

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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
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 \$ 3,057,889,236

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

H(a) Is this a group return for subordinates? 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

Table with 2 columns: Line number, Amount. Rows 2-7b showing organizational statistics like voting members, employees, and revenue.

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows 8-19 showing Revenue and Expenses.

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
LUKE BROWN INTERIM CFO
Type or print name and title
Date: 2019-11-07

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

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 \$	1,113,356,647	including grants of \$	27,904,309)	(Revenue \$	1,691,173,443)
	See Additional Data						

4b	(Code)	(Expenses \$	198,937,287	including grants of \$	58,069,241)	(Revenue \$	0)
	See Additional Data						

4c	(Code)	(Expenses \$	36,997,391	including grants of \$	798,168)	(Revenue \$	1,228,451)
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	4,813,316	including grants of \$	2,566,308)	(Revenue \$	0)	

4e	Total program service expenses ▶		1,354,104,641				
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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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> <input checked="" type="checkbox"/>	23	Yes	<input type="checkbox"/>
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> <input checked="" type="checkbox"/>	24a	Yes	<input type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		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> <input checked="" type="checkbox"/>	26		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> <input checked="" type="checkbox"/>	27		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> <input checked="" type="checkbox"/>	28a	Yes	<input type="checkbox"/>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	<input type="checkbox"/>
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> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	<input type="checkbox"/>
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> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	<input type="checkbox"/>
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> <input checked="" type="checkbox"/>	34	Yes	<input type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	<input type="checkbox"/>
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> <input checked="" type="checkbox"/>	35b	Yes	<input type="checkbox"/>
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> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		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	38	Yes	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	806	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	<input type="checkbox"/>

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a</p>	<p>15,755</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>	<p>Yes</p>			
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>	<p>Yes</p>			
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>	<p>Yes</p>			
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p>4a</p>	<p>Yes</p>			
<p>b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>		
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>		
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	<p>6a</p>		<p>No</p>		
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>				
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>	<p>Yes</p>			
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>	<p>Yes</p>			
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>		<p>No</p>		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>		<p>No</p>		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		<p>No</p>		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>				
<p>8 Sponsoring organizations maintaining donor advised funds.</p>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p>8</p>				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>				
<p>10 Section 501(c)(7) organizations. Enter</p>					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>				
<p>11 Section 501(c)(12) organizations. Enter</p>					
<p>a Gross income from members or shareholders</p>	<p>11a</p>				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>				
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>				
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	<p>13a</p>				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>				
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>		
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	<p>15</p>	<p>Yes</p>			
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	<p>16</p>		<p>No</p>		

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



Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a sub-table for 1a and 1b. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section C. Disclosure

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

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 [X]

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

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)							21,543,782	169,084	2,303,022	

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 ▶ 903

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4 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>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PEDIATRIC ACADEMIC ASSOCIATION, 555 SOUTH 18TH STREET COLUMBUS, OH 43205	MEDICAL SERVICES	60,336,569
OHIO STATE UNIVERSITY, 410 WEST 10TH AVENUE COLUMBUS, OH 43210	MEDICAL SERVICES	40,057,637
OHIOHEALTH, 180 EAST BROAD STREET 33RD FLOOR COLUMBUS, OH 43215	MEDICAL SERVICES	28,063,285
MT CARMEL HEALTH, 6150 EAST BROAD STREET COLUMBUS, OH 43212	MEDICAL SERVICES	8,760,494
TURNER CONSTRUCTION COMPANY, 623 MOOBERRY STREET COLUMBUS, OH 43205	CONSTRUCTION MGMT	5,661,260

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 ▶ 245

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 278,605			
	b Membership dues	1b 9,100			
	c Fundraising events	1c 2,829,340			
	d Related organizations	1d 76,219,796			
	e Government grants (contributions)	1e 64,895,092			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 78,211,808			
	g Noncash contributions included in lines 1a - 1f \$ _____	957,380			
	h Total. Add lines 1a-1f		222,443,741		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICES REVENUE		900099	1,670,752,881	1,670,752,881		
	b PHYSICIAN SERVICES REVENUE		900099	8,648,526	8,648,526		
	c REFERENCE LAB		541380	3,525,246		3,525,246	
	d POISON CENTER		900099	853,113	853,113		
	e RETAIL PHARMACY		446110	461,619		461,619	
	f All other program service revenue			56,135	56,135		
	g Total. Add lines 2a-2f			1,684,297,520			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			51,463,460		-348,584	51,812,044
	4 Income from investment of tax-exempt bond proceeds			320,390			320,390
	5 Royalties			5,303,409			5,303,409
	6a Gross rents	(i) Real	(ii) Personal				
		2,666,221					
	b Less rental expenses	1,935,243					
	c Rental income or (loss)	730,978	0				
	d Net rental income or (loss)			730,978			730,978
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,041,910,127	8,895				
	b Less cost or other basis and sales expenses	998,939,150	61,518				
	c Gain or (loss)	42,970,977	-52,623				
	d Net gain or (loss)			42,918,354			42,918,354
	8a Gross income from fundraising events (not including \$ 2,829,340 of contributions reported on line 1c) See Part IV, line 18	a	346,315				
	b Less direct expenses	b	708,935				
	c Net income or (loss) from fundraising events			-362,620			-362,620
	9a Gross income from gaming activities See Part IV, line 19	a	43,959				
	b Less direct expenses	b	20,991				
c Net income or (loss) from gaming activities			22,968			22,968	
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a CAFETERIA	722210		7,223,714			7,223,714	
b BILLING SERVICES TO AFFILIATE	541200		4,489,592	4,489,592			
c OTHER RESEARCH REVENUE	541380		27,741,823	7,025	27,734,798		
d All other revenue			9,630,070	3,607,757	31,765	5,990,548	
e Total. Add lines 11a-11d			49,085,199				
12 Total revenue. See Instructions			2,056,223,399	1,688,415,029	31,404,844	113,959,785	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	88,989,404	88,989,404		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	348,622	348,622		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	17,222,136	3,548,272	13,269,685	404,179
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	52,942	11,647	41,295	
7 Other salaries and wages.	679,652,668	532,037,229	145,835,240	1,780,199
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	31,394,350	23,481,682	7,912,668	
9 Other employee benefits.	108,098,631	84,574,032	23,030,688	493,911
10 Payroll taxes.	47,272,924	35,052,525	12,220,399	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	4,626,293	1,347	4,624,946	
c Accounting.	563,627		563,627	
d Lobbying.	349,100		349,100	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	188,197,788	147,339,724	40,686,607	171,457
12 Advertising and promotion.	6,084,608	902,344	3,448,746	1,733,518
13 Office expenses.	50,181,789	32,852,263	17,290,588	38,938
14 Information technology.	19,182,985	9,083,993	10,098,992	
15 Royalties.	1,715,870	1,715,870		
16 Occupancy.	88,225,446	68,023,986	20,201,460	
17 Travel.	7,194,762	5,091,228	1,952,825	150,709
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,885,997	1,265,466	609,949	10,582
20 Interest.	21,344,026		21,344,026	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	94,098,395	71,306,446	22,791,949	
23 Insurance.	5,891,356	4,009,254	1,882,102	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS	112,822,451	112,491,887	330,564	
b MEDICAL SUPPLIES	93,389,663	93,389,663		
c HOSPITAL FRANCHISE FEES	25,049,000	25,049,000		
d TEXTILES & PAPER GOODS	4,280,277	3,162,851	1,117,426	
e All other expenses	16,588,883	10,375,906	5,857,896	355,081
25 Total functional expenses. Add lines 1 through 24e.	1,714,703,993	1,354,104,641	355,460,778	5,138,574
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	181,852,083	1	162,980,428
	2 Savings and temporary cash investments	375,279	2	2,210,203
	3 Pledges and grants receivable, net	52,845,759	3	61,304,372
	4 Accounts receivable, net	235,162,859	4	295,713,676
	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	9,960,532	8	10,774,825
	9 Prepaid expenses and deferred charges	15,926,691	9	10,661,012
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,934,728,156		
	b Less accumulated depreciation	10b 602,435,393	1,231,092,197	10c 1,332,292,763
	11 Investments—publicly traded securities	2,539,166,335	11	2,497,198,042
	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	4,882,971	14	4,882,971
	15 Other assets See Part IV, line 11	165,160,697	15	153,482,909
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,436,425,403	16	4,531,501,201	
Liabilities	17 Accounts payable and accrued expenses	183,847,454	17	197,230,767
	18 Grants payable	0	18	0
	19 Deferred revenue	19,807,949	19	18,436,837
	20 Tax-exempt bond liabilities	642,020,000	20	630,140,000
	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	179,483,732	25	166,453,506
	26 Total liabilities. Add lines 17 through 25	1,025,159,135	26	1,012,261,110
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	3,099,265,577	27	3,210,051,797
	28 Temporarily restricted net assets	188,900,833	28	174,537,313
	29 Permanently restricted net assets	123,099,858	29	134,650,981
	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	3,411,266,268	33	3,519,240,091	
34 Total liabilities and net assets/fund balances	4,436,425,403	34	4,531,501,201	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,056,223,399
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,714,703,993
3	Revenue less expenses Subtract line 2 from line 1	3	341,519,406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,411,266,268
5	Net unrealized gains (losses) on investments	5	-242,150,232
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,604,649
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,519,240,091

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 01-0782751

Name: Nationwide Children's Hospital Group Return

Form 990 (2018)

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 (TO 9/2018)	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 (TO 5/2018)	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
HONORABLE ALGENON MARBLEY DIRECTOR - NCH	3 0 0 0	X						0	0	0
LIBBY GERMAIN DIRECTOR - NCH (AS OF 5/2018)	3 0 0 0	X						0	0	0
SHAREN JESTER TURNEY DIRECTOR - NCH (TO 5/2018)	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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
BRUCE THORN DIRECTOR - NCH (AS OF 3/2018)	3 0 0 0	X						0	0	0
STEVE RASMUSSEN DIRECTOR - NCH	3 0 0 0	X						0	0	0
LOU VON THAER DIRECTOR - NCH (AS OF 5/2018)	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
BRUCE SOLL DIRECTOR - NCH (AS OF 5/2018)	3 0 0 0	X						0	0	0
ANN I WOLFE DIRECTOR - NCH	3 0 0 0	X						0	0	0
DAN SULLIVAN DIRECTOR - NCH (AS OF 5/2018)	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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARRYL A ROBBINS DO DIRECTOR - NCH	3 0 0 0	X						0	0	0
THOMAS POMERING DO DIRECTOR - NCH	3 0 0 0	X						0	0	0
CRAIG KENT MD DIRECTOR - NCH	3 0 0 0	X						0	0	0
MEREDITH MERZ LIND MD DIRECTOR - NCH (AS OF 1/2018)	47 0 3 0	X						512,197	0	63,274
STEVE ALLEN MD DIRECTOR / CEO - NCH	47 0 3 0	X		X				2,782,488	0	530,142
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
STEVEN SMITH MD MED DIR NCH HMC (AS OF 2/2018)	3 0 47 0	X						0	169,084	30,944

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			
RICHARD MILLER PRESIDENT / DIRECTOR - CRI	50 0 0 0	X		X				0	0	0
STEVE ALLEN MD DIRECTOR - CRI	47 0 3 0	X						0	0	0
RAJESH KRISHNAMURTHY MD DIRECTOR - CRI	50 0 0 0	X						626,830	0	45,839
TIMOTHY C ROBINSON TREASURER / DIRECTOR - CRI	47 0 3 0	X		X				0	0	0
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 (TO 8/2018)	50 0 0 0	X						170,466	0	24,662
RICHARD MILLER VICE PRES / DIRECTOR - PPAC	50 0 0 0	X		X				0	0	0
STEVE ALLEN MD DIRECTOR - PPAC	47 0 3 0	X						0	0	0
KAMRAN BADIZADEGAN MD PRESIDENT / DIRECTOR - PPAC	50 0 0 0	X		X				473,168	0	48,386

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
STEVE ALLEN MD DIRECTOR - CSA	47 0 3 0	X						0	0	0
R LAWRENCE MOSS MD DIRECTOR - CSA (TO 8/2018)	47 0 3 0	X						824,234	0	49,849
ANN I WOLFE CHAIR / DIR - NCH FDN	3 0 0 0	X		X				0	0	0
THOMAS N BRIGDON DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
CHERYL W LUCKS DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
CECILY ALEXANDER DIR-NCH FDN (AS OF 8/2018)	3 0 0 0	X						0	0	0
CHAD A JESTER 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
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 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELISA MILLER DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
DANIELLE SKESTOS DIR - NCH FDN (AS OF 8/2018)	3 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR - NCH FOUNDATION	47 0 3 0	X						0	0	0
SHAREN JESTER TURNEY CHAIR/DIR-RINCH (TO 2/2018)	3 0 0 0	X		X				0	0	0
CHRIS OLSEN CHAIR/DIR-RINCH (AS OF 8/2018)	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
DWIGHT SMITH DIRECTOR - RINCH	3 0 0 0	X						0	0	0
THOMAS WALKER DIRECTOR - RINCH	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			
PETER MOHLER PHD DIRECTOR-RINCH (AS OF 2/2018)	3 0 0 0	X						0	0	0
LOU VON THAER DIRECTOR-RINCH (AS OF 8/2018)	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
STEVE ALLEN MD DIRECTOR - CCFA	47 0 3 0	X						0	0	0
DALLAS BALDWIN 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 (TO 3/2018)	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

