

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
2019
Open to Public Inspection

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

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

D Employer identification number
01-0782751

E Telephone number
(614) 722-5958

G Gross receipts \$ 2,237,084,142

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

| | | | |
|-----------------------------|---|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Nationwide Children's Hospital's mission is based on the premise that no child should be refused necessary care FOR LACK OF ABILITY TO PAY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 87 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 59 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 16,393 |
| | 6 | Total number of volunteers (estimate if necessary) | 1,085 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 42,765,861 |
| 7b | Net unrelated business taxable income from Form 990-T, line 39 | 8,718,275 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year: 222,443,741 Current Year: 229,842,911 |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,684,297,520 / 1,814,607,394 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 94,702,204 / 109,283,287 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 54,779,934 / 79,330,253 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,056,223,399 / 2,233,063,845 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0 / 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 883,693,651 / 973,045,797 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0 / 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,038,704 | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 741,672,316 / 825,556,256 |
| Net Assets or Fund Balances | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,714,703,993 / 1,879,821,509 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 341,519,406 / 353,242,336 |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year: 4,531,501,201 End of Year: 5,369,972,000 |
| | 21 | Total liabilities (Part X, line 26) | 1,012,261,110 / 1,204,266,011 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,519,240,091 / 4,165,705,989 |

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-11-13

Luke Brown TREASURER/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 1,237,333,341 including grants of \$ 30,211,423) (Revenue \$ 1,820,888,615)
See Additional Data

4b (Code:) (Expenses \$ 206,562,029 including grants of \$ 46,971,998) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 39,564,931 including grants of \$ 998,366) (Revenue \$ 1,287,950)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,589,525 including grants of \$ 3,037,669) (Revenue \$ 0)

4e Total program service expenses ▶ 1,489,049,826

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

| | | | | | | | |
|--|--|-----------|------------|--------|----|--|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | <table border="1"> <tr> <td style="width: 10%;">2a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">16,393</td> </tr> </table> | 2a | | 16,393 | | | |
| 2a | | 16,393 | | | | | |
| 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) | | | 2b | Yes | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | Yes | | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | | 3b | Yes | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | Yes | | | |
| b If "Yes," enter the name of the foreign country: ▶CJ | | | | | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | No | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes | | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | | | |
| a Gross income from members or shareholders | 11a | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | | | |
| c Enter the amount of reserves on hand | 13c | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | 14b | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | 15 | Yes | | | |
| 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. | | | 16 | | No | | |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (87); 1b Enter the number of voting members included in line 1a, above, who are independent (59); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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, OK, 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. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTINA MCMANUS 700 CHILDRENS DRIVE COLUMBUS, OH 43205 (614) 355-3119

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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 | | | | | | | | | | |
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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 | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 21,634,554 | 0 | 1,876,025 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1,091**

| | Yes | No |
|--|-------|------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 Yes | |
| 4 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 | 64,720,540 |
| OHIO STATE UNIVERSITY, 410 WEST 10TH AVENUE COLUMBUS, OH 43210 | MEDICAL SERVICES | 46,975,073 |
| OHIOHEALTH, 180 EAST BROAD STREET 33RD FLOOR COLUMBUS, OH 43215 | MEDICAL SERVICES | 36,487,336 |
| MT CARMEL HEALTH, 6150 EAST BROAD STREET COLUMBUS, OH 43212 | MEDICAL SERVICES | 7,162,196 |
| TURNER CONSTRUCTION COMPANY, 623 MOOBERRY STREET COLUMBUS, OH 43205 | CONSTRUCTION MGMT | 7,098,811 |

