RESIDENTS WITH STATE-OF-THE-ART POISON PREVENTION, ASSESSMENT AND TREATMENT SERVICES ARE AVAILABLE TO THE PUBLIC, MEDICAL PROFESSIONALS, INDUSTRY AND HUMAN SERVICE AGENCIES THE POISON CENTER HANDLES MORE THAN 43,500 POISON EXPOSURE CALLS ANNUALLY, AND PROVIDES CONFIDENTIAL, FREE EMERGENCY POISONING TREATMENT ADVICE 24/7</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2</p>	<p>RESEARCH THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL OCCUPIES MORE THAN 500,000 SQUARE FEET OF DEDICATED RESEARCH SPACE ON THE NATIONWIDE CHILDREN'S CAMPUS IT IS ONE OF THE LARGEST PEDIATRIC RESEARCH CENTERS IN THE UNITED STATES AND IS RANKED AMONG THE TOP 10 FOR NATIONAL INSTITUTES OF HEALTH FUNDING AMONG FREE-STANDING CHILDREN'S HOSPITALS THE INSTITUTE FOR GENOMIC MEDICINE (IGM) AT NATIONWIDE CHILDREN'S WAS CREATED IN 2016 AS ONE OF THE FIRST VENTURES INTO PEDIATRIC PERSONALIZED GENOMIC MEDICINE FOR CHILDREN'S HOSPITALS THE IGM COMBINES A ROBUST CLINICAL LABORATORY WITH GENOME SCIENTISTS AND CLINICAL GENETICISTS TO OPTIMIZE PATIENT CARE COLLABORATIVE INTERACTIONS AMONG CLINICIANS, PHYSICIAN-SCIENTISTS AND BASIC SCIENCE INVESTIGATORS ARE EMPHASIZED TO QUICKLY TRANSITION NOVEL RESEARCH RESULTS INTO ADVANCED DIAGNOSTICS, USING STATE-OF-THE-ART TECHNOLOGY PLATFORMS ALSO IN 2016, THE CELLULAR THERAPY AND CANCER IMMUNOTHERAPY PROGRAM FOR NATIONWIDE CHILDRENS HOSPITALS DIVISION OF HEMATOLOGY/ONCOLOGY/BMT AND CENTER FOR CHILDHOOD CANCER AND BLOOD DISEASES WAS ESTABLISHED BY COMBINING KNOWLEDGE OF THE IMMUNE SYSTEM WITH THE POWER OF STEM CELL TRANSPLANTATION, THE CELLULAR THERAPIES PROGRAM AT NATIONWIDE CHILDRENS AIMS TO ENHANCE THE BODY'S IMMUNE SYSTEM TO ELIMINATE CANCER WHILE REDUCING THE HARMFUL SIDE EFFECTS OF TOXIC THERAPIES PRODUCTS FOR THE CELLULAR THERAPY PROGRAM ARE DEVELOPED IN-HOUSE IN THE NEW GOOD MANUFACTURING PRACTICES (GMP) FACILITY IN THE RESEARCH INSTITUTE THE GMP FACILITY PROVIDES AN INDUSTRY-GRADE PRODUCTION SITE FOR CELL THERAPY PRODUCTS AS WELL AS POTENTIAL GENE THERAPY PRODUCTS AIMED AT TREATING CHILDHOOD DISEASES SUCH AS CANCER AND NEUROMUSCULAR DISORDERS, A KEY ELEMENT OF THE RESEARCH TAKING PLACE IN THE CENTER FOR GENE THERAPY IN THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS THROUGH THE GMP FACILITY, RESEARCHERS AT NATIONWIDE CHILDRENS ARE UNIQUELY ABLE TO DEVELOP, PRODUCE AND TEST CUTTING-EDGE, PHASE 1 CLINICAL TRIAL CELLULAR AND GENE THERAPY PRODUCTS IN 2016, THE GMP FACILITY WAS EXPANDED FROM A SINGLE-PROCESS FACILITY TO A 9,000-SQ FT SPACE IT CONSISTS OF A 7,500-SQ FT CLEAN ROOM SUITE THAT ALLOWS FOR MULTIPLE PROCESSES TO RUN CONCURRENTLY AND 1,500-SQ FT OF QUALITY CONTROL LAB AND RESEARCH PRODUCTION SPACES THE BIOLOGICAL DRUG SUBSTANCES ARE MANUFACTURED ACCORDING TO THE FDA GUIDANCE FOR PHASE I INVESTIGATIONAL DRUGS TO ENSURE PRODUCT SAFETY, IDENTITY, PURITY AND STRENGTH IN 2016, A FIRST-OF-ITS KIND VIRTUAL REALITY EXPERIENCE VOXEL BAY BEGAN DISTRACTING PATIENTS WITH AN IMMERSIVE ENVIRONMENT OF PENGUINS, PIRATES AND HERMIT CRABS DURING NEEDLE-RELATED PROCEDURES VOXEL BAY COMBINES TARGETED GAMES AND EXPERIENCES THAT PROVIDE UNIQUE AND FUN INTERACTION, A CUSTOM HEADSET SPECIFICALLY DESIGNED FOR CLINICAL PEDIATRIC USE, AND A SUITE OF TOOLS WHICH PUTS THE CAREGIVER IN CONTROL OF THE ENVIRONMENTS AND ACTIVITIES A PILOT STUDY, FUNDED BY A GRANT FROM THE NATIONAL HEMOPHILIA FOUNDATION TESTED AND AFFIR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2	MED THE FEASIBILITY OF INTEGRATING THE VIRTUAL REALITY TECHNOLOGY INTO THE CLINIC SETTING APPROXIMATELY 1,425 IRB-APPROVED PROTOCOLS WERE IN PROGRESS DURING 2016, RANGING FROM SMALL STUDIES DESIGNED TO COLLECT INFORMATION ABOUT A DISEASE TO THOSE THAT INVESTIGATE POTENTIAL NEW TREATMENTS OR PROCEDURES AT THE FOREFRONT OF CLINICAL INNOVATION AND DISCOVERY