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			
AUDREY G TUCKERMAN DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KAREN DAYS PRES/DIRECTOR-CCFA (TO 5/2018)	50 0 0 0	X		X				310,528	0	37,340
RICHARD MILLER INT PRES/DIR-CCFA AS OF 1/2018	50 0 0 0	X		X				0	0	0
BISHOP CALLON HOLLOWAY DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KIMBERLEY JACOBS DIRECTOR - CCFA (TO 11/2018)	3 0 0 0	X						0	0	0
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
OLIVIA THOMAS MD DIRECTOR - CCFA	3 0 0 0	X						0	0	0
BRETT MEYER 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN TESTA PRES - NCH FOUNDATION	50 0 0 0			X				546,009	0	100,975
TIMOTHY C ROBINSON TREASURER / SR VP / CFO - NCH	47 0 3 0			X				1,567,765	0	166,322
TIMOTHY C ROBINSON TREASURER - CCFA	47 0 3 0			X				0	0	0
TIMOTHY C ROBINSON TREASURER - 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				1,542,606	0	166,762
LINDA STOVEROCK RN SR VP / CNO - NCH	50 0 0 0			X				564,149	0	60,466
WANDA STACKPOLE VP/EXEC DIRECTOR - NCH HOMECR	50 0 0 0			X				219,292	0	29,680
JOHN A BARNARD MD PRESIDENT - RINCH	38 0 3 0			X				530,200	0	53,874
RHONDA COMER SECRETARY - CRI	47 0 3 0			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RHONDA COMER SECRETARY - PPAC	47 0 3 0			X				0	0	0
RHONDA COMER SECRETARY - CSA	47 0 3 0			X				0	0	0
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 SECRETARY/SR VP/LEGAL SVCS-NCH	47 0 3 0			X				707,276	0	60,626
LUKE BROWN ASST TREAS - FOUNDATION	50 0 0 0			X				324,259	0	48,438
SARA EVANS ASST SECRETARY - FOUNDATION	50 0 0 0			X				190,094	0	44,350
LORINA WISE ASST SECRETARY - RINCH	50 0 0 0			X				0	0	0
PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	50 0 0 0				X			698,263	0	135,654

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH	43 0 0 0				X			711,824	0	165,422
DENISE ZABAWSKI VP / CIO - NCH	50 0 0 0				X			441,714	0	35,879
LORINA WISE VP/ HR - NCH (AS OF 6/2018)	50 0 0 0				X			298,344	0	60,967
DENNIS MINZLER VICE PRESIDENT - NCH	50 0 0 0				X			300,608	0	41,751
AMY ROSCOE VICE PRESIDENT - RINCH	50 0 0 0				X			268,704	0	25,379
LEE ANN WALLACE VICE PRESIDENT CLINICAL SVC	50 0 0 0				X			275,655	0	36,154
MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	50 0 0 0					X		1,909,739	0	51,992
KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X		1,231,837	0	49,055
MARC LEVITT MD COLORECTAL PELVIC SURGEON-CSA	50 0 0 0					X		1,198,868	0	46,121
RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	50 0 0 0					X		1,024,367	0	42,026

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			
MATTHEW BERAN MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X			990,661	0	49,055
JAMES DIGAN FORMER PRES - NCH FOUNDATION	50 0 0 0							X	160,387	0	987
ELISABETH BALDOCK FORMER VP/ HR - NCH	50 0 0 0							X	141,250	0	651

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>		
		11a	
		11b	
		11c	

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>		
		1	No
		2	No

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>		
		1	

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>		
		1	No
		2	No
		3	No

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>		
		2a	
		2b	
		3a	
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	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)	6	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	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)	1	
a	Average monthly value of securities	1a	0
b	Average monthly cash balances	1b	0
c	Fair market value of other non-exempt-use assets	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	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	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2018			
a From 2013. 0			
b From 2014. 0			
c From 2015. 0			
d From 2016. 0			
e From 2017. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2018 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2014. 0			
b Excess from 2015. 0			
c Excess from 2016. 0			
d Excess from 2017. 0			
e Excess from 2018. 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
SCHEDULE A, PART IV EXPLANATION	REASON FOR PUBLIC CHARITY STATUS FOR GROUP RETURN SUBORDINATES NATIONWIDE CHILDREN'S HOSPI TAL (NCH) EIN 31-4379441 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(iii) NATIONWIDE C HILDREN'S HOSPITAL HOMECARE (NCH HOMECARE) EIN 31-1296332 PUBLIC CHARITY STATUS 509(a)(2) 2018 PUBLIC SUPPORT PERCENTAGE 100% 2017 PUBLIC SUPPORT PERCENTAGE 100% 2018 INVESTMENT INCOME PERCENTAGE 0% 2017 INVESTMENT INCOME PERCENTAGE 0% CHILDREN'S RADIOLOGICAL INSTI TUTE (CRI) EIN 31-1439570 PUBLIC CHARITY STATUS 509(a)(2) 2018 PUBLIC SUPPORT PERCENTAGE 99 44% 2017 PUBLIC SUPPORT PERCENTAGE 99 46% 2018 INVESTMENT INCOME PERCENTAGE 0 56% 20 17 INVESTMENT INCOME PERCENTAGE 0 54% PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) E IN 31-1595013 PUBLIC CHARITY STATUS 509(a)(2) 2018 PUBLIC SUPPORT PERCENTAGE 99 77% 2017 PUBLIC SUPPORT PERCENTAGE 99 79% 2018 INVESTMENT INCOME PERCENTAGE 0 23% 2017 INVESTMEN T INCOME PERCENTAGE 0 21% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHAR ITY STATUS 509(a)(2) 2018 PUBLIC SUPPORT PERCENTAGE 100 00% 2017 PUBLIC SUPPORT PERCENTA GE 99 99% 2018 INVESTMENT INCOME PERCENTAGE 0 00% 2017 INVESTMENT INCOME PERCENTAGE 0 0 1% NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) EIN 31-1036370 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2018 PUBLIC SUPPORT PERCENTAGE 57 50% 2017 PUBLIC SUPPORT PE RCENTAGE 55 60% RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-60562 30 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2018 PUBLIC SUPPORT PERCENTAGE 64 50% 2017 PUBLIC SUPPORT PERCENTAGE 64 50% CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWID E CHILDREN'S HOSP (CCFA) EIN 02-0627166 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2018 PUBLIC SUPPORT PERCENTAGE 86 50% 2017 PUBLIC SUPPORT PERCENTAGE 87 10%

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018
Open to Public Inspection

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		4,652
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		180,355
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		597,555
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			782,562
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 (NCH) is a section 501(c)(3) organization with a mission based on the belief that no child should be refused necessary care and attention for lack of ability to pay Nationwide Children's is committed to providing the highest quality patient care, advocacy for children and families, pediatric research, education of patients, families and future providers, and outstanding service to accommodate the needs of patients and families In fulfillment of this mission, NCH advocates at the local, state and federal levels on behalf of children and the providers who care for them Professional staff in the Government Relations Department direct and perform these activities and coordinate the work of other Hospital staff that support advocacy efforts on an intermittent basis In addition, the hospital has sent correspondence to and met directly with local, state, and federal officials Further, NCH pays membership dues to professional organizations which, among their many responsibilities, perform certain lobbying activities on behalf of their member organizations Based on information supplied by these professional associations, NCH has determined the total of NCHs dues applicable to their lobbying activities is \$180,355 During 2018, one hospital staff member was registered as a lobbyist at the federal level and two were registered at the state level These staff members met with elected and appointed officials regarding child health, reimbursement, and grants/funding NCH also utilized the services of one outside consultant at the local/state level in 2018 This consultant prepared written materials and met with elected and appointed officials Overall, NCHs total direct and indirect lobbying expenditures based on resources or time were minimal and not substantial based on revenues

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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

b 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	180,559,816	160,913,523	146,550,272	147,768,473	141,883,193
b Contributions	11,551,122	6,908,367	9,011,343	3,486,666	4,501,073
c Net investment earnings, gains, and losses	-7,597,607	18,358,133	9,515,476	-1,260,160	5,128,674
d Grants or scholarships					
e Other expenditures for facilities and programs	5,197,559	5,620,207	4,163,568	3,444,407	3,744,467
f Administrative expenses					
g End of year balance	179,315,772	180,559,816	160,913,523	146,550,572	147,768,473

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 24 010 %
 - b** Permanent endowment ▶ 75 990 %
 - 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| 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		57,094,251		57,094,251
b Buildings		1,318,168,982	385,318,755	932,850,227
c Leasehold improvements		16,912,490	6,135,009	10,777,481
d Equipment		353,338,739	210,981,629	142,357,110
e Other		189,213,694		189,213,694
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,332,292,763

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	22,951,280
ACCRUED RETIREMENT BENEFITS	29,887,110
OTHER DONOR RELATED LIABILITIE	1,752,706
ACCRUED PROFESSIONAL LIABILITY	30,586,968
BOND ISSUANCE COSTS	17,554,388
PAYABLE TO THIRD PARTY PAYORS	1,636,608
HCAP ACCRUAL	57,394,005
DEFERRED COMPENSATION	1,587,862
DUE TO AFFILIATE	3,102,579
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	166,453,506

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	22,951,280
ACCRUED RETIREMENT BENEFITS	29,887,110
OTHER DONOR RELATED LIABILITIE	1,752,706
ACCRUED PROFESSIONAL LIABILITY	30,586,968
BOND ISSUANCE COSTS	17,554,388
PAYABLE TO THIRD PARTY PAYORS	1,636,608
HCAP ACCRUAL	57,394,005
DEFERRED COMPENSATION	1,587,862
DUE TO AFFILIATE	3,102,579

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 MISS ION OF PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PED IATRIC RESEARCH, AND EDUCATION OF PATIENTS, FAMILIES AND FUTURE HEALTHCARE PROVIDERS SCHE DULE D, PART X, LINE 2 FIN 48(ASC740) Footnote NATIONWIDE CHILDREN'S RECORDS ACCRUALS FOR UNCERTAIN TAX POSITIONS UNDER ASC 740, INCOME TAXES NATIONWIDE CHILDREN'S HAD NO SIGNIFIC ANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017

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

OMB No 1545-0047
2018
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.

- 1 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
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
See Add'l Data					
3a Sub-total		1			1,946,711
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			1,946,711

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)

- 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)

Part IV Foreign Forms

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

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).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 01-0782751

Name: Nationwide Children's Hospital Group Return

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	960,994
East Asia and the Pacific			Program Services	HEALTHCARE SERVICES	5,778

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
East Asia and the Pacific			Program Services	Research Collaboration	284,081
South Asia			Program Services	RESEARCH COLLABORATION	32,173

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
Europe (Including Iceland and Greenland)			Program Services	HEALTHCARE SERVICES	90,268
Europe (Including Iceland and Greenland)			Program Services	RESEARCH COLLABORATION	27,201

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
Middle East and North Africa			Program Services	INTL BUSINESS DEVELPMT	13,211
North America			Program Services	HEALTHCARE SERVICES	105,676

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		1	Program Services	SALARY	42,868
North America			Program Services	RESEARCH COLLABORATION	219,661

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			Fundraising	TELEMARKETING	34,800
Central America and the Caribbean			Investments	SELF INSURANCE	130,000

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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			
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)
		LEGENDS LUNCH (event type)	MARATHON (event type)	7 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,147,752	909,369	1,118,534	3,175,655
	2 Less Contributions	1,087,502	909,369	832,469	2,829,340
	3 Gross income (line 1 minus line 2)	60,250		286,065	346,315
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			1,335	1,335
	6 Rent/facility costs	13,670		70,525	84,195
	7 Food and beverages	31,908	3,841	112,323	148,072
	8 Entertainment	2,200		73,794	75,994
	9 Other direct expenses	45,993	161,747	191,599	399,339
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				708,935
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-362,620

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			43,959
Direct Expenses	2 Cash prizes			8,003	8,003
	3 Noncash prizes			12,988	12,988
	4 Rent/facility costs				
	5 Other direct expenses				
	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) ▶				20,991	
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				22,968	

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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in		
a	The organization's facility	13a	%
b	An outside facility	13b	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 ▶ \$ _____

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

Return Reference

Explanation

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			18,791,661	1,678,002	17,113,659	1 000 %
b Medicaid (from Worksheet 3, column a)			658,466,933	583,000,608	75,466,325	4 400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,566,995	1,566,995		
d Total Financial Assistance and Means-Tested Government Programs			678,825,589	586,245,605	92,579,984	5 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,987,458	3,710,076	4,277,382	0 250 %
f Health professions education (from Worksheet 5)			37,257,596	3,311,854	33,945,742	1 980 %
g Subsidized health services (from Worksheet 6)			49,518,650	37,697,739	11,820,911	0 690 %
h Research (from Worksheet 7)			39,660,194		39,660,194	2 310 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,856,284		11,856,284	0 690 %
j Total. Other Benefits			146,280,182	44,719,669	101,560,513	5 920 %
k Total. Add lines 7d and 7j			825,105,771	630,965,274	194,140,497	11 320 %

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			993,868	174,000	819,868	0.050 %
2 Economic development						
3 Community support			1,166,193	331,788	834,405	0.050 %
4 Environmental improvements			409,227		409,227	0.020 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			266,499		266,499	0.020 %
8 Workforce development			349,229		349,229	0.020 %
9 Other						
10 Total			3,185,016	505,788	2,679,228	0.160 %

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 44,856,709	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5 5,448,085
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 8,538,564
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -3,090,479
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?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>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	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NATIONWIDE CHILDREN'S (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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 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)	16 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 nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <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?	19		No
	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)			
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?	21	Yes	
	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)			