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 **▶ 244**

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 76,424 | | | |
| | b Membership dues | 1b 10,850 | | | |
| | c Fundraising events | 1c 2,923,757 | | | |
| | d Related organizations | 1d 66,662,771 | | | |
| | e Government grants (contributions) | 1e 71,290,621 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 88,878,488 | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g 742,671 | | | |
| | h Total. Add lines 1a-1f | | 229,842,911 | | |

| Program Service Revenue | | | Business Code | | | | |
|---|--|--------|---------------|---------------|---------------|---|---|
| | 2a NET PATIENT SERVICES REVENUE | | 900099 | 1,798,882,443 | 1,798,882,443 | 0 | 0 |
| b PHYSICIAN SERVICES REVENUE | | 900099 | 10,303,490 | 10,303,490 | 0 | 0 | |
| c Reference Lab | | 541380 | 3,739,384 | 0 | 3,739,384 | 0 | |
| d Poison Center | | 900099 | 832,364 | 832,364 | 0 | 0 | |
| e Retail Pharmacy | | 446110 | 541,305 | 0 | 541,305 | 0 | |
| f All other program service revenue. | | | 308,408 | 308,408 | | 0 | |
| g Total. Add lines 2a-2f. | | | 1,814,607,394 | | | | |

| | | | | | | | | |
|--|--|---|---------------|---------------|------------|-------------|------------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 66,473,497 | | -63,003 | 66,536,500 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 4,414 | | | 4,414 | |
| | 5 Royalties | | | 18,172,869 | | | 18,172,869 | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | 6a | 2,932,735 | | | | | |
| | | b Less: rental expenses | 6b | 1,996,276 | | | | |
| | | c Rental income or (loss) | 6c | 936,459 | 0 | | | |
| | d Net rental income or (loss) | | | 936,459 | | | 936,459 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | 7a | 43,938,103 | 66,690 | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 2,789,162 | -1,589,745 | | | |
| | | c Gain or (loss) | 7c | 41,148,941 | 1,656,435 | | | |
| | d Net gain or (loss) | | | 42,805,376 | | | 42,805,376 | |
| | 8a Gross income from fundraising events (not including \$ 2,923,757 of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | | 8a | 274,509 | | | | | |
| | | b Less: direct expenses | 8b | 807,467 | | | | |
| | c Net income or (loss) from fundraising events | | | -532,958 | | | -532,958 | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | | 9a | 52,205 | | | | | |
| | | b Less: direct expenses | 9b | 17,137 | | | | |
| c Net income or (loss) from gaming activities | | | 35,068 | | | 35,068 | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | | |
| | 10a | 0 | | | | | | |
| | b Less: cost of goods sold | 10b | 0 | | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | | 0 | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a Cafeteria | | 722210 | 7,828,765 | 0 | 0 | 7,828,765 | | |
| b BILLING SERVICES TO AFFILIATE | | 541200 | 3,874,208 | 3,874,208 | 0 | 0 | | |
| c OTHER RESEARCH REVENUE | | 541380 | 38,525,635 | 11,035 | 38,514,600 | 0 | | |
| d All other revenue | | | 10,490,207 | 3,683,928 | 33,575 | 6,772,704 | | |
| e Total. Add lines 11a-11d | | | 60,718,815 | | | | | |
| 12 Total revenue. See instructions | | | 2,233,063,845 | 1,817,895,876 | 42,765,861 | 142,559,197 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 80,760,258 | 80,760,258 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 409,198 | 409,198 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 50,000 | 50,000 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 19,003,061 | 5,520,275 | 13,122,316 | 360,470 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 50,367 | 2,201 | 48,166 | 0 |
| 7 Other salaries and wages | 759,115,288 | 593,751,264 | 163,557,725 | 1,806,299 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 32,353,973 | 23,940,409 | 8,413,564 | 0 |
| 9 Other employee benefits | 111,722,276 | 87,318,103 | 23,914,669 | 489,504 |