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3</p>	<p>EDUCATION AS AN ACADEMIC MEDICAL CENTER, AN IMPORTANT PART OF THE HOSPITALS MISSION IS TO PREPARE THE NEXT GENERATION OF PEDIATRIC HEALTHCARE PROVIDERS IT ANNUALLY EDUCATES OVER 1,300 PHYSICIAN AND DENTAL TRAINEES FROM 65 DIFFERENT AFFILIATED INSTITUTIONS IN 2016 600 OSU FACULTY PROVIDED PEDIATRIC TRAINING FOR (A) 350 MEDICAL STUDENTS, (B) 150 DENTAL STUDENTS, (C) 280 HOSPITAL-SPONSORED MEDICAL, SURGICAL AND DENTAL RESIDENTS, (D) 600 PHYSICIAN AND DENTAL TRAINEES FROM OTHER INSTITUTIONS THE HOSPITAL HAS BEEN THE PRIMARY PEDIATRIC TEACHING SITE OF THE OHIO STATE UNIVERSITY (OSU) COLLEGE OF MEDICINE FOR MORE THAN 50 YEARS THE HOSPITAL CURRENTLY SPONSORS 33 ACCREDITED MEDICAL/DENTAL RESIDENCY AND FELLOWSHIP PROGRAMS, 28 ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND FIVE ACCREDITED BY OTHER PROFESSIONAL ORGANIZATIONS THE HOSPITAL HAS ADDITIONAL 30 FELLOWSHIPS FOR WHICH NO NATIONAL ACCREDITATION CURRENTLY EXISTS THESE PROGRAMS TRAIN THE NEXT GENERATION OF SUPER-SPECIALISTS IN EMERGING AREAS OF PEDIATRICS TO MEET THE 21ST CENTURY HEALTHCARE NEEDS OF A CHANGING PEDIATRIC POPULATION, E.G., GASTROINTESTINAL MOTILITY, CARDIAC ANESTHESIOLOGY, INTERVENTIONAL RADIOLOGY, ADVANCED NON-INVASIVE CARDIAC IMAGING, HOST DEFENSE INFECTIOUS DISEASES, PEDIATRIC COLORECTAL SURGERY, AND QUALITY AND SAFETY LEADERSHIP THE CHILDRENS HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM (THE CHGME PROGRAM), HELPS TO FUND THE TRAINING OF PEDIATRIC, DENTAL, AND OTHER RESIDENTS IN GRADUATE MEDICAL EDUCATION PROGRAMS IN FREE-STANDING CHILDRENS HOSPITALS UNDER THE CHGME PROGRAM, THE HOSPITAL RECEIVED \$6.8 MILLION IN 2016 THE HOSPITAL EDUCATES LEARNERS FROM NUMEROUS NURSING, PHYSICIAN ASSISTANT, AND ALLIED HEALTH CARE FIELDS, E.G., PHARMACY, SPEECH AND LANGUAGE PATHOLOGY, OCCUPATIONAL THERAPY, PSYCHOLOGY, CHILD LIFE, AND SOCIAL WORK IN 2016, MORE THAN 1,800 STUDENTS FROM 50 COLLEGES AND SCHOOLS OF NURSING, 130 STUDENTS FROM SEVEN PARAMEDIC PROGRAMS, AND MORE THAN 650 OTHER STUDENTS FROM VARIOUS ALLIED HEALTH DISCIPLINES RECEIVED THEIR PEDIATRIC EDUCATION AT THE HOSPITAL IN ADDITION TO ITS AFFILIATION WITH THE OSU COLLEGE OF MEDICINE, THE HOSPITAL ALSO HAS AFFILIATIONS WITH 233 OTHER UNIVERSITIES, HOSPITALS AND INSTITUTIONS THE HOSPITAL ALSO HAS EDUCATIONAL AFFILIATIONS WITH 118 SCHOOL DISTRICTS FOR MENTORING AND SHADOWING PROGRAMS AS WELL AS YOUNG SCIENTISTS AND MINORITY RECRUITMENT PROGRAMS THE HOSPITAL OFFERS A VARIETY OF PROFESSIONAL EDUCATION PROGRAMS IN 2016, IT AWARDED CONTINUING MEDICAL EDUCATION (CME) CREDITS TO APPROXIMATELY 23,800 PHYSICIANS AND 9,600 NURSES AND ALLIED HEALTH PROFESSIONALS WHO ATTENDED ONE OR MORE OF ITS CME PROGRAMS CONTINUING NURSING EDUCATION OPPORTUNITIES INCLUDED PRESENTING MORE THAN 38,500 CONTACT HOURS TO 10,594 PARTICIPANTS COORDINATED BY 93 NURSE PLANNERS OVER 40 LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL CONFERENCES CONTINUED TO EXPAND THE REPUTATION AND INFLUENCE OF THE HOSPITAL THE HOSPI</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3</p>	<p>TALS QUALITY IMPROVEMENT ESSENTIALS COURSE IS NATIONALLY RECOGNIZED FOR ITS ABILITY TO TRA IN THE NEXT GENERATION OF QI LEADERS OF NOTE, THE HOSPITAL WAS THE FIRST CHILDRENS HOSPIT AL TO BE DESIGNATED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES AS A MULTI-SPECIALTY PORT FOLIO PROGRAM SPONSOR, THEREBY ENABLING IT TO REVIEW AND APPROVE QUALITY IMPROVEMENT PROJE CTS TO FULFILL PHYSICIAN BOARD RECERTIFICATION REQUIREMENTS IN ITS JOURNEY TOWARD BEST OU TCOMES FOR ALL CHILDREN, THE HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS, INCLU DING ITS 16 AFFILIATE HOSPITALS, TO STANDARDIZE PEDIATRIC CARE IN 2016 THE HOSPITAL PROVI DED NEARLY 80 OUTREACH EDUCATION SESSIONS FOR APPROXIMATELY 1,200 PARTICIPANTS IN ADDITIO N 1,300 HEALTH CARE PROVIDERS RECEIVED PEDIATRIC ADVANCED LIFE SUPPORT (PALS) TRAINING FRO M THE HOSPITAL 91 ONSITE SESSIONS AND 70 OFFSITE SESSIONS WITH 800 PARTICIPANTS SIMULATI ON TO IMPROVE PATIENT CARE SUPPORTED BOTH OUTREACH AND ONSITE SESSIONS WITH A TOTAL OF NEARLY 700 SESSIONS AND 4,400 PARTICIPANTS PATIENT, FAMILY, AND COMMUNITY EDUCATION ARE CRIT ICAL COMPONENTS OF HIGH QUALITY HEALTH CARE IN 2016, APPROXIMATELY 50,000 CHILDREN, ADOLE SCENTS AND ADULTS PARTICIPATED IN HOSPITAL-SPONSORED CONFERENCES, LECTURES, SPECIALTY CAMP S, HEALTH FAIRS, ADOPT A SCHOOL, AND OTHER COMMUNITY EDUCATION EVENTS IN ADDITION, OVER 5 00,000 PATIENT EDUCATION MATERIALS WERE PREPARED AS TEACHING TOOLS FOR CHILDREN AND FAMILI ES THE FAMILY HEALTH INFORMATION CENTER ALSO PROVIDED MULTIMEDIA HEALTH EDUCATION MATERIA LS TO MORE THAN 1,200 FAMILIES FAMILIES ARE NOT ONLY LEARNERS, THEY ALSO TEACH IN 2016, THE FAMILY AS FAMILY PRESENTERS OFFERED 122 SESSIONS FOR 1,400 STAFF SPARK IS AN EVIDENCE -BASED KINDERGARTEN READINESS PROGRAM THAT WORKS WITH FAMILIES, SCHOOLS, AND THE COMMUNITY EACH MONTH CHILDREN RECEIVE A NEW BOOK, LESSON ACTIVITIES CUSTOMIZED TO MEET THEIR INDIV IDUAL NEEDS, EDUCATIONAL SUPPLIES, AND THEY PARTICIPATE IN HOME OR GROUP-BASED LEARNING T HE HOSPITAL OFFERS THIS PROGRAM TO FAMILIES AT NO COST POST-SPARK DATE SHOW THAT 89% OF S PARK GRADUATES ARE KINDERGARTEN READY COMPARED TO 32% BEFORE THEY PARTICIPATE IN SPARK AND 96% SCORE AVERAGE OR ABOVE AVERAGE ON GET READY TO READ SCORES ONE WAY TO ASSURE THE HOS PITAL CONTINUES TO PROVIDE THE HIGHEST QUALITY SAFEST CARE IS TO OFFER QUALITY IMPROVEMENT EDUCATION SESSIONS INCLUDING ZERO HERO TRAINING FOR EVERY HOSPITAL AND MEDICAL STAFF MEMB ER, QI OVERVIEW (2 HOURS), QUALITY TOOLS SCHOOL (5 HOURS), AND. QUALITY IMPROVEMENT ESSENT IALS (36 HOURS) ALL HOSPITAL RESIDENTS AND FELLOWS ARE REQUIRED TO MEANINGFULLY ENGAGE IN A QI PROJECT THE HOSPITAL IS AN AMERICAN BOARD OF MEDICAL SPECIALTIES MAINTENANCE OF CER TIFICATION (MOC) MULTI-SPECIALTY PORTFOLIO PROGRAM SPONSOR, WHICH ENABLES IT TO DESIGNATE ACTIVITIES FOR PART 4 MOC SINCE 2012, 347 PHYSICIANS HAVE BEEN ENGAGED IN 117 DIFFERENT Q I PROJECTS FOR MOC CREDIT AT NO CHARGE GIVEN A SIGNIFICANT NATIONAL SHORTAGE OF PEDIATRIC SUBSPECIALISTS, AN IMPORTANT</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3	OUTCOME FOR THE HOSPITALS INVESTMENT IN ITS EDUCATION PROGRAMS IS RECRUITMENT IN 2016, 89 % OF GRADUATING FELLOWS WERE RECRUITED FOR OPEN FACULTY POSITIONS THE HOSPITAL ALSO UTILIZES EDUCATION TO OVERCOME NATIONAL GAPS IN MIDLEVEL PROVIDERS WHO ARE SO ESSENTIAL TO SAFE , HIGH QUALITY TEAM-BASED CARE FOR OVER 30 YEARS THE HOSPITAL HAS EDUCATED NEONATAL NURSE PRACTITIONERS AND ADVANCED PRACTICE NURSES OVERALL IN 2016, NCH SPENT APPROXIMATELY \$34.5 MILLION ON PROFESSIONAL MEDICAL EDUCATION AND TRAINING PROGRAMS