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		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
SCHEDULE H, PART I, LINE 3C	<p>CRITERIA USED FOR DETERMINING ELIGIBILITY IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDRENS HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE</p> <p>*MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENTS RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF</p> <p>*FAMILIES WHO PROVIDE A COMPLETED IRS FORM 4029 TO NCHS PATIENTS ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR A 40% DISCOUNT OF THE PATIENTS RESPONSIBILITY</p> <p>*FAMILIES WITH THE ADDRESS OF A HOMELESS SHELTER WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENTS RESPONSIBILITY</p> <p>SCHEDULE H, PART I, LINE 6A COMMUNITY BENEFIT REPORT WHILE NATIONWIDE CHILDREN'S HOSPITAL (NCH) DOES NOT PREPARE A COMMUNITY BENEFIT REPORT, INFORMATION ON NCH'S COMMUNITY INVOLVEMENT CAN BE FOUND ON ITS WEBSITE AT WWW.NATIONWIDECHILDRENS.ORG/COMMUNITY-RELATIONS</p> <p>SCHEDULE H, PART I, LINE 7G SUBSIDIZED HEALTH SERVICES NATIONWIDE CHILDREN'S HOSPITAL HAS NOT INCLUDED ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC</p> <p>SCHEDULE H, PART I, LINE 7 COSTING METHODOLOGY THE COST TO CHARGE RATIO USED IN LINE 7 WAS DERIVED FROM WORKSHEET 2</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II, LINE 10	<p>COMMUNITY BUILDING ACTIVITIES 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 SOUTHSIDE OF COLUMBUS SURROUNDING NCH PROGRAMS OFFERED INCLUDE AFFORDABLE HOUSING, HEALTH AND WELLNESS, EDUCATION, WORKFORCE AND ECONOMIC DEVELOPMENT, AND SAFE AND ACCESSIBLE NEIGHBORHOODS TO ADDRESS THE AFFORDABLE HOUSING COMPONENT, NCH PARTNERED WITH COMMUNITY DEVELOPMENT FOR ALL PEOPLE AND INVESTED SEVERAL MILLION DOLLARS IN SEED MONEY TO ALLOW THE PURCHASE OF DILAPIDATED HOUSING STOCK FOR RENOVATION AND SALE, AS WELL PROVIDING GRANTS TO EXISTING HOMEOWNERS FOR REPAIR IN THE PAST 11 YEARS, HNHF IMPACTED 350 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 2018, NCH HAD MORE THAN 200 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 - LIVINGSTON PARK MAINTENANCE, A CITY OWNED PARK THAT NCH ASSISTS IN MAINTAINING THE NCH ENGINEERING DEPARTMENT PROVIDES SNOW/ICE REMOVAL, LAWN CARE AND WASTE REMOVAL SERVICES FOR THE UPKEEP OF THE PARK - NUTRITION SERVICES INITIATIVE - AN INTERNAL PROGRAM TO REPLACE OUR FOOD PACKAGING MATERIALS WITH THOSE THAT ARE MORE ENVIRONMENTALLY FRIENDLY ALSO INSTALLED RECYCLING CONTAINERS THROUGHOUT THE CAMPUS TO ENCOURAGE RECYCLING - VARIOUS WORKFORCE DEVELOPMENT PROGRAMS 1) SUMMER EDUCATION AND RESEARCH IN CLINICAL HEALTHCARE (SERACH) PROGRAM - A PROGRAM THAT RECRUITS MINORITY STUDENTS FROM COLLEGES AND UNIVERSITIES TO INTERN IN THE AREAS OF RADIOLOGY, 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 SERIES - 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) BOYS AND GIRLS CLUB OF COLUMBUS SUPPORT OF A YEAR-ROUND TEEN EMPLOYMENT GROUP AT THIS NEIGHBORHOOD INSTITUTION 6) CENTER FOR EMPLOYMENT OPPORTUNITIES (CEO) A PROGRAM THAT PUTS FORMERLY INCARCERATED PARTICIPANTS IN WORK CREWS FOR THE PURPOSE OF BEAUTIFICATION OF THE PARSONS AVENUE CORRIDOR WHILE RECEIVING JOB SKILLS AND LIFE READINESS PROGRAMING 7) I KNOW I CAN SUPPORT THE SUMMER MELT PROGRAM WHICH FOCUSES ON COLLEGE AND CAREER READINESS FOR RECENT HIGH SCHOOL GRADUATES FOR TRANSITION TO POST GRADUATE STATUS - SPARK PROGRAM, AN EVIDENCE BASED PROGRAM PREPARING CHILDREN FOR KINDERGARTEN BY HAVING A SPARK PARENT PROGRAM PARTNER COME IN YOUR HOME ONCE A MONTH AND WORK WITH PARENT AND CHILD TO DEVELOP SKILLS THAT WILL ENHANCE PREPAREDNESS FOR KINDERGARTEN THIS NCH PROGRAM TAKES PLACE IN THE FOLLOWING ZIP CODES 43205, 43206 AND 43207 - COMMUNITY DEVELOPMENT FOR ALL PEOPLE HEALTHY EATING AND LIVING INITIATIVE, A CONTRIBUTION TO COMMUNITY DEVELOPMENT FOR ALL PEOPLE TO SET UP PROGRAMS TO POSITIVELY IMPACT INFANT MORTALITY AND KINDERGARTEN READINESS FOR CHILDREN AND EMPLOYMENT FOR ADULT RESIDING IN ZIP CODES 43205, 43206 AND 43207 PROGRAMS WERE ESTABLISHED TO MEET THE FOLLOWING GOALS RECRUIT AND ASSIST THE ENROLLMENT OF CHILDREN INTO NCHS SPARK LITERACY PROGRAM, PROVIDE VARIOUS HEALTH EDUCATION CLASSES AND MATERIALS, INCLUDING COOKING CLASSES WITH A COORDINATION OF VARIOUS HEALTHY LIVING EXERCISE AND MOVEMENT GROUPS, RECRUIT UNEMPLOYED AND UNDEREMPLOYED ADULTS FOR EMPLOYMENT TRAINING INTERVENTIONS, AND RECRUIT AND ASSIST WITH THE DEVELOPMENT OF A NEIGHBORHOOD LEADERSHIP ACADEMY FOR RESIDENTS OF THE TARGET ZIP CODES - PARSONS AVENUE REDEVELOPMENT PROGRAM, A CONTRIBUTION TO THE PARSONS AVENUE REDEVELOPMENT CORPORATION TO SUPPORT THE REDEVELOPMENT OF PARSONS AVENUE BY FACILITATING A SUSTAINABLE CENTER OF COMMERCIAL ACTIVITY THAT CREATES A SENSE OF PLACE SERVING ALL SOUTH SIDE NEIGHBORHOODS - MEDICAL LEGAL PARTNERSHIP (MLP), IS AN INITIATIVE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II, LINE 10	VE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH BY PARTNERING THE HEALTHCARE PROVIDERS WIT H LAWYERS TO HELP ACHIEVE BETTER HEALTH OUTCOMES FOR THE CHILDREN NCH SERVES TO ACCOMPLIS H THIS, NCH HAS ENTERED INTO A CONTRACT WITH THE LEGAL AID SOCIETY OF COLUMBUS TO PROVIDE FREE AND CONFIDENTIAL LEGAL SERVICES TO ELIGIBLE LOW-INCOME PATIENTS TO IMPROVE THEIR HEAL TH AND WELL-BEING - CITY YEAR OF COLUMBUS, A CONTRIBUTION TO SUPPORT ACADEMIC, ATTENDANCE , AND BEHAVIOR INTERVENTION PROGRAMMING AT LIVINGSTON AVENUE ELEMENTARY SCHOOL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	BAD DEBT EXPENSE NATIONWIDE CHILDRENS HOSPITAL REPORTS BAD DEBT EXPENSE IN TOTAL SCHEDULE H, PART III, LINE 3 BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FAP FOR SELF-PAY PATIENTS, NATIONWIDE CHILDRENS HOSPITAL MAKES ALL REASONABLE EFFORTS TO QUALIFY FINANCIAL ASSISTANCE ELIGIBLE PATIENTS FOR CHARITY PRIOR TO AN ACCOUNT BEING WRITTEN OFF TO BAD DEBT, ACCOUNT REVIEWS TAKE PLACE TO ENSURE THE PATIENT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE THUS WE FEEL THAT NCHS BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY IS LIKELY \$0 SCHEDULE H, PART III, LINE 4 AFS FOOTNOTE THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 19 OF THE AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE SHORTFALL IT IS OUR POSITION THAT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE THESE ARE COSTS THE HOSPITAL IS INCURRING TO TREAT THESE PATIENTS, AND THE REIMBURSEMENT IS NOT FULLY COVERING THESE COSTS IN ADDITION, AS OUR MISSION IS TO CARE FOR EVERY CHILD FOR EVERY REASON REGARDLESS OF ABILITY TO PAY, MANY HEALTHCARE PROVIDERS WOULD CHOOSE NOT TO ACCEPT MEDICARE PATIENTS BECAUSE OF THIS UNREIMBURSED COST BECAUSE NATIONWIDE CHILDREN'S DOES, WE ARE TRULY PROVIDING A BENEFIT TO THE COMMUNITY THE MEDICARE COST REPORT WAS USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	WRITTEN DEBT COLLECTION POLICY NATIONWIDE CHILDREN'S HOSPITAL'S COLLECTION POLICY DOES CONTAIN PROVISIONS FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE THERE ARE NUMEROUS WAYS FOR PATIENTS AND FAMILIES TO GET INFORMATION ON AVAILABLE ASSISTANCE, BOTH CHARITY, AND OTHER GOVERNMENTAL POLICIES (SEE DESCRIPTION PART VI, LINE 3) NCH THEN PROVIDES A GRACE PERIOD, TO ALLOW FOR TIME FOR ASSISTANCE NEEDS TO BE IDENTIFIED, BEFORE FINALIZING THE BILL IN ADDITION, SELF-PAY STATEMENTS ALSO INCLUDE INFORMATION TO HELP THE PATIENT/FAMILY UNDERSTAND FINANCIAL ASSISTANCE THAT IS AVAILABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	NATIONWIDE CHILDREN'S HOSPITAL (NCH), ALONG WITH OTHER CENTRAL OHIO HOSPITALS AND COMMUNITY PARTNERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, PARTICIPATED IN THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, WHICH WAS A COLLABORATIVE EFFORT COORDINATED BY CENTRAL OHIO HOSPITAL COUNCIL TO IDENTIFY THE COMMUNITY HEALTH NEEDS AND PRIORITIES OF FRANKLIN COUNTY THE STEERING COMMITTEE PUBLISHED THE FRANKLIN COUNTY HEALTHMAP 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 NEEDS ASSESSMENT AND THIS REPORT CAN BE FOUND ON THE HOSPITALS WEBSITE HTTPS //WWW NATIONWIDECHILDRENS ORG/ABOUT-US/ADVOCACY-AND-GOVERNMENT-RELATIONS/COMMUNITY-RELATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT IN ORDER TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE STEERING COMMITTEE CONSIDERED POTENTIAL HEALTH INDICATORS FOR INCLUSION IN THEIR REPORT 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 NCHS 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST	NATIONWIDE CHILDREN'S HOSPITAL INFORMS AND EDUCATES PATIENTS, AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE, ABOUT THEIR ELIGIBILITY FOR ASSISTANCE IN A VARIETY OF WAYS SIGNAGE REGARDING SUCH ELIGIBILITY IS VISIBLY LOCATED THROUGHOUT THE HOSPITAL, INCLUDING MAJOR POINTS OF PATIENT ENTRY SUCH AS ADMISSIONS AREAS, CLINIC REGISTRATION DESKS, THE EMERGENCY DEPARTMENT AND URGENT CARE ADDITIONALLY, FINANCIAL COUNSELORS VISIT PATIENTS WITHOUT INSURANCE DURING THEIR STAY LETTERS AND FINANCIAL ASSISTANCE APPLICATIONS ARE MAILED TO PATIENTS BILLING STATEMENTS CONTAIN PRINTED INFORMATION REGARDING VARIOUS TYPES OF ASSISTANCE THAT IS AVAILABLE, AUTOMATED TELEPHONE CALLS OFFERING FINANCIAL ASSISTANCE ARE ALSO MADE, AND THE APPLICATION IS MADE AVAILABLE ON OUR WEBSITE https //www nationwidechildrens org/your-visit/billing-and-insurance/finan cial-assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	NATIONWIDE CHILDREN'S HOSPITAL IS LOCATED IN COLUMBUS, OHIO, WHICH IS GEOGRAPHICALLY CENTRAL IN THE STATE OF OHIO 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 45 FOREIGN COUNTRIES THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS \$56,319 AND 16% OF FAMILIES ARE BELOW THE POVERTY LEVEL APPROXIMATELY 8.5% OF THE POPULATION OF OHIO IS UNINSURED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	BEYOND THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RELATED IMPLEMENTATION STRATEGY, NATIONWIDE CHILDRENS HOSPITAL PROMOTES COMMUNITY HEALTH IN MANY WAYS THE MAJORITY OF THE BOARDS OF NATIONWIDE CHILDRENS HOSPITAL, THE RESEARCH INSTITUTE, NCH FOUNDATION AND THE CENTER FOR FAMILY SAFETY AND HEALING ARE COMPRISED OF INDEPENDENT COMMUNITY LEADERS, MOST OF WHICH RESIDE IN OUR CENTRAL OHIO SERVICE AREA NATIONWIDE CHILDRENS ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY THE EDUCATION INSTITUTE DEPARTMENT OF NCH PROVIDES A WIDE ARRAY OF COMMUNITY EDUCATION CLASSES SUCH AS BABYSITTING, CPR, PARENTING, CONFERENCES FOR FAMILIES CARING FOR A PATIENT WITH A SPECIFIC DISEASE OR DISORDER, AUTISM AND BEHAVIOR MANAGEMENT AND MORE THESE CLASSES ARE GEARED TOWARD LAY-PUBLIC AND INCLUDE LECTURES, PRESENTATIONS, AND OTHER GROUP PROGRAMS AND ACTIVITIES APART FROM CLINICAL OR DIAGNOSTIC SERVICES THIS SAME DEPARTMENT MAINTAINS THE FAMILY HEALTH INFORMATION CENTER, A CONSUMER LIBRARY WHICH CAN BE USED BY PATIENT FAMILIES TO EXPLORE NEWLY DIAGNOSED MEDICAL ISSUES CHILDCARE HEALTH CONSULTANTS IS A PROGRAM THAT OFFERS TRAINING AND PROFESSIONAL DEVELOPMENT TO EARLY CHILDHOOD PROFESSIONALS VIA ON-SITE CONSULTING, LIVE EDUCATIONAL CLASSES, AND EDUCATIONAL TOOLS NCH HAS MULTIPLE PROGRAMS SURROUNDING THE TOPIC OF NUTRITION AND CHILDHOOD OBESITY ONE DEPARTMENT, THE CENTER FOR HEALTHY WEIGHT AND NUTRITION OFFERS A COMPREHENSIVE APPROACH TO WEIGHT MANAGEMENT ITS OBESITY PREVENTION PROGRAM PROVIDES SIMPLE TOOLS TO EDUCATE PARENTS ABOUT GOOD NUTRITION AND PHYSICAL ACTIVITY FOR THEIR CHILDREN COMMUNITY HEALTH IS AN ARM OF THE HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES PROGRAM WHICH AIMS TO IMPROVE OUR COMMUNITY RESIDENTS ACCESS TO HEALTH CARE COVERAGE, PRIMARY CARE, AND FRUITS AND VEGETABLES NATIONWIDE CHILDRENS ALSO SPONSORS AND HOSPITAL STAFF VOLUNTEER, AT NUMEROUS FESTIVALS AND HEALTH FAIRS TO PROVIDE HEALTH SCREENINGS AND HAND OUT LITERATURE AND PROMOTIONAL GIVEAWAYS TO EDUCATE AND DISCUSS MANY OF THE SERVICES WE PROVIDE NATIONWIDE CHILDRENS APPLIES SURPLUS FUNDS TO FURTHER ITS EXEMPT PURPOSE IN PROMOTING THE HEALTH OF THE COMMUNITY BY REINVESTING IN THE FACILITIES AND OPERATIONS OF PATIENT CARE, MEDICAL EDUCATION AND PEDIATRIC RESEARCH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES	NATIONWIDE CHILDREN'S HOSPITAL, INC EXCLUSIVELY CONTROLS THE ACTIVITIES OF ITS SUBSIDIARIES IN CENTRAL OHIO INCLUDING 1) NATIONWIDE CHILDREN'S HOSPITAL (NCH) IS A 527 INPATIENT BED NOT-FOR-PROFIT TERTIARY CARE HOSPITAL PROVIDING, INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES IN ADDITION, THE HOSPITAL LEASES 146 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS LOCATED WITHIN SIX OTHER AREA HOST HOSPITALS SUBSIDIARIES OF THE HOSPITAL INCLUDE THE FOLLOWING ENTITIES A) CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES RADIOLOGICAL SERVICES AT THE HOSPITAL B) NCH HOMECARE (HOMECARE SERVICES) IS A NOT-FOR-PROFIT HOME HEALTH COMPANY OWNED BY THE HOSPITAL AND PROVIDES INTERMITTENT AND PRIVATE-DUTY NURSING, SKILLED THERAPY, INFUSION THERAPY, DURABLE MEDICAL EQUIPMENT, HOSPICE, AND PALLIATIVE CARE SERVICES C) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES PATHOLOGICAL SERVICES AT THE HOSPITAL D) CHILDREN'S SURGICAL ASSOCIATES (CSA) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES SURGICAL SERVICES AT THE HOSPITAL E) PEDIATRIC ACADEMIC ASSOCIATES (PAA), A FACULTY PRACTICE PLAN OF THE OHIO STATE UNIVERSITY, IS A NOT-FOR-PROFIT PRACTICE OF WHICH THE HOSPITAL HOLDS 51% OF THE BENEFICIAL INTEREST OF THE PAA SHARE THAT IS HELD IN TRUST THE PAA IS A GROUP OF APPROXIMATELY 500 MEDICAL, PEDIATRIC SUB-SPECIALISTS, WHICH PROVIDES SUCH SERVICES AT THE HOSPITAL F) CHILDREN'S ANESTHESIA ASSOCIATES, INC (CAA) IS A FOR-PROFIT PROFESSIONAL PRACTICE PLAN IN WHICH THE HOSPITAL OWN 100% OF EFFECTIVE AS OF AUGUST 1, 2004 CAA PROVIDES ANESTHESIOLOGY SERVICES AT THE HOSPITAL 2) NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (FOUNDATION) IS A NOT-FOR-PROFIT CHARITABLE FOUNDATION 3) THE RESEARCH INSTITUTE AT NCH (RESEARCH INSTITUTE) IS A NOT-FOR-PROFIT PEDIATRIC MEDICAL RESEARCH INSTITUTE 4) THE CENTER FOR CHILD AND FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL (CCFA) IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES ADVOCACY, EDUCATION, COUNSELING AND OTHER PROGRAMMATIC SERVICES TO CHILDREN AND FAMILIES SUFFERING FROM CHILD ABUSE AND NEGLECT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, 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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	NATIONWIDE CHILDREN'S HOSPITAL 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY REPRESENTATIVES COMMUNITY INPUT FOR THIS REPORT WAS PROVIDED THROUGH A SERIES OF THREE FACILITATED SESSIONS TO IDENTIFY AND PRIORITIZE THE HEALTH NEEDS FOR FRANKLIN COUNTY THESE MEETINGS TOOK PLACE ON MAY 7, 2015, JUNE 3, 2015, AND JULY 29, 2015 AND WERE HELD WITH COMMUNITY REPRESENTATIVES ON THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, LED BY THE CENTRAL OHIO HOSPITAL COUNCIL CONSISTENT WITH FEDERAL REQUIREMENTS FOR CONDUCTING HEALTH NEEDS ASSESSMENTS, ENTITIES WHICH REPRESENT SPECIFIC POPULATIONS WITHIN THE COMMUNITY WERE INCLUDED AS MEMBERS OF THE STEERING COMMITTEE AMONG THOSE WHO PARTICIPATED AS MEMBERS OF THE STEERING COMMITTEE WERE LYNN DODD CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR COMMUNITY), JODI KELLER -CENTRAL OHIO TRAUMA SYSTEM, PARMINDER BAJWA PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS), KATHY COWEN - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH), MICHELLE GROUX - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH), RICHARD HICKS - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH), JIMMIE DAVIS - FRANKLIN COUNTY PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH), KYLE IDAHOSA - FRANKLIN COUNTY PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH), LORI SUMMERS HEALTHCARE FOR THE HOMELESS (REPRESENTING THE HOMELESS COMMUNITY), TRACY BROWN OHIO DEPARTMENT OF AGING (REPRESENTING THE SENIOR COMMUNITY), DAVID ELLSWORTH OHIO DEPARTMENT OF HEALTH, OHIO DISABILITY AND HEALTH PROGRAM (REPRESENTING THE DISABLED COMMUNITY), AND JOANNE PEARSOL - CENTER FOR PUBLIC HEALTH PRACTICE, THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH FURTHER, NATIONWIDE CHILDRENS HOSPITAL POSTED ITS NEEDS ASSESSMENT TO ITS WEBSITE AND ALLOWED FOR COMMUNITY MEMBERS TO PROVIDE FEEDBACK ON THE DOCUMENT VIA AN ELECTRONIC FORM NO COMMENTS HAVE BEEN RECEIVED TO DATE
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B CHNA NON-HOSPITAL FACILITIES	<p>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 PART V, SECTION B, LINE 10A IMPLEMENTATION STRATEGY THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS POSTED ON THIS WEBSITE https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/community-health-needs-assessment</p>
PART V, SECTION B, LINE 11 ADDRESSING NEEDS IDENTIFIED IN THE CHNA	<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</p> <ul style="list-style-type: none"> * 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 prematurity 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/about-us/advocacy-and-government-relations/community-relations/community-health-needs-assessment