| 10 Payroll taxes | 50,800,832 | 37,182,951 | 13,617,881 | 0 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 4,931,322 | 0 | 4,931,322 | 0 |
| c Accounting | 557,333 | 0 | 557,333 | 0 |
| d Lobbying | 349,675 | 0 | 349,675 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 203,478,447 | 157,691,611 | 45,730,239 | 56,597 |
| 12 Advertising and promotion | 7,312,940 | 654,318 | 4,832,469 | 1,826,153 |
| 13 Office expenses | 51,860,286 | 34,635,697 | 17,165,203 | 59,386 |
| 14 Information technology | 19,295,801 | 8,665,544 | 10,630,257 | 0 |
| 15 Royalties | 6,051,787 | 6,051,787 | 0 | 0 |
| 16 Occupancy | 92,065,747 | 69,731,153 | 22,334,594 | 0 |
| 17 Travel | 7,408,349 | 5,827,373 | 1,480,256 | 100,720 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 2,229,020 | 1,661,818 | 560,302 | 6,900 |
| 20 Interest | 21,409,635 | 0 | 21,409,635 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 94,342,132 | 70,452,532 | 23,889,600 | 0 |
| 23 Insurance | 6,145,603 | 4,175,780 | 1,969,823 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DRUGS | 157,844,188 | 157,437,731 | 406,457 | 0 |
| b MEDICAL SUPPLIES | 101,481,439 | 101,481,439 | 0 | 0 |
| c HOSPITAL FRANCHISE FEES | 27,814,349 | 27,814,349 | 0 | 0 |
| d Textiles & Paper Goods | 4,898,010 | 3,847,745 | 1,050,265 | 0 |
| e All other expenses | 16,080,193 | 9,986,290 | 5,761,228 | 332,675 |
| 25 Total functional expenses. Add lines 1 through 24e | 1,879,821,509 | 1,489,049,826 | 385,732,979 | 5,038,704 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0 | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|---------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 162,980,428 | 1 | 188,519,119 |
| | 2 Savings and temporary cash investments | 2,210,203 | 2 | 1,809,768 |
| | 3 Pledges and grants receivable, net | 61,304,372 | 3 | 47,187,327 |
| | 4 Accounts receivable, net | 295,713,676 | 4 | 372,726,667 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 10,774,825 | 8 | 11,889,993 |
| | 9 Prepaid expenses and deferred charges | 10,661,012 | 9 | 11,432,526 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 2,095,132,414 | | |
| | b Less: accumulated depreciation | 661,689,082 | | |
| | 11 Investments—publicly traded securities | 1,332,292,763 | 10c | 1,433,443,332 |
| | 12 Investments—other securities. See Part IV, line 11 | 2,497,198,042 | 11 | 3,223,246,863 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 12 | 0 |
| | 14 Intangible assets | 0 | 13 | 0 |
| | 15 Other assets. See Part IV, line 11 | 4,882,971 | 14 | 10,379,808 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 153,482,909 | 15 | 69,336,597 | |
| | 4,531,501,201 | 16 | 5,369,972,000 | |
| Liabilities | 17 Accounts payable and accrued expenses | 197,230,767 | 17 | 220,808,969 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 18,436,837 | 19 | 7,597,467 |
| | 20 Tax-exempt bond liabilities | 630,140,000 | 20 | 671,599,852 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 166,453,506 | 25 | 304,259,723 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,012,261,110 | 26 | 1,204,266,011 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 3,210,051,797 | 27 | 3,823,524,745 |
| | 28 Net assets with donor restrictions | 309,188,294 | 28 | 342,181,244 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 3,519,240,091 | 32 | 4,165,705,989 | |
| 33 Total liabilities and net assets/fund balances | 4,531,501,201 | 33 | 5,369,972,000 | |

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 | 2,233,063,845 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,879,821,509 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 353,242,336 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,519,240,091 |
| 5 | Net unrealized gains (losses) on investments | 5 | 384,914,549 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -91,690,987 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4,165,705,989 |

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 (2019)