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES</p>	<p>CHILD ADVOCACY WITH A VISION TO CREATE OPTIMAL HEALTH FOR EVERY CHILD IN OUR COMMUNITY, NATIONWIDE CHILDRENS HOSPITAL IS ENGAGED IN A MULTITUDE OF EFFORTS TO IMPROVE THE HEALTH OF ALL CHILDREN, NOT JUST THOSE WHO ARE PATIENTS HERE THE ORGANIZATIONS LEADERS AND MISSION ARE DRIVEN BY THE DESIRE TO PROVIDE BEST POSSIBLE OUTCOMES FOR KIDS EVERYWHERE ADVOCACY EFFORTS TO ACHIEVE THIS GOAL ARE MULTIFACETED FROM WORKING WITH LEGISLATORS TO ENSURE HEALTH CARE COVERAGE FOR CHILDREN TO WORKING WITH COMMUNITY PARTNERS TO ADVANCE COMMUNITY WELLNESS, EFFORTS INCLUDE BUT ARE NOT LIMITED TO PEDIATRIC HEALTH CARE LEGISLATION NATIONWIDE CHILDRENS ACTIVELY PROMOTES LEGISLATION THAT SUPPORTS PEDIATRIC HEALTH CARE LOCALLY AND NATIONALLY NATIONWIDE CHILDRENS, IN CONJUNCTION WITH THE CHILDRENS HOSPITAL ASSOCIATION, ADVOCATES FOR PROTECTING ACCESS TO HEALTH CARE FOR CHILDREN THROUGH MEDICAID AND THE CHILDRENS HEALTH INSURANCE PROGRAM (CHIP) ADDITIONALLY, THROUGH THE CHILD HEALTH PATIENT SAFETY ORGANIZATION, NATIONWIDE CHILDRENS IS WORKING TO IMPROVE HOSPITAL AND NATIONAL PATIENT, FAMILY AND EMPLOYEE SAFETY EFFORTS CHILD SAFETY EFFORTS NATIONWIDE CHILDRENS ACTIVELY PROMOTES CHILD SAFETY LEGISLATION AND HAS RECEIVED LOCAL AND NATIONAL FUNDING FOR SEVERAL PROGRAMS AND INITIATIVES TO REDUCE CHILDRENS RISK OF DEATH AND DISABILITY DUE TO INJURIES OR OTHER RISK FACTORS AMONG THOSE, THE CENTER FOR FAMILY SAFETY & HEALING AT NATIONWIDE CHILDRENS, THROUGH ITS PROGRAMMING, 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 IN 2016, THE CENTER FOR FAMILY SAFETY AND HEALING INCREASED THEIR PROGRAMMING TO INCREASE THE AWARENESS OF HUMAN TRAFFICKING AMONG HEALTH CARE PROVIDERS AND TO EDUCATE ABOUT SIGNS OF TRAFFICKING IN PATIENTS PARTNERS FOR KIDS AS THE LARGEST AND ONE OF THE OLDEST ACCOUNTABLE CARE ORGANIZATIONS, PARTNERS FOR KIDS, IS A ROLE MODEL FOR IMPROVING CARE FOR CHILDREN ON MEDICAID IN 2016, PARTNERS FOR KIDS SERVED 320,000 MEMBERS IN 32 COUNTIES APPROXIMATELY 2,500 MEMBERS WERE ENROLLED IN CARE COORDINATION, WHICH IS AN EVIDENCE-BASED EFFORT TO REDUCE EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS IN MEDICALLY COMPLEX PATIENTS NEIGHBORHOOD REVITALIZATION NATIONWIDE CHILDRENS IS A LEAD PARTNER IN EFFORTS TO IMPROVE THE NEIGHBORHOOD IMMEDIATELY SURROUNDING ITS MAIN CAMPUS SINCE 2008, THE HEALTHY NEIGHBORHOODS HEALTHY FAMILIES (HNHF) INITIATIVE HAS BEEN INSTRUMENTAL IN IMPROVING MORE THAN 225 HOMES THROUGH REHABILITATION, HOME REPAIR GRANTS AND NEW BUILDS LOOKING INTO THE FUTURE, NATIONWIDE CHILDRENS IS ACTING AS A CATALYST, COORDINATOR AND SEED FUNDER TO BRING TOGETHER COMMUNITY PARTNERS FOCUSED ON CREATING A HEALTHY ENVIRONMENT FOR CHILDREN TO REACH THEIR FULL POTENTIAL NATIONWIDE CHILD</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	RENS PARTNERS WITH THE NRP GROUP AND COMMUNITY DEVELOPMENT FOR ALL PEOPLE ON THE RESIDENCE S AT CAREER GATEWAY PROJECT THE RESIDENCES AT CAREER GATEWAY INCLUDES 58 RESIDENTIAL UNIT S (14 TOWNHOMES AND 44 MULTI-FAMILY APARTMENTS) AND A 2,400 SQUARE FOOT, ON-SITE WORKFORCE AND CAREER-DEVELOPMENT TRAINING CENTER ALL UNITS ARE TO BE RENTED TO HOUSEHOLDS AT OR BE LOW 60 PERCENT OF AREA MEDIAN INCOME RESIDENTS OF THIS WORKFORCE HOUSING COMMUNITY AND RE SIDENTS OF COLUMBUSS SOUTH SIDE WILL BENEFIT FROM LOCALLY DELIVERED AND EASILY ACCESSIBLE WORKFORCE AND PROFESSIONAL DEVELOPMENT SERVICES THESE SERVICES WILL FOCUS ON ATTAINING AN D RETAINING EMPLOYMENT AND DEVELOPING AND ADVANCING A CAREER PATH, ALONG WITH OTHER APPLIC ABLE LIFE SKILLS THE PROJECT OPENED LATE SUMMER 2017 OTHER NEIGHBORHOOD IMPACT PROJECTS INCLUDE 1) MENTORING PROGRAMS IN 2016, 100 EMPLOYEES FROM NATIONWIDE CHILDRENS PARTICIPAT ED AS MENTORS THROUGH NEIGHBORHOOD SCHOOLS AND ORGANIZATIONS MENTORS SPEND 1 HOUR WEEKLY WITH THEIR MENTEE IN DELIBERATE ACTIVITIES AND DISCUSSION 2) REACH OUT AND READ PROGRAM A T NATIONWIDE CHILDRENS DISTRIBUTED 86,081 BOOKS TO CHILDREN IN THE SURROUNDING COMMUNITY T O IMPROVE LITERACY AND PREPARE CHILDREN FOR KINDERGARTEN APPROXIMATELY 83 PERCENT OF THE BOOKS WERE DONATIONS FROM THE COMMUNITY 3) KOHLS CARES SAFETY FOR ALL SEASONS PROGRAM NAT IONWIDE CHILDRENS PROVIDED BICYCLE HELMETS AND TAUGHT CHILDREN THE IMPORTANCE OF BIKE SAFE TY FOR 700 CHILDREN IN THE FRANKLIN COUNTY AREA