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13B	<p>Ohio residents with family income greater than 200% of the FPL but less than 450% of the FPL whose bills from Nationwide Children's exceeds 20% of the family yearly household income will be considered medically indigent for purposes of this policy. Medically indigent families will be eligible for a higher discount in the Patient Responsibility in an amount such that the family's Patient Responsibility for all Nationwide Children's bills equals a percentage (%) of the family's yearly household income as stated below - Income at 200% or less of the Federal Poverty Level (FPL) will be written off at 100% of the Patient Responsibility - Income between 201% and 250% of the FPL will be written off to a balance equal to 5% of the family's yearly household income - Income between 251% and 300% of the FPL will be written off to a balance equal to 7% of the family's yearly household income - Income between 301% and 400% of the FPL will be written off to a balance equal to 10% of the family's yearly household income. PART V, SECTION B, LINE 13H IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDRENS HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE * MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENTS RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF * FAMILIES WHO PROVIDE A COMPLETED IRS FORM 4029 TO NCHS PATIENTS ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR A 40% DISCOUNT OF THE PATIENTS RESPONSIBILITY * FAMILIES WITH THE ADDRESS OF A HOMELESS SHELTER WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENTS RESPONSIBILITY</p>
PART V, SECTION B, LINES 16A, B & C	<p>THE FAP APPLICATION FORM IS WIDELY AVAILABLE ON THIS WEBSITE HTTPS //WWW NATIONWIDECHILDRENS ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINAN CIAL-ASSISTANCE</p>

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 CHILDREN'S COMMUNITY PRACTICES LLC 1264 Hospital Road Chillicothe, OH 45610	Physician Practice
2 SPRINGFIELD LABORATORY SERVICE CENTER 1644 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	LAB
3 CHILDREN'S COMMUNITY PRACTICES LLC 540 S TRIMBLE ROAD MANSFIELD, OH 44906	Physician Practice
4 CHILDREN'S COMMUNITY PRACTICES LLC 110 West Smiley Avenue Shelby, OH 44875	Physician Practice
5 ZANESVILLE OUTPATIENT SPECIALTY CLINICS 716 ADAIR AVENUE ZANESVILLE, OH 43701	CARDIOLOGY CLINIC
6 MANSFIELD CLOSE TO HOME CENTER 536 S TRIMBLE ROAD MANSFIELD, OH 44906	MEDICAL OFFICES CHILDLAB CARDIOLOGY
7 MARIETTA OUTPATIENT CARDIOLOGY SERVICES 416 FRONT STREET 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 ATHENS OUTPATIENT CARDIOLOGY SERVICES 75 HOSPITAL DR CASTROP CTR STE 33 ATHENS, OH 45701	CARDIOLOGY CLINIC
11 PORTSMOUTH CARDIOLOGY SERVICES 1711 27th Street Braulin Bldg Ste Portsmouth, OH 45662	CARDIOLOGY CLINIC
12 PORTSMOUTH OUTPATIENT SPECIALTY CLINICS 8930 OHIO RIVER ROAD WHEELERSBURGH, OH 45694	HEM/ONC, UROLOGY
13 WASHINGTON COURT HOUSE CHILDLAB 616 WILLARD STREET WASHINGTON CH, OH 43160	Lab
14 CLEVELAND CHILDLAB 1139 ROCKSIDE ROAD PARMA, OH 44134	LAB

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 NEWARK CLOSE TO HOME CENTER 75 SOUTH TERRACE AVENUE NEWARK, OH 43055	MEDICAL OFFICES CHILDLAB
1 DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON, OH 45404	CARDIOLOGY CLINIC
2 FINDLAY OUTPATIENT CARDIOLOGY SERVICES 1900 SOUTH MAIN STREET 2ND FLOOR FINDLAY, OH 45840	CARDIOLOGY CLINIC
3 FINDLAY NEUROLOGY CLINIC 3949 NORTH MAIN STREET FINDLAY, OH 45840	NEUROLOGY CLINIC
4 ZANESVILLE LABORATORY SERVICE CENTER 1166 MILITARY ROAD SUITE 2B ZANESVILLE, OH 43701	LAB
5 LIMA LABORATORY SERVICE CENTER 830 WEST HIGH STREET SUITE 375 LIMA, OH 45801	LAB
6 WARREN CHILDLAB 321 NILES CORTLAND ROAD NE WARREN, OH 44484	LAB
7 CANTON CHILDLAB 4579 Everhard Rd NW CANTON, OH 44718	LAB

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29
3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ASSISTANCE TO PATIENT FAMILIES (PAID BY NCH)	122042	348,622			
(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 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	39,660,194				TO SUPPORT VARIOUS RESEARCH INITIATIVES
RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	18,209,778				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 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	114,269				TO FUND RESEARCH START-UP GRANTS
RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	46,404				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
RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	151,701				TO FUND RESEARCH START-UP GRANTS IMPROVE PATIENT CARE THROUGH PROGRAMS SUCH AS VOLUNTEER SERVICES, HEMATOLOGY / ONCOLOGY, OBESITY PREVENTION, & COMMUNITY EDUCATION
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	13,843,249				TO AID IN PROVIDING INDIGENT CARE, TO SUPPORT & IMPROVE PATIENT CARE THROUGH PROGRAMS SUCH AS VOLUNTEER SERVICES, HEMATOLOGY / ONCOLOGY, OBESITY PREVENTION, & COMMUNITY EDUCATION

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 HOMECARE 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1296332	501(c)(3)	170,000				TO SUPPORT HOSPICE AND PALLIATIVE CARE PROGRAMS
CTR FOR CHILD & FAMILY ADVOCACY AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	02-0627166	501(c)(3)	2,228,655				TO SUPPORT CHILD ADVOCACY 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
CHILDREN'S SURGICAL ASSOCIATES 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1654000	501(c)(3)	372,014				TO SUPPORT SURGICAL RESEARCH INITIATIVES
CHILDREN'S RADIOLOGICAL INSTITUTE INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-1439570	501(c)(3)	88,974				TO SUPPORT RADIOLOGY 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 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	648,463				TO SUPPORT CHILD ASSESSMENT PROGRAMS FOR CHILD & FAMILY ADVOCACY
NCH BEHAVIORAL HEALTH PROGRAMS 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
CENTER FOR CHILD & FAMILY ADVOCACY AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205	02-0627166	501(c)(3)	337,653				TO SUPPORT ADMINISTRATIVE OVERSIGHT OF THE CENTER FOR CHILD & FAMILY ADVOCACY
NATIONWIDE CHILDREN'S HOSPITAL INC 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 555 SOUTH 18TH STREET COLUMBUS, OH 43205	31-1024403	501(c)(3)	982,815				TO PROVIDE FUNDING FOR ENDOWED CHAIRS
PEDIATRIC ACADEMIC ASSOCIATION 555 SOUTH 18TH STREET COLUMBUS, OH 43205	31-1024403	501(c)(3)	9,965,423				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 2425 ROSCOE COURT DUBLIN, OH 43016	31-1353807	501(c)(3)	6,500				TO SUPPORT BLEEDING DISORDER FAMILIES
CENTRAL OHIO CHAPTER OF NHF 4400 N HIGH ST STE 216 COLUMBUS, OH 43214	13-5641857	501(c)(3)	34,617				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 PO BOX 4002907 DES MOINES, OH 50340	13-5613797	501(c)(3)	15,000				TO SUPPORT HEART GALA & WALK
CHARITABLE PHARMACY OF CENTRAL OH INC 200 E LIVINGSTON AVENUE COLUMBUS, OH 43215	27-0147099	501(c)(3)	22,000				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 2545 FRAMERS DR STE 300 COLUMBUS, OH 43235	34-1471131	501(c)(3)	6,000				BIG WISH GALA
HNHF REALTY COLLABORATION 575 CHARRING CROSS DR STE 200 WESTERVILLE, OH 43081	20-2773085	501(c)(3)	898,000				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 DEVELOPMENT FOR ALL PEOPLE PO BOX 06063 964 Parsons Ave COLUMBUS, OH 43206	51-0476886	501(c)(3)	175,900				TO SUPPORT CAREER GATEWAY HOMES & PROGRAMS
MARCH OF DIMES 975 EASTWIND DR STE 150 WESTERVILLE, OH 43081	13-1846366	501(c)(3)	21,500				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
FUTURE READY COLUMBUS 1234 E BROAD ST COLUMBUS, OH 43205	45-3819208	501(c)(3)	200,000				Cradle through Career Program Support
CITY YEAR COLUMBUS 35 NORTH FOURTH STREET LL COLUMBUS, OH 43215	22-2882549	501(c)(3)	55,000				Whole School Whole Child Programming 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
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501(c)(3)	52,500				LIVINGSTON AVENUE ELEMENTARY LITERACY PROGRAM
UNITED WAY OF CENTRAL OHIO 360 S 3RD STREET COLUMBUS, OH 43215	31-4393712	501(c)(3)	105,000				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
PARSONS AVENUE REDEVELOPMENT CORP 545 E TOWN STREET COLUMBUS, OH 43206	46-3644554	501(c)(3)	26,500				Support the redevelopment of Parsons Avenue SPONSOR
PELOTONIA 315 W NATIONWIDE BLVD COLUMBUS, OH 43215	31-1145986	501(c)(3)	27,500				CONTRIBUTION PLEGGED TO RIDERS TO END CANCER