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 | | | |
| STEVE ALLEN MD DIRECTOR / CEO - NCH (TO 7/19) | 47.0 3.0 | X | | X | | | | 2,769,624 | 0 | 286,344 |
| MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA | 50.0 0.0 | | | | | X | | 1,893,972 | 0 | 65,116 |
| TIMOTHY C ROBINSON DIRECTOR/CEO-NCH (AS OF 7/19) | 47.0 3.0 | X | | X | | | | 1,511,074 | 0 | 73,828 |
| RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH | 46.0 3.0 | | | | | X | | 1,253,228 | 0 | 148,768 |
| KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA | 50.0 0.0 | | | | | X | | 1,231,789 | 0 | 62,756 |
| RICHARD MILLER COO - NCH | 47.0 3.0 | | | X | | | | 1,139,857 | 0 | 79,177 |
| MATTHEW BERAN MD ORTHOPEDIC SURGEON - CSA | 50.0 0.0 | | | | | X | | 1,127,559 | 0 | 50,511 |
| PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH | 50.0 0.0 | | | | | X | | 996,716 | 0 | 158,216 |
| RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA | 50.0 0.0 | | | | | X | | 1,098,045 | 0 | 55,471 |
| WALTER SAMORA MD ORTHOPEDIC SURGEON - CSA | 50.0 0.0 | | | | | X | | 1,026,592 | 0 | 67,756 |

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

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|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RHONDA COMER SECRETARY/SVP/LEGAL SVCS - NCH | 47.0 3.0 | | | X | | | | 763,626 | 0 | 61,827 |
| JOSEPH TOBIAS MD SECRETARY / DIRECTOR - CAA | 50.0 0.0 | X | | X | | | | 659,462 | 0 | 62,756 |
| STEPHEN TESTA PRES - NCH FDN | 50.0 0.0 | | | X | | | | 618,184 | 0 | 102,756 |
| RAJESH KRISHNAMURTHY DIRECTOR - CRI | 50.0 0.0 | X | | | | | | 644,609 | 0 | 63,756 |
| LINDA STOVEROCK RN SR VP / CNO - NCH | 50.0 0.0 | | | X | | | | 615,026 | 0 | 60,657 |
| JOHN A BARNARD MD PRESIDENT - RINCH | 38.0 3.0 | | | X | | | | 565,158 | 0 | 55,046 |
| LUKE BROWN as of 719 TREAS/SVP/INTerim CFO-NCH | 47.0 3.0 | | | X | | | | 517,717 | 0 | 73,802 |
| MEREDITH MERZ LIND M DIRECTOR - NCH | 47.0 3.0 | X | | | | | | 519,448 | 0 | 64,478 |
| LORINA WISE VP / HR - NCH | 50.0 0.0 | | | | X | | | 489,040 | 0 | 48,185 |
| DENISE ZABAWSKI VP / CIO - NCH | 50.0 0.0 | | | | X | | | 467,268 | 0 | 36,422 |

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 | | | |
| OLUYINKA OLUTOYE MD DIRECTOR - CSA (AS OF 9/19) | 47.0 3.0 | X | | | | | | 396,706 | 0 | 22,465 |
| JANET BERRY AS OF 11 CHAIR/DIR-NCH HOME | 50.0 0.0 | X | | X | | | | 359,517 | 0 | 47,028 |
| KAMRAN BADIZADEGAN M PRES / DIR - PPAC (to 7/19) | 50.0 0.0 | X | | X | | | | 324,693 | 0 | 45,948 |
| DENNIS MINZLER VICE PRESIDENT - NCH | 50.0 0.0 | | | | X | | | 324,365 | 0 | 44,839 |
| KAREN DAYS VP - Corp & Community Health | 50.0 0.0 | | | | | | X | 321,279 | 0 | 38,117 |
| AMY ROSCOE VICE PRESIDENT - RINCH | 50.0 0.0 | | | | X | | | 318,022 | 0 | 26,750 |
| LEE ANN WALLACE VP CLINICAL SERVICES - NCH | 50.0 0.0 | | | | X | | | 291,589 | 0 | 36,979 |
| LYNN ROSENTHAL PRES / DIR-CCFA (AS OF 4/19) | 50.0 0.0 | X | | X | | | | 260,187 | 0 | 46,262 |
| SARA EVANS ASST SECRETARY - FDN | 47.0 3.0 | | | X | | | | 224,222 | 0 | 48,766 |
| WANDA STACKPOLE VP/EXEC DIRECTOR-NCH HOMECR | 50.0 0.0 | | | X | | | | 223,232 | 0 | 30,365 |