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Return Reference	Explanation
FORM 990, PART VI, LINE 2 DESCRIPTION OF RELATIONSHIPS	A BUSINESS RELATIONSHIP EXISTS WITH ABIGAIL WEXNER, DIRECTOR OF NATIONWIDE CHILDREN'S HOSPITAL AND THE CENTER FOR CHILD & FAMILY ADVOCACY, AND SHAREN JESTER TURNEY, DIRECTOR OF NATIONWIDE CHILDREN'S HOSPITAL AND DIRECTOR OF THE CENTER FOR CHILD & FAMILY ADVOCACY A BUSINESS RELATIONSHIP EXISTS BETWEEN C ROBERT KIDDER, JOSEPH CHLAPATY, ABIGAIL WEXNER, AND ALEX FISCHER THEY ARE ALL DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL A BUSINESS RELATIONSHIP EXISTS BETWEEN ANN I WOLFE AND MICHAEL FIORILE BOTH ARE DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL DWIGHT SMITH AND TIMOTHY C ROBINSON A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF RINCH DWIGHT SMITH, THOMAS WALKER, AND TIMOTHY C ROBINSON A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL DWIGHT SMITH, C ROBERT KIDDER, AND JOSEPH CHLAPATY

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Return Reference	Explanation
<p>FORM 990, PART VI, LINE 4 - CHANGES TO GOVERNING DOCUMENTS</p>	<p>THE FOLLOWING CHANGES HAVE BEEN MADE TO THE GOVERNING DOCUMENTS NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION THE FOLLOWING PERSONS NO LONGER SHALL SERVE AS STANDING DIRECTORS THE P RESIDENT OF THE DEVELOPMENT BOARD AND THE CHAIRMAN OF THE WOMEN'S AUXILIARIES COUNCIL NAT IONWIDE CHILDREN'S HOSPITAL APPROVED THE AMENDMENT OF NATIONWIDE CHILDRENS HOSPITAL FOUND ATION CODE OF REGULATIONS AND MADE THE FOLLOWING CHANGES TO THE HOSPITAL'S OWN GOVERNING D OCUMENTS (A) THE MEMBERS OF THE JOINT CONFERENCE COMMITTEE SHALL, AT ALL TIMES, CONSIST O F AN EQUAL NUMBER OF MEMBERS FROM THE BOARD OF DIRECTORS AND FROM THE MEDICAL STAFF THE J OINT CONFERENCE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD OF DIRECTORS, TWO ADDITI ONAL BOARD MEMBERS SELECTED BY THE BOARD CHAIR, THE MEDICAL STAFF PRESIDENT, THE MEDICAL S TAFF VICE PRESIDENT, AND THE IMMEDIATE PAST MEDICAL STAFF PRESIDENT IF THE CHIEF EXECUTIV E OFFICER IS NOT ONE OF THE BOARD REPRESENTATIVES, THE CHIEF EXECUTIVE OFFICER MAY ALSO AT TEND MEETINGS OF THE JOINT CONFERENCE COMMITTEE THE JOINT CONFERENCE COMMITTEE SHALL BE C O-CHAired BY THE BOARD CHAIR AND MEDICAL STAFF PRESIDENT (B) THE JOINT CONFERENCE COMMITTEE SHALL SERVE IN AN ADVISORY CAPACITY TO THE MEDICAL STAFF, ADMINISTRATION, AND BOARD OF DIRECTORS THE DUTIES OF THE JOINT CONFERENCE COMMITTEE INCLUDE PROVIDING RECOMMENDATIONS WITH RESPECT TO RESOLUTION OF CONFLICTS AMONG THE MEDICAL STAFF, ADMINISTRATION, AND BOARD THE JOINT CONFERENCE COMMITTEE SHALL FULFILL SUCH OTHER DUTIES AS THE BOARD MAY DIRECT F ROM TIME TO TIME (C) THE JOINT CONFERENCE COMMITTEE SHALL MEET AS NEEDED AT THE CALL OF T HE COMMITTEE CHAIRS AND SHALL MAINTAIN MINUTES OF ITS MEETINGS FORM 990, PART VI, LINE 6 DESCRIPTION OF CLASSES OF MEMBERS NATIONWIDE CHILDREN'S HOSPITAL, INC (THE PARENT ORGANIZ ATION 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 CLASSES OF PERSONS AND THEIR RIGHTS NATIONWIDE CHILDREN'S HOSPITAL, INC IS THE PA RENT CORPORATION WITH VOTING CONTROL OVER THE SUBORDINATE ORGANIZATIONS FORM 990, PART VI , LINE 7B DECISIONS REQUIRING APPROVAL BY MEMBERS NATIONWIDE CHILDREN'S HOSPITAL, INC WILL OVERSEE THE OPERATIONS OF AND WILL PERFORM CERTAIN SERVICES FOR ITS SUBORDINATE ORGANIZA TIONS 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 PR OCESS USED TO REVIEW 990 THIS FORM 990 WAS REVIEWED PRIOR TO FILING BY NATIONWIDE CHILDREN S HOSPITAL CHIEF EXECUTIVE OFFICER/BOARD DIRECTOR, CHIEF FINANCIAL OFFICER/BOARD TREASURER , SENIOR VICE PRESIDENT OF LEGAL SERVICES/BOARD SECRETARY, AND THE FINANCE COMMITTEE CHAIR IN ADDITION, THIS RETURN WAS MADE AVAILABLE TO THE ENTIRE FINANCE COMMITTEE OF THE BOARD AND MADE AVAILABLE UPON REQUE</p>