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
PROGENY 6471 Lithopolis-Winchester Rd Canal Winchester, OH 43110	31-1417786	501(c)(3)	19,650				COURTYARD WORK SUPPORT
CYSTIC FIBROSIS FOUNDATION Ste 225 740 Lakeview Plz Blvd WORTHINGTON, OH 43085	31-0680391	501(c)(3)	8,500				WILD CRUSH & NOSH EVENT 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
COALITION FOR REDISTRICTING REFORM 35 E GAY ST 403 COLUMBUS, OH 43215	82-3808301	501(c)(4)	10,000				SUPPORT ISSUE 1 CAMPAIGN CONGRESSIONAL REDISTRICTI
OHIOHEALTH CORPORATION INC 180 EAST BROAD ST FLOOR 31 COLUMBUS, OH 43215	23-7446919	501(c)(3)	10,000				HOME IN OHIO 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
RONALD MCDONALD HOUSE 711 EAST LIVINGSTON AVE COLUMBUS, OH 43205	31-0890152	501(c)(3)	7,890				SPECIAL EVENTS SPONSORSHIPS
MAYER BROWN LLP 1999 K STREET NW WASHINGTON DC, OH 20006	36-1447220		10,000				IMMIGRATION POLICY 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
DOWN SYNDROME ASSOC OF CENTRAL OH 510 E NORTH BROADWAY 4TH FLR COLUMBUS, OH 43214	31-1126185	501(c)(3)	5,100				DANCING WITH OUR STARS GALA
CENTRAL OHIO HOSPITAL COUNCIL 155 E BROAD STREET FLOOR 23 COLUMBUS, OH 43215	26-2795133	501(c)(3)	110,000				OHIO BETTER BIRTH OUTCOMES 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
I KNOW I CAN 1108 CITY PARK AVENUE SUITE 301 COLUMBUS, OH 43206	31-1229135	501(c)(3)	7,500				SUMMER MELT PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<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>	1b	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>	2	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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<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>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		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>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		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>	6a	Yes			
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		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>	8		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>	9				

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

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

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

(A) Name and Title	(B) Breakdown of W-2 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 KAREN DAYS, 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 STEPHEN TESTA. THESE WERE DETERMINED TO BE BUSINESS EXPENSES AND WERE NOT TREATED AS COMPENSATION TO THE EMPLOYEE. SCHEDULE J, PART I, LINE 4A - SEVERANCE PAYMENT THE FOLLOWING SEVERANCE PAYMENTS WERE PAID OUT IN 2018 - JAMES DIGAN - \$160,387 - ELISABETH BALDOCK - \$141,250

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN STEPHEN TESTA, AND PATRICIA MCCLIMON 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

Return Reference	Explanation
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 PROGAM 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				
MEREDITH MERZ LIND MD DIRECTOR - NCH (AS OF 1/2018)	(i)	393,675	100,022	18,500	37,125	26,149	575,471	0
	(ii)	0	0	0	0	0	0	0
STEVE ALLEN MD DIRECTOR / CEO - NCH	(i)	1,087,736	1,694,752	0	503,792	26,350	3,312,630	300,000
	(ii)	0	0	0	0	0	0	0
STEVEN SMITH MD MED DIR NCH HMC (AS OF 2/2018)	(i)	0	0	0	0	0	0	0
	(ii)	149,584	19,500	0	11,252	19,692	200,028	0
RAJESH KRISHNAMURTHY MD DIRECTOR - CRI	(i)	522,291	86,039	18,500	20,989	24,850	672,669	0
	(ii)	0	0	0	0	0	0	0
JAMIE PHILLIPS DIRECTOR - PPAC (TO 8/2018)	(i)	117,180	53,286	0	0	24,662	195,128	0
	(ii)	0	0	0	0	0	0	0
KAMRAN BADIZADEGAN MD PRESIDENT / DIRECTOR - PPAC	(i)	367,618	87,550	18,000	20,989	27,397	521,554	0
	(ii)	0	0	0	0	0	0	0
R LAWRENCE MOSS MD DIRECTOR - CSA (TO 8/2018)	(i)	468,734	337,000	18,500	25,205	24,644	874,083	0
	(ii)	0	0	0	0	0	0	0
STEPHEN TESTA PRES - NCH FOUNDATION	(i)	405,007	141,002	0	77,125	23,850	646,984	0
	(ii)	0	0	0	0	0	0	0
KAREN DAYS PRES/DIRECTOR-CCFA (TO 5/2018)	(i)	281,811	28,717	0	25,205	12,135	347,868	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY C ROBINSON TREASURER / SR VP / CFO - NCH	(i)	689,235	860,030	18,500	137,125	29,197	1,734,087	100,000
	(ii)	0	0	0	0	0	0	0
RICHARD MILLER COO - NCH	(i)	689,180	834,926	18,500	137,125	29,637	1,709,368	100,000
	(ii)	0	0	0	0	0	0	0
LINDA STOVEROCK RN SR VP / CNO - NCH	(i)	415,664	148,485	0	37,125	23,341	624,615	0
	(ii)	0	0	0	0	0	0	0
WANDA STACKPOLE VP/EXEC DIRECTOR - NCH HOMECR	(i)	189,447	29,845	0	18,982	10,698	248,972	0
	(ii)	0	0	0	0	0	0	0
JOHN A BARNARD MD PRESIDENT - RINCH	(i)	297,440	232,760	0	33,000	20,874	584,074	0
	(ii)	0	0	0	0	0	0	0
RHONDA COMER SECRETARY/SR VP/LEGAL SVCS-NCH	(i)	519,848	187,428	0	37,125	23,501	767,902	0
	(ii)	0	0	0	0	0	0	0
LUKE BROWN ASST TREAS - FOUNDATION	(i)	279,375	44,884	0	25,205	23,233	372,697	0
	(ii)	0	0	0	0	0	0	0
SARA EVANS ASST SECRETARY - FOUNDATION	(i)	173,934	16,160	0	16,939	27,411	234,444	0
	(ii)	0	0	0	0	0	0	0
PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	(i)	489,382	190,381	18,500	112,125	23,529	833,917	0
	(ii)	0	0	0	0	0	0	0
RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH	(i)	439,026	272,798	0	137,125	28,297	877,246	0
	(ii)	0	0	0	0	0	0	0
DENISE ZABAWSKI VP / CIO - NCH	(i)	378,316	63,398	0	25,205	10,674	477,593	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				
LORINA WISE VP/ HR - NCH (AS OF 6/2018)	(i)	259,053	39,291	0	37,125	23,842	359,311	0
	(ii)	0	0	0	0	0	0	0
DENNIS MINZLER VICE PRESIDENT - NCH	(i)	252,275	48,333	0	25,205	16,546	342,359	0
	(ii)	0	0	0	0	0	0	0
AMY ROSCOE VICE PRESIDENT - RINCH	(i)	230,360	38,344	0	24,241	1,138	294,083	0
	(ii)	0	0	0	0	0	0	0
LEE ANN WALLACE VICE PRESIDENT CLINICAL SVC	(i)	239,895	35,760	0	25,205	10,949	311,809	0
	(ii)	0	0	0	0	0	0	0
MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	(i)	1,258,067	633,172	18,500	25,205	26,787	1,961,731	0
	(ii)	0	0	0	0	0	0	0
KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	(i)	791,412	421,925	18,500	25,205	23,850	1,280,892	0
	(ii)	0	0	0	0	0	0	0
MARC LEVITT MD COLORECTAL PELVIC SURGEON-CSA	(i)	625,479	554,889	18,500	20,989	25,132	1,244,989	0
	(ii)	0	0	0	0	0	0	0
RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	(i)	746,919	258,948	18,500	25,205	16,821	1,066,393	0
	(ii)	0	0	0	0	0	0	0
MATTHEW BERAN MD ORTHOPEDIC SURGEON - CSA	(i)	382,276	608,385	0	25,205	23,850	1,039,716	0
	(ii)	0	0	0	0	0	0	0
JAMES DIGAN FORMER PRES - NCH FOUNDATION	(i)	160,387	0	0	0	987	161,374	0
	(ii)	0	0	0	0	0	0	0
ELISABETH BALDOCK FORMER VP/ HR - NCH	(i)	141,250	0	0	0	651	141,901	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

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	353187ED5	11-16-2017	147,565,600	2017 A&B BONDS (SCH K, PART VI)		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	000000000	04-28-2016	47,670,000	2016 A&B BONDS (SCH K, PART VI)		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353187DN4	11-15-2016	143,485,390	2016C BONDS (SCH K, PART VI)		X		X		X
D COUNTY OF FRANKLIN OHIO	31-6400067	353187BT3	05-19-2015	97,434,250	2015 A&B BONDS (SCH K, PART VI)		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	275,000		5,500,000		0		0	
2 Amount of bonds legally defeased	0		0		0		0	
3 Total proceeds of issue	147,898,824		47,670,000		143,737,373		101,702,675	
4 Gross proceeds in reserve funds	0		0		0		0	
5 Capitalized interest from proceeds	0		0		31,902		0	
6 Proceeds in refunding escrows	0		0		0		0	
7 Issuance costs from proceeds	1,350,446		0		1,430,009		12,999,700	
8 Credit enhancement from proceeds	0		0		0		0	
9 Working capital expenditures from proceeds	0		0		0		0	
10 Capital expenditures from proceeds	100,380,929		0		0		95,902,975	
11 Other spent proceeds	46,167,448		47,670,000		0		4,500,000	
12 Other unspent proceeds	0		0		142,275,462		0	
13 Year of substantial completion	2018		2016		2016		2019	
	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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		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 ▶	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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	SEE SCHED K PART VI		SEE SCHED K PART VI		0		0	
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		
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 2017 SERIES A&B HOSPITAL REVENUE REFUNDING AND IMPROVEMENT BONDS THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES, AND FOR THE CURRENT REFUNDING OF A PORTION OF THE 2008D BONDS PART I, LINE B 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 C 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 D 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 A (2) REPORTS THE 2014 SERIES A BONDS THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIES BONDS PART I, LINE B (2) REPORTS THE 2014 SERIES B BONDS THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS PART I, LINE C (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 D (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 A (3) REPORTS 2009 HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT A NEW PATIENT TOWER AND RESEARCH BUILDING PART I, LINE B (3) REPORTS THE 2008A HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT THE NEW PATIENT TOWER AND POWER PLANT PART I, LINE C (3) REPORTS THE 2008 BONDS, SERIES B, C, D & E THE PURPOSE OF THE 2008B VARIABLE RATE DEMAND HOSPITAL IMPROVEMENT REVENUE BONDS IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT THE NEW PATIENT TOWER AND POWER PLANT THE PURPOSE OF THE 2008C VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2002 THE PURPOSE OF THE 2008D VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2003 THE PURPOSE OF THE 2008E VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING HOSPITAL REFUNDING & IMPROVEMENT REVENUE BONDS, SERIES 2006

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 C(1) - CAPITALIZED INTEREST	THE COLUMN C AMOUNT REPRESENTS BOND PROCEEDS IN THE AMOUNT OF \$31,902 THAT WERE USED TO PAY INTEREST ON THE BOND

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMNS A, B, A(2), B(2), C(2) & C(3) -	OTHER SPENT PROCEEDS THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE FOLLOWING OUTSTANDING REVENUE BONDS 2002, 2003, 2005C, 2008C, 2008D, 2008E, 2008F, AND 2008G BONDS

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 3, COLUMNS A, B, A(2), B(2), C(2) & C(3)	HEDGE THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS COLUMN A(1) 2017 BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033 COLUMN B(1) 2016 A BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS NOVEMBER 1, 2025 2016 B BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031 COLUMN A(2) 2014 BONDS - PROVIDER IS PNC BANK AND TERMINATION DATE IS MAY 1, 2025 COLUMN B(2) 2014B BONDS - PROVIDER IS DEUTSCHE BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035 COLUMN C(2) 2013A BONDS - PROVIDER IS GOLDMAN SACHS GROUP, INC AND TERMINATION DATE IS NOVEMBER 1, 2025 2013B BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS MAY 1, 2029 COLUMN C(3) 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040