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 | | | |
| Laura Hillock ASST SEC - RINCH (AS OF 1/19) | 50.0 0.0 | | | X | | | | 234,917 | 0 | 18,025 |
| STEVEN SMITH MD MEDICAL DIR - NCH HOMECARE | 50.0 0.0 | X | | | | | | 177,645 | 0 | 31,600 |
| ANDREW LENOBEL ASST SECRETARY-CSA AS OF 9/19 | 50.0 0.0 | | | X | | | | 161,378 | 0 | 42,109 |
| 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 |
| JOSEPH A CHLAPATY DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| C ROBERT KIDDER DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL J FIORILE DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| HONORABLE ALGENON MARB DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LIBBY GERMAIN DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| 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 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| STEVE RASMUSSEN DIRECTOR - NCH (TO 12/19) | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LOU VON THAER DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ABIGAIL S WEXNER DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DWIGHT SMITH DIRECTOR - NCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| BRUCE SOLL DIRECTOR - NCH | 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 | 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 | | | |
| KIRT WALKER DIRECTOR - NCH (AS OF 10/19) | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| 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 |
| RICHARD MILLER CHAIR / DIR - NCH HOMECARE | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON TREAS/DIR-NCH HOME (TO 6/19) | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| LUKE BROWN TREAS/DIR-NCH HOME AS OF 6/19 | 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 |
| RICHARD MILLER PRESIDENT / DIRECTOR - CRI | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| STEVE ALLEN MD DIRECTOR - CRI (TO 6/19) | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |
| 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 | 46.0 3.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD MILLER VICE PRESIDENT / DIRECTOR-PPAC | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| STEVE ALLEN MD DIRECTOR - PPAC (TO 6/19) | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD MILLER PRESIDENT / DIRECTOR - CSA | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON TREASURER/DIR - CSA (TO 9/19) | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| LUKE BROWN AS OF 919 TREASURER/DIR - CSA | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| STEVE ALLEN MD DIRECTOR - CSA (TO 6/19) | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RICHARD BRILLI MD DIRECTOR - CSA (AS OF 1/19) | 46.0 3.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD MILLER PRESIDENT / DIRECTOR - CAA | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON TREASURER / DIRECTOR - CAA | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| STEVE ALLEN MD DIRECTOR - CAA | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |
| ANN I WOLFE CHAIR / DIR - NCH FDN | 3.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| THOMAS N BRIGDON DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CHERYL W LUCKS DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CECILY ALEXANDER DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CHAD A JESTER DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| EDWARD SHEPHERD MD DIRECTOR - NCH FDN | 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 | | | |
| CYNTHIA RASMUSSEN DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ALBERT COVELLI DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD GERMAIN DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| WILLIAM EASDALE DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PAMELA FARBER DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY JOHNSON DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JONATHAN RAMSDEN DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| BRYAN STEWART DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL RAYDEN DIRECTOR - NCH FDN (TO 12/19) | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL FITZPATRICK DIRECTOR - NCH FDN | 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 | | | |
| MELISA MILLER DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DANIELLE SKESTOS DIRECTOR - NCH FDN | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CINDY MONROE DIRECTOR-NCH FDN (AS OF 4/19) | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| STEVE ALLEN MD DIRECTOR - NCH FDN (TO 7/19) | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON DIRECTOR-NCH FDN (AS OF 7/19) | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |
| CHRIS OLSEN CHAIR / DIRECTOR - RINCH | 3.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| GEORGE BARRETT DIRECTOR - RINCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| KENT JOHNSON PHD DIRECTOR - RINCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| BEN MAIDEN PHD DIRECTOR - RINCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DWIGHT SMITH 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 | | | |
| THOMAS WALKER DIRECTOR - RINCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PETER MOHLER PHD DIRECTOR - RINCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LOU VON THAER DIRECTOR - RINCH | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| STEVE ALLEN MD DIRECTOR - RINCH (TO 7/19) | 47.0 3.0 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON TREAS / DIRECTOR - RINCH | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| ABIGAIL S WEXNER CHAIR / DIRECTOR - CCFA | 3.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| STEVE ALLEN MD DIRECTOR - CCFA (TO 7/19) | 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 |
| KATHERINE WOLFE LLOYD 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 | | | |
| KEVIN O'CONNOR DIRECTOR - CCFA | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| KIMBERLEY JACOBS DIRECTOR - CCFA | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| AUDREY G TUCKERMAN DIRECTOR - CCFA | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD MILLER INTERIM PRES / DIRECTOR - CCFA | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| BISHOP CALLON HOLLOWAY DIRECTOR - CCFA | 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 3.0 | 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