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Return Reference	Explanation
<p>FORM 990, PART VI, LINE 4 - CHANGES TO GOVERNING DOCUMENTS</p>	<p>ST TO THE BOARD FORM 990, PART VI, LINE 12C PROCESS TO MONITOR FOR COI NCH POLICY REQUIRE S THAT STAFF MEMBERS, MANAGEMENT AND BOARD MEMBERS REPORT CONFLICTS OF INTEREST OR COMMITM ENT AT THE TIME THE CONFLICT ARISES MANAGEMENT AND BOARD MEMBERS ARE ALSO REQUIRED TO COM PLETE 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 EXI STS, A CONFLICT MANAGEMENT PLAN MAY BE PUT IN PLACE TO MITIGATE THE CONFLICT STAFF, MANAG EMENT AND BOARD MEMBERS ARE PROHIBITED FROM VOTING ON ANY MATTERS WITH RESPECT TO WHICH TH E INDIVIDUAL HAS DISCLOSED A POTENTIAL CONFLICT OF INTEREST FORM 990, PART VI, LINE 15A P ROCESS FOR DETERMINING COMP OF CEO IN THE FIRST QUARTER OF 2016, NCH HELD ITS ANNUAL MEETI NG FOR THE PURPOSE OF COMPENSATION REVIEW FOR THE CEO, THERE IS A MEETING OF THE MANAGEME NT DEVELOPMENT/COMPENSATION COMMITTEE WHERE THE MEMBERS REVIEW MARKET DATA PROVIDED BY OUT SIDE 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 MAD E CONTEMPORANEOUS MINUTES ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED FORM 990, PART VI, LINE 15B DETERMINING COMP OF OTHER OFFICERS IN THE FIRST QUARTER OF 2016, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMP ENSATION 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 SURVE Y DATA PROVIDED BY OUTSIDE CONSULTANTS AND/OR OUTSIDE SOURCES IS REVIEWED TO DETERMINE COM PENSATION OR COMPENSATION ADJUSTMENTS FOR THESE POSITIONS, THE CEO'S INPUT IS CONSIDERED A S IT RELATES TO INDIVIDUAL PERFORMANCE FOR THESE INDIVIDUALS, AND INCREMENTAL ADJUSTMENTS ARE RECOMMENDED, THE GROUP DELIBERATES, AND THE APPROVALS ARE MADE CONTEMPORANEOUS MINUTE S ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO D OCUMENTED FORM 990, PART VI, LINE 19 AVAIL OF GOV DOCS, COI POLICY, & FIN STMTS NATIONWID E CHILDREN'S HOSPITAL'S (NCH) FINANCIAL STATEMENTS ARE DISCLOSED ON THE ELECTRONIC MUNICIP AL MARKET ACCESS WEBPAGE AND THE ARTICLES OF INCORPORATION ARE ON THE OHIO SECRETARY OF ST ATE'S WEBPAGE CURRENTLY, NCH DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO T HE PUBLIC</p>

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Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B) - HRS 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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	\$ 1,390,373 EFFECT OF ADOPTION OF SFAS NO 158 \$ 4,192,041 NET CHANGE IN INTEREST RATE SWAP AGREEMENTS \$(8,650,423) TECHNOLOGY INVESTMENTS OBLIGATIONS \$ 256,371 OTHER INCREASES \$(2,811,638) PART XI, LINE 9 TOTAL