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

Additional Data

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE OF BONDS	PART I , LINE A REPORTS THE 2017 SERIES A&B HOSPITAL REVENUE REFUNDING AND IMPROVEMENT BONDS THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES, AND FOR THE CURRENT REFUNDING OF A PORTION OF THE 2008D BONDS PART I , LINE B 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 C 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 D 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 A (2) REPORTS THE 2014 SERIES A BONDS THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIES BONDS PART I, LINE B (2) REPORTS THE 2014 SERIES B BONDS THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS PART I, LINE C (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 D (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 A (3) REPORTS 2009 HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT A NEW PATIENT TOWER AND RESEARCH BUILDING PART I, LINE B (3) REPORTS THE 2008A HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT THE NEW PATIENT TOWER AND POWER PLANT PART I, LINE C (3) REPORTS THE 2008 BONDS, SERIES B, C, D & E THE PURPOSE OF THE 2008B VARIABLE RATE DEMAND HOSPITAL IMPROVEMENT REVENUE BONDS IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT THE NEW PATIENT TOWER AND POWER PLANT THE PURPOSE OF THE 2008C VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2002 THE PURPOSE OF THE 2008D VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2003 THE PURPOSE OF THE 2008E VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING HOSPITAL REFUNDING & IMPROVEMENT REVENUE BONDS, SERIES 2006
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	ANY DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND THE TOTAL PROCEEDS OF THE BOND ISSUE REPORTED ON PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS
SCHEDULE K, PART II, LINE 5, COLUMNS C(1) - CAPITALIZED INTEREST	THE COLUMN C AMOUNT REPRESENTS BOND PROCEEDS IN THE AMOUNT OF \$31,902 THAT WERE USED TO PAY INTEREST ON THE BOND
SCHEDULE K, PART II, LINE 11, COLUMNS A, B, A(2), B(2), C(2) & C(3) -	OTHER SPENT PROCEEDS THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE FOLLOWING OUTSTANDING REVENUE BONDS 2002, 2003, 2005C, 2008C, 2008D, 2008E, 2008F, AND 2008G BONDS
SCHED K, PART II, LINE 11, COLUMNS D, D(2) & B(3) - OTHER SPENT PROCEEDS	THIS AMOUNT REPRESENTS AN INTEREST RATE HEDGE TERMINATION PAYMENT OF \$4,500,000 (COLUMN D(1)), \$823,513 (COLUMN D(2)), AND \$2,672,000 (COLUMN B(3))
SCHEDULE K, PART IV, LINE 3, COLUMNS A, B, A(2), B(2), C (2) & C(3)	HEDGE THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS COLUMN A(1) 2017 BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033 COLUMN B(1) 2016 A BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS NOVEMBER 1, 2025 2016 B BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031 COLUMN A(2) 2014 BONDS - PROVIDER IS PNC BANK AND TERMINATION DATE IS MAY 1, 2025 COLUMN B(2) 2014B BONDS - PROVIDER IS DEUTSCHE BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035 COLUMN C(2) 2013A BONDS - PROVIDER IS GOLDMAN SACHS GROUP, INC AND TERMINATION DATE IS NOVEMBER 1, 2025 2013B BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS MAY 1, 2029 COLUMN C(3) 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040
SCHEDULE K, PART IV, LINE 6	TEMPORARY AVAILABLE PERIOD SPEND DOWN REQUIREMENTS HAVE BEEN MET WHERE APPLICABLE ON ALL OUTSTANDING BONDS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

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	06-04-2014	17,225,000	2014A BONDS (SEE SCH K, PART VI)		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	000000000	11-20-2014	45,580,000	2014B BONDS (SCH K, PART VI)		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2013	66,985,000	2013 BONDS (SCH K, PART VI)		X		X		X
D COUNTY OF FRANKLIN OHIO	31-6400067	353187AR8	05-15-2012	83,291,333	2012A BONDS (SCH K, PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,820,000	0	14,030,000	9,295,000				
2	Amount of bonds legally defeased	0	0	0	0				
3	Total proceeds of issue	17,225,000	45,580,000	66,985,000	88,860,000				
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	50,001	0	976,231				
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	0	87,060,672				
11	Other spent proceeds	17,174,999	45,529,999	66,985,000	823,513				
12	Other unspent proceeds	0	0	0	0				
13	Year of substantial completion	2015		2015		2013		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		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 100 %		1 100 %		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 %		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			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			
b Name of provider	SEE SCHED K PART VI		SEE SCHED K PART VI		SEE SCHED K PART VI		0	
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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

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	3531867H6	12-17-2009	100,162,742	2009 BONDS (SCH K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	3531865R6	05-01-2008	43,921,562	2008A BONDS (SCH K, PART VI)		X		X		X
C	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	97,815,000		45,000,000		133,090,000			
2 Amount of bonds legally defeased	0		0		0			
3 Total proceeds of issue	114,454,378		46,794,180		195,350,778			
4 Gross proceeds in reserve funds	0		0		0			
5 Capitalized interest from proceeds	0		0		0			
6 Proceeds in refunding escrows	0		0		0			
7 Issuance costs from proceeds	1,235,586		379,213		865,761			
8 Credit enhancement from proceeds	0		0		84,500			
9 Working capital expenditures from proceeds	0		0		0			
10 Capital expenditures from proceeds	113,218,792		43,742,967		63,456,878			
11 Other spent proceeds	0		2,672,000		130,943,639			
12 Other unspent proceeds	0		0		0			
13 Year of substantial completion	2012		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			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		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		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
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 %		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		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		
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		
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			

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?	X		X		X			
c No rebate due?		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			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b Name of provider	0		0		SEE SCHED K 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		X		
b Name of provider	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		
7 Has the organization established written procedures to monitor the requirements of section 148?	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			

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

Return Reference	Explanation

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

2018

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jung Sun Miller	SEE SCHEDULE L, PART V	40,818	Wages (Project Coordinator, NC		No
(2) WBNS TV INC	SEE SCHEDULE L, PART V	238,140	Advertising		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) AMOUNT \$40,818 DESCRIPTION WAGES (PROJECT COORDINATOR, NCH - IS DEPT) SHARING OF ORGANIZATION'S REVENUES NO NAME OF INTERESTED PERSON WBNS TV, INC RELATIONSHIP Michael J Fiorile - Director - NCH (Chairman & CEO of Dispatch Printing Company) AMOUNT \$238,140 DESCRIPTION ADVERTISING SHARING OF ORGANIZATION'S REVENUES NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

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 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	23	957,380	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?

	Yes	No
30a		No
31		No
32a		No

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

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

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 1,037	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 2018, NATIONWIDE CHILDRENS HOSPITAL RECEIVED 47,479 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 2018 SPENT A TOTAL OF 29,516 HOURS CREATING ITEMS FOR OUR PATIENTS AND VISITING THE HOSPITAL TO PROVIDE ACTIVITIES FOR BOTH PATIENTS AND FAMILIES 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 systems, providing wellness, preventive, diagnostic, treatment and rehabilitative care for infants, children, adolescents and adult patients with congenital disease. Nationwide Children's main campus is located near downtown Columbus, Ohio, and houses a 527-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 14.6 neonatal intensive and special care nursery beds. In 2018, Nationwide Children's had more than 1.5 million visits from all 50 states and 45 countries. Nationwide Children's discharged approximately 18,182 patients during 2018 for a total of 156,922 inpatient days. Patient care was provided by 1,448 medical staff, and the total hospital staff grew to 12,291 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 fact, Nationwide Children's provides \$194 million in charity care and community benefit services annually. In 2018, Nationwide Children's accomplished this principal by providing approximately \$17 million in Charity Care assistance and \$75 million of unreimbursed Medicaid for a total of over \$92 million in uncompensated care. Approximately 51 percent of Nationwide Children's patient population is covered by Medicaid. Additionally, Nationwide Children's subsidized losses on its Behavioral Health and Homecare Programs in 2018. Outpatient Behavioral Health services are provided in Close-to-Home centers, and as community-based mental health services provided in schools, child welfare, juvenile court, community centers and patient homes. Nationwide Children's provides Behavioral Health services among 10 crisis stabilization beds in an attempt to avoid an inpatient admission. Inpatient Behavioral Health services are provided in a 16-bed inpatient p</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1</p>	<p>psychiatric unit In 2018, Nationwide Childrens continued the construction of a new behavioral health treatment and research center dedicated to children and adolescents The Big Lots Behavioral Health Pavilion features will include 48 inpatient beds with capacity for more in the future, a 16-bed youth crisis stabilization unit, a 10-bed psychiatric crisis center, family resource center and teaching and conference space The building is slated to open in 2020 Nationwide Childrens Hospital Homecare is the only pediatric hospital-based home health agency in central Ohio providing home health care to patients, birth through age 21 Contracted with all major payors, including Medicaid managed care plans, the Homecare team provides pediatric patients with skilled pediatric nursing support at home, as well as answering many other clinical needs such as occupational therapy, physical therapy and speech therapy Homecare has an onsite pharmacy for compounded sterile and specialty medications, home medical equipment and supplies Social workers and a chaplain round out the support available for patients There were 7,017 home nursing visits in 2018 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 effectively address social determinants of health and health equity to providing daily care for patients with chronic or life-threatening conditions, the experts and specialists at Nationwide Childrens are supported by a programmatic infrastructure that enables them to meet the needs of various patient populations Two programs of note include the Ohio Better Birth Outcomes (OBBO) collaborative and the Central Ohio Poison Control Center Nationwide 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 groups key initiatives include improving reproductive health, expanding access to prenatal care and enhancing clinical quality initiatives to reduce prematurity The Central Ohio Poison Center at Nationwide 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 services agencies The poison center handled more than 42,000 poison exposure calls in 2018 Experts in the center provide confidential, free emergency poisoning treatment advice 24/7 Patient safety is an organizational priority and cornerstone of Nationwide Childrens Hospitals commitment to children Our quality and safety efforts are organized into the nationally recognized Zero Hero program Current initiatives include 1 Leading national pediatric quality and safety efforts by training the next generation of QUAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1	ITY IMPROVEMENT (QI) leaders through our QI fellowship and disseminating QI knowledge and science through the Pediatric Quality and Safety Journal, established at Nationwide Children's Hospital 2 Expanding a focus on communication in interdisciplinary health teams 3 Establishing the first health care focused Safety II program emphasizing what goes right and how to replicate it throughout the institution 4 Developing a diagnostic error program to reduce missed or unidentified health issues 5 Focusing our Quality, Safety and Service Strategic Plan on Simulation, Communication, Big Data Analytics, Antibiotic Stewardship and Clinical Pathways