| (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 | | | |
| TIMOTHY C ROBINSON TREAS / DIRECTOR - CCFA | 47.0 3.0 | X | | X | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON TREAS/SVP/CFO-NCH (TO 7/19) | 47.0 3.0 | | | X | | | | 0 | 0 | 0 |
| TIMOTHY C ROBINSON TREASURER - NCH FDN | 47.0 3.0 | | | X | | | | 0 | 0 | 0 |
| RHONDA COMER SECRETARY - CRI | 47.0 3.0 | | | X | | | | 0 | 0 | 0 |
| RHONDA COMER SECRETARY - PPAC | 47.0 3.0 | | | X | | | | 0 | 0 | 0 |
| RHONDA COMER SECRETARY - CSA | 47.0 3.0 | | | X | | | | 0 | 0 | 0 |
| RHONDA COMER SECRETARY - NCH FDN | 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 |
| LUKE BROWN ASST TREAS - FDN | 47.0 3.0 | | | X | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. . . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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> | | |
| | | 1 | No |
| 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> | | |
| | | 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? | | |
| | | 1 | No |
| 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> | | |
| | | 2 | No |
| 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> | | |
| | | 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> | | |
| | | 2a | |
| 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> | | |
| | | 2b | |
| 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> | | |
| | | 3a | |
| 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> | | |
| | | 3b | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | 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** 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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | 0 |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | 0 | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. 0 | | | |
| b From 2015. 0 | | | |
| c From 2016. 0 | | | |
| d From 2017. 0 | | | |
| e From 2018. 0 | | | |
| f Total of lines 3a through e | 0 | | |
| g Applied to underdistributions of prior years | | 0 | |
| h Applied to 2019 distributable amount | | | 0 |
| i Carryover from 2014 not applied (see instructions) | 0 | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | 0 | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ 0 | | | |
| a Applied to underdistributions of prior years | | 0 | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | 0 | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c. | 0 | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. 0 | | | |
| b Excess from 2016. 0 | | | |
| c Excess from 2017. 0 | | | |
| d Excess from 2018. 0 | | | |
| e Excess from 2019. 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 | <p>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) 2019 PUBLIC SUPPORT PERCENTAGE: 100% 2018 PUBLIC SUPPORT PERCENTAGE: 100% 2019 INVESTMENT INCOME PERCENTAGE: 0% 2018 INVESTMENT INCOME PERCENTAGE: 0% CHILDREN'S RADIOLOGICAL INSTI TUTE (CRI) EIN 31-1439570 PUBLIC CHARITY STATUS: 509(A)(2) 2019 PUBLIC SUPPORT PERCENTAGE: 99.41% 2018 PUBLIC SUPPORT PERCENTAGE: 99.44% 2019 INVESTMENT INCOME PERCENTAGE: 0.59% 20 18 INVESTMENT INCOME PERCENTAGE: 0.56% PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) E IN 31-1595013 PUBLIC CHARITY STATUS: 509(A)(2) 2019 PUBLIC SUPPORT PERCENTAGE: 99.73% 2018 PUBLIC SUPPORT PERCENTAGE: 99.77% 2019 INVESTMENT INCOME PERCENTAGE: 0.27% 2018 INVESTMEN T INCOME PERCENTAGE: 0.23% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHAR ITY STATUS: 509(A)(2) 2019 PUBLIC SUPPORT PERCENTAGE: 100.00% 2018 PUBLIC SUPPORT PERCENTA GE: 100.00% 2019 INVESTMENT INCOME PERCENTAGE: 0.00% 2018 INVESTMENT INCOME PERCENTAGE: 0. 00% Children's Anesthesia Associates (CAA) EIN 31-0650338 Public Charity status: 509(a)(2) 2019 was the first year CAA was a 501(c)(3) organization. 2019 PUBLIC SUPPORT PERCENTAGE: 100.00% 2019 INVESTMENT INCOME PERCENTAGE: 0.00% NATIONWIDE CHILDREN'S HOSPITAL FOUNDATIO N (NCHF) EIN 31-1036370 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2019 PUBLIC SU PPORT PERCENTAGE: 57.80% 2018 PUBLIC SUPPORT PERCENTAGE: 57.50% RESEARCH INSTITUTE AT NATI ONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-6056230 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2019 PUBLIC SUPPORT PERCENTAGE: 73.20% 2018 PUBLIC SUPPORT PERCENTAGE: 64.50% CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSP (CCFA) EIN 02-0627166 PUB LIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2019 PUBLIC SUPPORT PERCENTAGE: 86.70% 20 18 PUBLIC SUPPORT PERCENTAGE: 86.50%</p> |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