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 70746956

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION NICU LEASED SALARIES & MED SVC TOTAL FEES 47164259

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RESEARCH SUBCONTRACT EXP TOTAL FEES 7823498

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTATION FEES TOTAL FEES 3618919

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 61286157

**SCHEDULE R
(Form 990)**

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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
 Nationwide Children's 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) PEDIATRIC ROTOR WING LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2042425	AIR TRANSPORT	OH	2,576,823	6,871,535	NCH
(2) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306	PHYSICIAN SVC	OH	2,359,775	1,514,211	NCH
(3) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371	PHYSICIAN SVC	OH	2,267,504	13,440	NCH
(4) CHILDREN'S COMMUNITY PRACTICES LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-2998916	PHYSICIAN SVC	OH	1,261,859	918,883	NCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KINDER KEY 700 CHILDRENS DRIVE COLUMBUS, OH 43205 23-7380687	FUNDRAISING	OH	501(c)(3)	7	NCH	Yes	
(2) PLEASURE GUILD 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-0935599	FUNDRAISING	OH	501(c)(3)	10	NCH	Yes	
(3) TWIGS 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-6015354	FUNDRAISING	OH	501(c)(3)	10	NCH	Yes	
(4) CHILDREN'S HOSP & PHYS HLTHCRE NETWORK 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1429047	HLTHCRE NETWK	OH	501(c)(3)	12A	NCH	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHILDREN'S ANESTHESIA ASSOCIATES 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-0650338	PHYSICIAN SERVICE	OH	NCH	C Corp	18,306,843	8,366,110	100 000 %	Yes	
(2) COLLIERS PROFESSIONAL LIABILITY INS CO 23 LIME TREE BAY AVENUE GRAND CAYMAN KY1-1102 CJ 98-0457066	INS CONTRACTING	CJ	NCH	C Corp	0	1,583,288	100 000 %	Yes	
(3) NORTHEAST CLOSE TO HOME CENTER CONDO ASN 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corp	61,031	4,231	90 750 %	Yes	
(4) CHILDREN'S NW MED OFFICE BLDG CONDO ASSN 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5540559	CONDO ASSOCIATION	OH	NCH	C Corp	50,343	2,660	74 400 %	Yes	
(5) PEDIATRIC CLINICAL TRIALS INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1609283	INACTIVE	OH	NCH	C Corp	0	0	100 000 %	Yes	
(6) PEDIATRIC ACADEMIC ASSOCIATION INC TRUST 555 SOUTH 18TH STREET COLUMBUS, OH 43205	TRUST	OH	NCH	Trust	0	0	51 000 %	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

	Yes	No
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	No
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference**Explanation**

Additional Data**Software ID:****Software Version:****EIN:** 01-0782751**Name:** Nationwide Children's Hospital Group Return**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(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	183,405	ACTUAL AMOUNT
(1) NATIONWIDE CHILDREN'S HOSPITAL	B	175,006	ACTUAL AMOUNT
(2) NCH HOMECARE	B	63,632	ACTUAL AMOUNT
(3) CENTER FOR CHILD & FAMILY ADVOCACY	B	354,307	ACTUAL AMOUNT
(4) CENTER FOR CHILD & FAMILY ADVOCACY	B	1,921,976	ACTUAL AMOUNT
(5) RESEARCH INSTITUTE AT NCH	B	13,786,750	ACTUAL AMOUNT
(6) NATIONWIDE CHILDREN'S HOSPITAL	B	13,352,495	ACTUAL AMOUNT
(7) RESEARCH INSTITUTE AT NCH	B	53,248,519	ACTUAL AMOUNT
(8) RESEARCH INSTITUTE AT NCH	B	228,882	ACTUAL AMOUNT
(9) NCH FOUNDATION	C	183,405	ACTUAL AMOUNT
(10) NCH FOUNDATION	C	175,006	ACTUAL AMOUNT
(11) NCH FOUNDATION	C	63,632	ACTUAL AMOUNT
(12) CHILDREN'S SURGICAL ASSOCIATES	C	228,882	ACTUAL AMOUNT
(13) NATIONWIDE CHILDREN'S HOSPITAL	C	354,307	ACTUAL AMOUNT
(14) NCH FOUNDATION	C	1,921,976	ACTUAL AMOUNT
(15) NCH FOUNDATION	C	13,786,750	ACTUAL AMOUNT
(16) NCH FOUNDATION	C	13,352,495	ACTUAL AMOUNT
(17) NATIONWIDE CHILDREN'S HOSPITAL	C	53,248,519	ACTUAL AMOUNT
(18) PARTNERS FOR KIDS	J	401,313	ACTUAL AMOUNT
(19) RESEARCH INSTITUTE AT NCH	L	398,508	ACTUAL AMOUNT
(20) RESEARCH INSTITUTE AT NCH	L	720,596	ACTUAL AMOUNT
(21) NATIONWIDE CHILDREN'S HOSPITAL	L	272,437	ACTUAL AMOUNT
(22) CHILDREN'S ANESTHESIA ASSOCIATES	L	748,082	ACTUAL AMOUNT
(23) CHILDREN'S ANESTHESIA ASSOCIATES	L	211,537	ACTUAL AMOUNT
(24) CHILDREN'S SURGICAL ASSOCIATES	L	576,635	ACTUAL AMOUNT