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2	<p>Research - The Abigail Wexner Research Institute (AWRI) 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 faculty, staff and leadership at AWRI aggressively support the discovery of new knowledge and its translation into novel therapeutics and diagnostic tests to advance pediatric medicine. Recent results of Nationwide Childrens research have led to new therapies and changes to health policies. For example, Anup Patel, MD, neurologist at Nationwide Children's, and colleagues presented the findings of a multicenter, double-blind clinical trial using cannabis-derived cannabidiol (CBD) in patients with Lennox-Gastaut syndrome in a study published in the New England Journal of Medicine in May 2018. The clinical trial showed that CBD significantly reduces drop seizure frequency in this form of intractable epilepsy. The study helped to lead to the FDA's approval of Epidiolex for Lennox-Gastaut and Dravet syndromes in July 2018. In a study published in 2018 in The Journal of Pediatrics, researchers in the Center for Injury Research and Policy and the Sleep Disorders Center at Nationwide Childrens Hospital examined characteristics of four different smoke alarms to determine which ones worked best to wake children. They tested three alarms that used the mother's voice in addition to a high-pitch tone smoke alarm commonly used in homes. The researchers found that a sleeping child was about 3 times more likely to be awakened by one of the three voice alarms than by the tone alarm. In April 2018, the phase 1 clinical trial led by Jerry Mendell, MD, showing that gene therapy developed at Nationwide Childrens extends the survival of patients and supports achievement of milestones previously unseen in the natural course of spinal muscular atrophy type 1 (SMA1) was recognized as a recipient of the Distinguished Clinical Research Achievement Award. The study of a one-time intravenous infusion of the high dose of gene therapy for SMA1 was published in the New England Journal of Medicine. Many of the basic science and clinical research studies that led to this promising treatment were conducted at or led by Nationwide Childrens, including the fundamental discovery that the AAV9 viral vector crosses the blood-brain barrier. The experimental drug was produced in our Good Manufacturing Practices (GMP) facility in The Research Institute. This work ultimately led to the approval of Zolgensma, the first one-time, systemic delivery, gene replacement therapy for a neuromuscular disease to be approved by the U.S. Food and Drug Administration. A team of ear, nose, and throat (ENT) specialists has demonstrated that eating honey after swallowing a button battery has the potential to reduce serious injury.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2	<p>s in small children Based on findings in laboratory animals, the research suggests that this common household product may significantly reduce morbidity and mortality from highly caustic batteries The teams work won the distinguished 2018 Broyles-Maloney Award from the American Broncho-Esophagological Association As a result of the recent study, the National Capital Poison Center has released new guidelines for the management of lodged button batteries in children ages 1 and older Clinical researchers at Nationwide Childrens Hospital have published one of the first health care studies to examine how behavior aligned with Safety II concepts impacts patient safety Safety II is a novel approach to patient safety that focuses on why processes perform correctly in high-performing units, as opposed to its predecessor, Safety I, which focuses on why processes fail Published in the journal Pediatrics, the study analyzed the Pediatric Intensive Care Unit (PICU) at Nationwide Childrens to identify factors in a hospital microsystem and its individuals that led to more reliable performance and increased ability to handle unusual or unexpected situations while delivering patient care Approximately 1,875 Institutional Review Board (IRB) approved protocols were in progress during 2018, 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 In addition, more than 1,580 papers were published in 2018 by Nationwide Childrens scientists in peer-reviewed medical and scientific journals</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3	<p>Education - As an academic medical center, the Hospital's mission includes preparing the next generation of pediatric healthcare providers. In 2018, 600 Ohio State University (OSU) faculty trained 350 medical students, 150 dental students, 300 Hospital-sponsored medical, surgical and dental residents, and nearly 600 physician and dental trainees from other institutions. The Hospital has been the primary pediatric teaching site of the OSU College of Medicine for more than 50 years. Recently, it also began training third year medical students from the new Ohio University Heritage College of Osteopathic Medicine (OUHCOM) in Dublin, Ohio. OUHCOM graduates are improving access to healthcare in Ohio. 97% come from Ohio, 58% stayed in Ohio to practice, and 10% are practicing in medically underserved areas. In 2018, the Hospital sponsored 36 accredited medical/dental residency and fellowship programs, 29 accredited by the Accreditation Council for Graduate Medical Education, 7 accredited by other organizations. The Hospital has 37 additional fellowships for which no national accreditation currently exists. These programs train pediatric specialists to meet 21st century healthcare needs in diverse pediatric programs such as neuromuscular genetics, epilepsy surgery, bone marrow transplant, colorectal surgery, advanced heart failure and cardiac transplant, and quality and safety leadership. Given the accelerating national shortage of pediatric subspecialists, recruitment is an important outcome for the Hospital's education investment. Education also helps fill national gaps in midlevel providers who are essential to safe, high quality, 24/7 team-based care. For over 30 years, the Hospital has educated neonatal nurse practitioners and advanced practice nurses, but increased demand has led to acute national shortages. In 2018, the Hospital started two programs (1) neonatal physician assistant program (recruited 2 of 3 graduates) and (2) pediatric child psychiatry nurse residency, the first such program in the country (recruited the one graduate). The Children's Hospitals Graduate Medical Education Payment Program (CHGME) is a federal program that underwrites some of the expenses freestanding children's hospitals incur to train physician and dental residents in accredited programs. The Hospital received \$7.5 million in 2018 from CHGME. Overall in 2018, NCH spent approximately \$37 million on professional and graduate medical education programs. In 2018, approximately 1,800 nursing students, 176 paramedic students, and over 800 other students from allied health disciplines such as pharmacy, speech and language pathology, occupational therapy, psychology, child life, and social work received their pediatric education at the Hospital. In addition to OSU, the Hospital affiliates with over 300 other universities, hospitals, and institutions. It also offers mentoring, shadowing, young scientist, STEMM (science, technology, engineering, mathematics and medicine), and min</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3	<p>priority recruitment programs for 150 school districts. A summer Underrepresented in Medicine Pediatric Externship was offered to four students, two of whom matched in the Hospital's pediatric residency program. The Hospital offers professional education programs to improve and sustain delivery of high quality pediatric care to all children. In 2018, it awarded continuing medical education credits to 25,500 physicians and 16,100 nurses/allied health professionals, offered 1,735 contact hours of continuing nursing education, awarding 42,800 nursing contact hours, and organized 44 local, regional, national and international conferences. Simulation sessions taught 5,300 multidisciplinary participants. The Hospital works closely with local healthcare providers, including 19 affiliate hospitals, to standardize pediatric care throughout Ohio. In 2018, the Hospital provided 85 outreach education sessions for 1,200 participants. Another 1,500 health care providers received Pediatric Advanced Life Support training from the Hospital. Since 2012, the Hospital's PREP (Personal Responsibility Education Program) trained staff in over 50 agencies to educate very high risk adolescents in juvenile justice and foster care. Patient, family, and community education is key to health and wellbeing. In 2018, approximately 50,000 children and adults participated in Hospital-sponsored education, specialty camps, health fairs, and other education events. The Hospital distributed over 500,000 patient education teaching tools for children and families. The Family Health Information Center provided multimedia health education materials to more than 1,200 families. Families are not only learners, they also teach. In 2018, the Family as Family presenters offered approximately 125 sessions for 1,400 staff in addition to new hires at orientation. The Hospital is working to improving population health. One initiative, SPARK, is an evidence-based, no-cost kindergarten readiness program for families living near the Hospital. Monthly children receive a new book, lesson activities customized to their needs, and educational supplies, along with home or group-based learning. Data show (1) 98% of SPARK graduates are kindergarten ready (compared to 33% pre-SPARK) and (2) 100% of SPARK children passed Ohio's kindergarten readiness assessment. The Hospital continues to educate every hospital and medical staff member on quality tools. The Hospital's Quality Improvement Essentials course is nationally recognized for training the next generation of QI leaders. Since 2010 it has trained nearly 400 healthcare professionals from the Hospital as well as Children's National Medical Center (Washington DC), Children's Hospital Kings Daughters (Norfolk), Rainbow Babies and Children (Cleveland), and Ochsner Medical Center (New Orleans). The Hospital was the first children's hospital designated by the American Board of Medical Specialties as a Multi-specialty Portfolio Program Sponsor. Since 2012, over 350 phys</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3	<p>icians (and hundreds of other team members) have engaged in 120 different QI projects for credit at no charge to physicians. Finally, effective communication is essential to best care. Communicate with Me is a multi-tiered QI initiative to transform inter-provider communication and eliminate communication failures as a root cause of preventable harm. To date nearly 300 staff have been trained. Succession planning, career counseling, and leadership development are critical to an organization. In 2018, over 1,400 people attended 57 leadership academy workshops. The Journey to Leadership Excellence program is the Hospital's nine-month executive education program for high potential leaders. In 2018, 30 leaders graduated from this program. The Hospital also supports leaders through decentralized services including 190 team retreats reaching nearly 4,000 employees. In addition, the CEO and executive team did a talent review of 200 leaders in the Hospital to develop individual talent profiles and succession plans. The Hospital also has continuously operated a Medical Leadership Program since 2000, training over 350 physician leaders.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES	<p>Child Advocacy Nationwide Childrens Hospital is committed to serving our community Through h advocacy and volunteering efforts across the organization, employees engage in the commu nity to improve health outcomes for all children, not just those who are patients here Be cause of our commitment to health equity and best outcomes for every child, we are natural ly inclined to advocate in diverse ways in support of children everywhere Advocacy effort s to achieve this goal are multifaceted From working with legislators to ensure health ca re coverage for children to working with community partners to advance community wellness, efforts include but are not limited to Pediatric Healthcare Legislation Nationwide Chil drens actively promotes legislation that supports pediatric health care locally and nation ally Nationwide Childrens, in conjunction with the Childrens Hospital Association, advoca tes for protecting access to health care for children through Medicaid and the Childrens H ealth Insurance Program (CHIP) Additionally, through the Child Health Patient Safety Orga nization, Nationwide Childrens is working to improve hospital and national patient, family and employee safety efforts Another legislative advocacy example involves four of our at tending nephrologists being accepted into and completing the John E Lewy Fund (JELF) for Children's Health and the American Society of Pediatric Nephrology Foundation Advocacy Sch olar's Program JELF scholars are broadly involved in health care and health equity advoca cy at the local, state and national level Research Advocacy Efforts To help reduce the e ffects of traumatic brain injuries (TBIs) in youth sports, all 50 states and the District of Columbia enacted state youth TBI laws between 2009 and 2014 A 2018 study from the Cent er for Injury Research and Policy at Nationwide Childrens examined the effectiveness of th ese laws by looking at sports and recreation related mild TBI emergency department (ED) vi sits for children ages 5 to 18 for years before and after TBI legislation was enacted in e ach state The study found that when youth TBI legislation is enacted, use of the ED for y outh sports and recreation related mild TBI evaluations increased These findings show the laws are working and should continue to be followed, more children are getting evaluated by a health care professional, which is one of the key tenets of youth TBI laws Research advocacy also focused on reducing teenage suicide Between 2017 and 2019, research on yout h and adolescent suicide at Nationwide Childrens helped to influence changes to the first season of the Netflix series, 13 Reasons Why Netflix deleted a graphic scene more than tw o years after the episode premiered in which a teenage girl kills herself Nationwide Chil drens researchers found that suicide rates spiked among boys aged 10 to 17 in the month af ter the release of the first season of the series That month, April 2017, had the highest overall suicide rate for boys</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES	<p>in that age group for the past five years according to the study Child Safety The work of The Center for Family Safety and Healing (TCFSH) is dedicated to reducing the occurrence of child abuse and all aspects of family violence including child abuse and neglect, teen dating abuse, domestic violence and elder abuse The center has a one-stop, coordinated response to family violence for individuals and families through its collaboration with key community agencies TCFSH offers a continuum of research-based prevention, assessment, intervention and treatment programs for individuals who have experienced family violence In 2018, TCFSH had 1,670 visits to the Child Assessment Center and 526 Nationwide Childrens inpatient consults The centers Training and Advocacy Department (TAD) provides educational and training opportunities regarding family violence to individuals and organizations in the community The goal is to help community members recognize the warning signs of family violence, respond appropriately to someone who may be experiencing family violence, and make a referral to provide support In 2018, TAD served 135 organizations throughout the community Drug Safety In response to the Opioid Crisis, divisions and providers across the organization have taken action to improve patient safety when it comes to opioid prescriptions or illicit use In 2018, Homecare began an Opioid Monitoring and Use quality improvement project to increase the percentage of patients taking chronic opioids that are compliant with the applicable opioid safety bundle Homecare engaged 86% (up from 14%) of home-based palliative care patients prescribed opioids into a formal Opioid Risk Assessment The goal for 2019 is 100% The Opioid Taskforce, an integrated team devoted to advocating for opioid safety in the organization and beyond, and Adolescent Medicine at Nationwide Childrens have worked extensively in 2018 to promote opioid safety awareness and education From the Opioid Safety Toolkit for providers and parents to social media campaigns and collaboration with community organizations, providers and employees are actively engaged in reducing opioid use and addiction Adolescent Medicines Medication Assisted Treatment for Addiction (MATA) Program is the only program of its kind in the region, with integrated behavioral health supports in addition to using medication to treat addiction By offering and advocating for MATA as a first-line treatment for addiction in adolescents and young adults, the providers are working to offer hope and a chance at recovery for those affected by the opioid crisis From researchers to nurses, pediatricians, surgeons and pharmacists, everyone at Nationwide Childrens is committed to opioid safety Patient and family education have increased across the board, and every family who receives an opioid prescription receives a lock box to help keep the medicine secured Neighborhood Revitalization Employees, faculty and staff at Natio</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES	<p>nwide Children's are all invested in the community surrounding the hospitals main campus From volunteering to clean up local parks to spending time at the food bank or free store, employees are engaging in the community through the Healthy Neighborhoods Healthy Families (HNHF) program HNHF at Nationwide Children's collaborates with community partners to focus on five key areas Education, Affordable Housing, Workforce Development, Safe Neighborhoods, and Health and Wellness Education One of the neighborhood challenges uncovered by the Health Care Needs Assessment, performed in collaboration with Franklin County, was access to preschool education for kindergarten readiness The Healthy Neighborhoods Healthy Families (HNHF) program at Nationwide Children's worked with community partners to develop a kindergarten readiness program, called SPARK, where staff worked with caregivers and children to learn appropriate tools for working toward kindergarten readiness together In 2018, kindergarten readiness scores improved from 32% to 96% of children who were prepared for kindergarten through the SPARK program Further education focus resulted in more than 200 employees from across Nationwide Children's, including research, clinical and hospital employees, participated as mentors through neighborhood schools and organizations in 2018 Mentors spend 1 hour weekly with their mentee in deliberate activities and discussion In addition, sixty local high school students participated in the Upward Bound Math and Science program in 2018 This program encourages students to pursue secondary education</p>

the neighborhood surrounding the hospital was a concern for many residents. HNHF, working in tandem with community partners, has made an impact in this area. In 2018, 11 homes were completed for ownership and 14 homeowners were provided with grants for exterior improvements. Since 2008, more than 350 homes have been impacted through rehabilitations, home improvement grants and new builds. The HNHF Healthy Homes program also began rehabbing homes for rent, with 52 units in service and expectations to grow to more than 130. The hospital's continued financial commitment to HNHF has helped to support the construction of safe, decent, and affordable housing.

Employment Opportunities More than 700 residents of the zip codes surrounding the hospital are employed by Nationwide Children's Hospital as a result of workforce development and strategic recruitment efforts by the hospital. In 2018, Nationwide Children's proposal for South Side Career Homes was named a contract awardee in Phase 1 of Fannie Mae's Sustainable Communities Innovation Challenge. The project includes affordable housing within one mile of the hospital and integrated health care workforce training that goes beyond entry-level jobs.

Safe Neighborhoods During 2018, 50 leaders have now graduated from the South Side Neighborhood Leadership Academy, which supports residents in their continued growth as change agents in the community.

Health and Wellness School-based Nationwide Children's health clinics had more than 1,200 visits while school-based behavioral health had more than 300 visits during 2018. In addition, approximately 100 caregivers (teen and adults) attended Positive Parenting Program (Triple P) workshops.

FORM 990, PART VI, LINE 2 DESCRIPTION OF RELATIONSHIPS A business relationship exists between THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL: C. Robert Kidder, Joseph A. Chlapaty, Abigail S. Wexner, and Alex Fischer. A business relationship exists between THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL: Ann I. Wolfe and Michael Fiorile. 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/officers OF NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION: THOMAS N. BRIGDON, TIMOTHY C. ROBINSON, RHONDA COMER, LUKE BROWN, STEVE ALLEN, M.D., AND STEPHEN TESTA. FORM 990, PART VI, LINE 6 DESCRIPTION OF CLASSES OF MEMBERS NATIONWIDE CHILDREN'S HOSPITAL, INC. (THE PARENT ORGANIZATION OF THE GROUP) IS THE SOLE MEMBER OF THE MAJORITY OF THE SUBORDINATE ORGANIZATIONS IN THE GROUP EXEMPTION. SOME OF THE SUBORDINATE ORGANIZATIONS ARE NON-PROFIT SUBSIDIARIES OF THE LARGEST SUBORDINATE ORGANIZATION: NATIONWIDE CHILDREN'S HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - CLASSES OF PERSONS AND THEIR RIGHTS	<p>NATIONWIDE CHILDREN'S HOSPITAL, INC IS THE PARENT CORPORATION WITH VOTING CONTROL OVER THE SUBORDINATE ORGANIZATIONS FORM 990, PART VI, LINE 7B DECISIONS REQUIRING APPROVAL BY MEMBERS NATIONWIDE CHILDREN'S HOSPITAL, INC WILL OVERSEE THE OPERATIONS OF AND WILL PERFORM CERTAIN SERVICES FOR ITS SUBORDINATE ORGANIZATIONS NCH INC WILL COORDINATE EXPANSION OF THE GROUP PROGRAMS AND ASSETS AND WILL DETERMINE IF ADDITIONAL ENTITIES WILL BE NEEDED WITHIN THE GROUP FORM 990, PART VI, LINE 11B PROCESS USED TO REVIEW 990 THIS FORM 990 WAS REVIEWED PRIOR TO FILING BY NATIONWIDE CHILDRENS HOSPITAL CHIEF EXECUTIVE OFFICER/BOARD TRE ASURER, INTERIM CHIEF FINANCIAL OFFICER, DEPUTY GENERAL COUNSEL OF LEGAL SERVICES/ASSISTANT BOARD SECRETARY, AND THE FINANCE COMMITTEE CHAIR IN ADDITION, THIS RETURN WAS MADE AVAILABLE TO THE ENTIRE FINANCE COMMITTEE OF THE BOARD AND MADE AVAILABLE UPON REQUEST TO THE BOARD FORM 990, PART VI, LINE 12C PROCESS TO MONITOR FOR CONFLICTS OF INTEREST NCH POLICY REQUIRES THAT STAFF MEMBERS, MANAGEMENT AND BOARD MEMBERS REPORT CONFLICTS OF INTEREST OR COMMITMENT AT THE TIME THE CONFLICT ARISES MANAGEMENT AND BOARD MEMBERS ARE ALSO REQUIRED TO COMPLETE DISCLOSURE FORMS ANNUALLY, REGARDLESS OF THE EXISTENCE OF CONFLICT ALL DISCLOSURES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER OR THE BOARD SECRETARY IF A CONFLICT EXISTS, A CONFLICT MANAGEMENT PLAN MAY BE PUT IN PLACE TO MITIGATE THE CONFLICT STAFF, MANAGEMENT AND BOARD MEMBERS ARE PROHIBITED FROM VOTING ON ANY MATTERS WITH RESPECT TO WHICH THE INDIVIDUAL HAS DISCLOSED A POTENTIAL CONFLICT OF INTEREST FORM 990, PART VI, LINE 15A PROCESS FOR DETERMINING COMPENSATION OF CEO IN THE FIRST QUARTER OF 2018, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMPENSATION REVIEW FOR THE CEO, THERE IS A MEETING OF THE MANAGEMENT DEVELOPMENT/COMPENSATION COMMITTEE WHERE THE MEMBERS REVIEW MARKET DATA PROVIDED BY OUTSIDE CONSULTANTS AND DECIDE ON A RECOMMENDED SALARY ADJUSTMENT THAT INCLUDES CONSIDERATION OF THE CEO'S PERFORMANCE THEN, THIS RECOMMENDATION IS BROUGHT TO THE FULL BOARD AND THE BOARD TAKES INTO ACCOUNT THIS RECOMMENDATION, THE CEO'S PERFORMANCE, AND APPROVALS ARE MADE CONTEMPORANEOUS MINUTES ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED FORM 990, PART VI, LINE 15B DETERMINING COMP OF OFFICERS & KEY EMPLOYEES IN THE FIRST QUARTER OF 2018, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMPENSATION REVIEW FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE CEO, THERE IS A MEETING OF THE MANAGEMENT DEVELOPMENT/COMPENSATION COMMITTEE OF THE BOARD AT THAT TIME, MARKET SURVEY DATA PROVIDED BY OUTSIDE CONSULTANTS AND/OR OUTSIDE SOURCES IS REVIEWED TO DETERMINE COMPENSATION OR COMPENSATION ADJUSTMENTS FOR THESE POSITIONS, THE CEO'S INPUT IS CONSIDERED AS IT RELATES TO INDIVIDUAL PERFORMANCE FOR THESE INDIVIDUALS, AND INCREMENTAL ADJUSTMENTS ARE RECOMMENDED, THE GROUP DELIBERATES, AND THE APPROVALS ARE MADE CONTEMPORANEOUS MINUTES ARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - CLASSES OF PERSONS AND THEIR RIGHTS	E KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LN 19 - AVAILABILITY OF GOV DOCS, COI POLICY &	NATIONWIDE CHILDREN'S HOSPITAL'S (NCH) FINANCIAL STATEMENTS ARE DISCLOSED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBPAGE AND THE ARTICLES OF INCORPORATION ARE ON THE OHIO SECRETARY OF STATE'S WEBPAGE CURRENTLY, NCH DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B) AVERAGE HOURS PER WEEK FOR NATIONWIDE CHILDREN'S HOSPITAL EMPLOYEES THAT ARE MEMBERS OF VARIOUS BOARDS AND HOLD SEVERAL POSITIONS WITHIN THE ORGANIZATION, THE HOURS LISTED REPRESENT THE NUMBER OF HOURS THAT INDIVIDUAL DEVOTES TO ALL THE ENTITIES INCLUDED WITHIN THE NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN THE GOVERNING BOARD OF NATIONWIDE CHILDREN'S HOSPITAL, INC AND NATIONWIDE CHILDREN'S HOSPITAL IS A JOINT BOARD AND MEMBERS SERVE ON THESE BOARDS CONCURRENTLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EFFECT OF ADOPTION OF SFAS NO 158 - (\$2,029,670) NET CHANGE IN INTEREST RATE SWAP AGREEMENTS - \$6,337,001 TECHNOLOGY INVESTMENTS - \$7,080,310 TECHNOLOGY INVESTMENT OBLIGATIONS - (\$2,603,001) OTHER - (\$179,991) TOTAL - \$8,604,649

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 80526829

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION NICU LEASED SALARIES & MED SVC TOTAL FEES 48833128

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RESEARCH SUBCONTRACT TOTAL FEES 8765803

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTATION FEES TOTAL FEES 4265894

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 45806134

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide 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	2,539,886	6,236,210	NCH
(2) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306	PHYSICIAN SVC	OH	1,512,382	1,212,169	NCH
(3) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371	PHYSICIAN SVC	OH	3,665,532	13,250	NCH
(4) CHILDREN'S COMMUNITY PRACTICES LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-2998916	PHYSICIAN SVC	OH	3,039,779	1,454,485	NCH
(5) NEAR EAST SIDE HOLDINGS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 83-2817371	REAL ESTATE	OH	0	3,246,953	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	16,962,244	9,247,479	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	2,400,913	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	55,035	5,487	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	50,918	3,997	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	
(7) NCH REALTY INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 82-1052739	REALTY	OH	NCH	C Corp	0	508,941	100 000 %	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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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 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 IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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	16,962,244	9,247,479	100 000 %	Yes	
(1) COLLIERS PROFESSIONAL LIABILITY INS CO 23 LIME TREE BAY AVENUE GRAND CAYMAN KY1-1102 CJ 98-0457066	INS CONTRACTING	CJ	NCH	C Corp	0	2,400,913	100 000 %	Yes	
(2) NORTHEAST CLOSE TO HOME CENTER CONDO ASN 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corp	55,035	5,487	90 750 %	Yes	
(3) CHILDREN'S NW MED OFFICE BLDG CONDO ASSN 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5540559	CONDO ASSOCIATION	OH	NCH	C Corp	50,918	3,997	74 400 %	Yes	
(4) PEDIATRIC CLINICAL TRIALS INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1609283	INACTIVE	OH	NCH	C Corp	0	0	100 000 %	Yes	
(5) PEDIATRIC ACADEMIC ASSOCIATION INC TRUST 555 SOUTH 18TH STREET COLUMBUS, OH 43205	TRUST	OH	NCH	Trust	0	0	51 000 %	Yes	
(6) NCH REALTY INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 82-1052739	REALTY	OH	NCH	C Corp	0	508,941	100 000 %	Yes	

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	372,014	ACTUAL AMOUNT
(1)	NATIONWIDE CHILDREN'S HOSPITAL	B	112,946	ACTUAL AMOUNT
(2)	NCH HOMECARE	B	170,000	ACTUAL AMOUNT
(3)	CHILDREN'S RADIOLOGICAL INSTITUTE	B	88,974	ACTUAL AMOUNT
(4)	CENTER FOR CHILD & FAMILY ADVOCACY	B	337,653	ACTUAL AMOUNT
(5)	CENTER FOR CHILD & FAMILY ADVOCACY	B	2,228,655	ACTUAL AMOUNT
(6)	RESEARCH INSTITUTE AT NCH	B	18,209,778	ACTUAL AMOUNT
(7)	NATIONWIDE CHILDREN'S HOSPITAL	B	13,730,303	ACTUAL AMOUNT
(8)	RESEARCH INSTITUTE AT NCH	B	39,774,463	ACTUAL AMOUNT
(9)	RESEARCH INSTITUTE AT NCH	B	151,701	ACTUAL AMOUNT
(10)	NCH FOUNDATION	C	372,014	ACTUAL AMOUNT
(11)	NCH FOUNDATION	C	112,946	ACTUAL AMOUNT
(12)	NCH FOUNDATION	C	170,000	ACTUAL AMOUNT
(13)	NCH FOUNDATION	C	88,974	ACTUAL AMOUNT
(14)	CENTER FOR CHILD & FAMILY ADVOCACY	C	151,701	ACTUAL AMOUNT
(15)	NATIONWIDE CHILDREN'S HOSPITAL	C	337,653	ACTUAL AMOUNT
(16)	NCH FOUNDATION	C	2,228,655	ACTUAL AMOUNT
(17)	NCH FOUNDATION	C	18,209,778	ACTUAL AMOUNT
(18)	NCH FOUNDATION	C	13,730,303	ACTUAL AMOUNT
(19)	NATIONWIDE CHILDREN'S HOSPITAL	C	39,774,463	ACTUAL AMOUNT
(20)	Partners for Kids	J	443,590	ACTUAL AMOUNT
(21)	RESEARCH INSTITUTE AT NCH	L	654,116	ACTUAL AMOUNT
(22)	NATIONWIDE CHILDREN'S HOSPITAL	L	324,884	ACTUAL AMOUNT
(23)	RESEARCH INSTITUTE AT NCH	L	96,604	ACTUAL AMOUNT
(24)	CHILDREN'S ANESTHESIA ASSOCIATES	L	628,902	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
(26)	CHILDREN'S ANESTHESIA ASSOCIATES	L	377,029	ACTUAL AMOUNT
(1)	CHILDREN'S SURGICAL ASSOCIATES	L	645,745	ACTUAL AMOUNT
(2)	NATIONWIDE CHILDREN'S HOSPITAL	L	5,613,358	ACTUAL AMOUNT
(3)	NATIONWIDE CHILDREN'S HOSPITAL	L	6,847,457	ACTUAL AMOUNT
(4)	CENTER FOR CHILD & FAMILY ADVOCACY	L	752,138	ACTUAL AMOUNT
(5)	NATIONWIDE CHILDREN'S HOSPITAL	L	13,857,036	ACTUAL AMOUNT
(6)	NCH HOMECARE	L	115,798	ACTUAL AMOUNT
(7)	Partners for Kids	L	1,867,840	ACTUAL AMOUNT
(8)	Partners for Kids	L	352,836,562	ACTUAL AMOUNT
(9)	Partners for Kids	L	321,437	ACTUAL AMOUNT
(10)	Partners for Kids	L	143,524	ACTUAL AMOUNT
(11)	NATIONWIDE CHILDREN'S HOSPITAL	M	654,116	ACTUAL AMOUNT
(12)	CHILDREN'S RADIOLOGICAL INSTITUTE	M	96,604	ACTUAL AMOUNT
(13)	CHILDREN'S ANESTHESIA ASSOCIATES	M	64,532	ACTUAL AMOUNT
(14)	NCH HOMECARE	M	324,884	ACTUAL AMOUNT
(15)	NATIONWIDE CHILDREN'S HOSPITAL	M	645,745	ACTUAL AMOUNT
(16)	CHILDREN'S ANESTHESIA ASSOCIATES	M	1,583,217	ACTUAL AMOUNT
(17)	CHILDREN'S RADIOLOGICAL INSTITUTE	M	5,613,358	ACTUAL AMOUNT
(18)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	6,847,457	ACTUAL AMOUNT
(19)	NCH BEHAVIORAL HEALTH	M	752,138	ACTUAL AMOUNT
(20)	CHILDREN'S SURGICAL ASSOCIATES	M	13,857,036	ACTUAL AMOUNT
(21)	NATIONWIDE CHILDREN'S HOSPITAL	M	115,798	ACTUAL AMOUNT
(22)	CENTER FOR CHILD & FAMILY ADVOCACY	O	971,126	ACTUAL AMOUNT
(23)	NCH FOUNDATION	O	3,180,180	ACTUAL AMOUNT
(24)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	O	5,119,346	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)	NCH HOMECARE	O	8,335,754	ACTUAL AMOUNT
(1)	CHILDREN'S RADIOLOGICAL INSTITUTE	O	15,077,489	ACTUAL AMOUNT
(2)	CHILDREN'S ANESTHESIA ASSOCIATES	O	24,364,351	ACTUAL AMOUNT
(3)	CHILDREN'S SURGICAL ASSOCIATES	O	37,157,414	ACTUAL AMOUNT
(4)	RESEARCH INSTITUTE AT NCH	O	77,136,634	ACTUAL AMOUNT
(5)	Partners for Kids	O	9,611,985	ACTUAL AMOUNT
(6)	CHILDREN'S NW MOB CONDO ASSOC'N	P	68,439	ACTUAL AMOUNT
(7)	NORTHEAST CLOSE TO HOME CTR CONDO ASSOC'N	P	60,644	ACTUAL AMOUNT
(8)	RESEARCH INSTITUTE AT NCH	P	147,259	ACTUAL AMOUNT
(9)	CENTER FOR CHILD & FAMILY ADVOCACY	Q	850,648	ACTUAL AMOUNT
(10)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	Q	1,029,095	ACTUAL AMOUNT
(11)	NCH FOUNDATION	Q	5,576,677	ACTUAL AMOUNT
(12)	CHILDREN'S SURGICAL ASSOCIATES	Q	5,603,561	ACTUAL AMOUNT
(13)	CHILDREN'S ANESTHESIA ASSOCIATES	Q	589,147	ACTUAL AMOUNT
(14)	NCH HOMECARE	Q	14,419,014	ACTUAL AMOUNT
(15)	CHILDREN'S RADIOLOGICAL INSTITUTE	Q	1,821,432	ACTUAL AMOUNT
(16)	Partners for Kids	Q	1,356,743	ACTUAL AMOUNT
(17)	NATIONWIDE CHILDREN'S HOSPITAL	R	146,479,326	ACTUAL AMOUNT
(18)	RESEARCH INSTITUTE AT NCH	R	132,002,718	ACTUAL AMOUNT
(19)	NCH REALTY INC	R	171,653	ACTUAL AMOUNT
(20)	CHILDREN'S RADIOLOGICAL INSTITUTE	S	11,000,000	ACTUAL AMOUNT
(21)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	S	1,600,000	ACTUAL AMOUNT
(22)	CHILDREN'S SURGICAL ASSOCIATES	S	20,078,717	ACTUAL AMOUNT
(23)	NCH HOMECARE	S	23,707,294	ACTUAL AMOUNT
(24)	NCH FOUNDATION	S	28,000,000	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
(76) NATIONWIDE CHILDREN'S HOSPITAL	S	132,002,718	ACTUAL AMOUNT
(1) RESEARCH INSTITUTE AT NCH	S	62,093,315	ACTUAL AMOUNT
(2) Partners for Kids	S	13,685,985	ACTUAL AMOUNT