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type(a-s)	Amount Involved	Method of determining amount involved
(26)	RESEARCH INSTITUTE AT NCH	L	615,368	ACTUAL AMOUNT
(1)	NATIONWIDE CHILDREN'S HOSPITAL	L	5,606,884	ACTUAL AMOUNT
(2)	NATIONWIDE CHILDREN'S HOSPITAL	L	5,767,034	ACTUAL AMOUNT
(3)	CENTER FOR CHILD & FAMILY ADVOCACY	L	428,521	ACTUAL AMOUNT
(4)	NATIONWIDE CHILDREN'S HOSPITAL	L	15,254,787	ACTUAL AMOUNT
(5)	PARTNERS FOR KIDS	L	254,896,327	ACTUAL AMOUNT
(6)	PARTNERS FOR KIDS	L	336,309	ACTUAL AMOUNT
(7)	PARTNERS FOR KIDS	L	118,826	ACTUAL AMOUNT
(8)	NATIONWIDE CHILDREN'S HOSPITAL	M	398,508	ACTUAL AMOUNT
(9)	CHILDREN'S SURGICAL ASSOCIATES	M	720,596	ACTUAL AMOUNT
(10)	NCH HOMECARE	M	272,437	ACTUAL AMOUNT
(11)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	615,368	ACTUAL AMOUNT
(12)	NATIONWIDE CHILDREN'S HOSPITAL	M	576,635	ACTUAL AMOUNT
(13)	CHILDREN'S ANESTHESIA ASSOCIATES	M	1,457,211	ACTUAL AMOUNT
(14)	CHILDREN'S RADIOLOGICAL INSTITUTE	M	5,606,884	ACTUAL AMOUNT
(15)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	5,767,034	ACTUAL AMOUNT
(16)	NCH BEHAVIORAL HEALTH	M	428,521	ACTUAL AMOUNT
(17)	CHILDREN'S SURGICAL ASSOCIATES	M	15,254,787	ACTUAL AMOUNT
(18)	CENTER FOR CHILD & FAMILY ADVOCACY	O	1,025,042	ACTUAL AMOUNT
(19)	NCH FOUNDATION	O	3,002,862	ACTUAL AMOUNT
(20)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	O	4,899,363	ACTUAL AMOUNT
(21)	NCH HOMECARE	O	7,385,898	ACTUAL AMOUNT
(22)	CHILDREN'S RADIOLOGICAL INSTITUTE	O	12,169,043	ACTUAL AMOUNT
(23)	CHILDREN'S ANESTHESIA ASSOCIATES	O	22,431,291	ACTUAL AMOUNT
(24)	CHILDREN'S SURGICAL ASSOCIATES	O	32,993,695	ACTUAL AMOUNT

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount involved	(d) Method of determining amount involved
(51)	RESEARCH INSTITUTE AT NCH	O	58,386,725	ACTUAL AMOUNT
(1)	PARTNERS FOR KIDS	O	6,522,882	ACTUAL AMOUNT
(2)	CHILDREN'S NW MOB CONDO ASSOCIATION	P	67,665	ACTUAL AMOUNT
(3)	NORTHEAST CLOSE TO HOME CTR CONDO ASSOCIATION	P	67,252	ACTUAL AMOUNT
(4)	RESEARCH INSTITUTE AT NCH	Q	179,480	ACTUAL AMOUNT
(5)	CENTER FOR CHILD & FAMILY ADVOCACY	Q	736,946	ACTUAL AMOUNT
(6)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	Q	717,520	ACTUAL AMOUNT
(7)	NCH FOUNDATION	Q	6,415,071	ACTUAL AMOUNT
(8)	CHILDREN'S SURGICAL ASSOCIATES	Q	5,126,163	ACTUAL AMOUNT
(9)	CHILDREN'S ANESTHESIA ASSOCIATES	Q	519,524	ACTUAL AMOUNT
(10)	NCH HOMECARE	Q	13,676,932	ACTUAL AMOUNT
(11)	CHILDREN'S RADIOLOGICAL INSTITUTE	Q	1,121,832	ACTUAL AMOUNT
(12)	PARTNERS FOR KIDS	Q	1,183,229	ACTUAL AMOUNT
(13)	NATIONWIDE CHILDREN'S HOSPITAL	R	151,826,252	ACTUAL AMOUNT
(14)	NCH FOUNDATION	R	8,451,793	ACTUAL AMOUNT
(15)	RESEARCH INSTITUTE AT NCH	R	50,559,592	ACTUAL AMOUNT
(16)	CHILDREN'S RADIOLOGICAL INSTITUTE	S	4,000,000	ACTUAL AMOUNT
(17)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	S	3,017,002	ACTUAL AMOUNT
(18)	CHILDREN'S SURGICAL ASSOCIATES	S	18,349,275	ACTUAL AMOUNT
(19)	NCH HOMECARE	S	21,553,197	ACTUAL AMOUNT
(20)	NCH FOUNDATION	S	31,957,196	ACTUAL AMOUNT
(21)	NATIONWIDE CHILDREN'S HOSPITAL	S	50,559,592	ACTUAL AMOUNT
(22)	RESEARCH INSTITUTE AT NCH	S	72,949,582	ACTUAL AMOUNT
(23)	PARTNERS FOR KIDS	S	9,258,376	ACTUAL AMOUNT
(24)	RESEARCH INSTITUTE AT NCH	S	8,451,793	ACTUAL AMOUNT