▶ **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.**

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 |
|---|---|

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

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

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

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

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

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

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

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

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

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

| | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|-----------------------------|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | (a) | | (b) |
|--|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c Media advertisements? | | No | 0 |
| d Mailings to members, legislators, or the public? | Yes | | 5,000 |
| e Publications, or published or broadcast statements? | | No | 0 |
| f Grants to other organizations for lobbying purposes? | Yes | | 223,557 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 700,921 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | 0 |
| i Other activities? | | No | 0 |
| j Total. Add lines 1c through 1i | | | 929,478 |
| 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 | Nationwide Children's Hospital (NCH) is a section 501(c)(3) organization with a mission based on the belief that no child should be refused necessary care and attention for lack of ability to pay. Nationwide Children's is committed to providing the highest quality patient care, advocacy for children and families, pediatric research, education of patients, families and future providers, and outstanding service to accommodate the needs of patients and families. In fulfillment of this mission, NCH advocates at the local, state and federal levels on behalf of children and the providers who care for them. Professional staff in the Government Relations Department direct and perform these activities and coordinate the work of other Hospital staff that support advocacy efforts on an intermittent basis. In addition, the hospital has sent correspondence to and met directly with local, state, and federal officials. Further, NCH pays membership dues to professional organizations which, among their many responsibilities, perform certain lobbying activities on behalf of their member organizations. Based on information supplied by these professional associations, NCH has determined the total of NCH's dues applicable to their lobbying activities is \$223,557. During 2019, two hospital staff members were registered as lobbyists at the federal level and two were registered at the state level. These staff members met with elected and appointed officials regarding child health, reimbursement, and grants/funding. NCH also utilized the services of one outside consultant at the local/state level in 2019. This consultant prepared written materials and met with elected and appointed officials. Overall, NCH's total direct and indirect lobbying expenditures based on resources or time were minimal and not substantial based on revenues. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

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? Yes No

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

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

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

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 | 179,315,772 | 180,559,816 | 160,913,523 | 146,550,272 | 147,768,473 |
| b Contributions | 7,297,567 | 11,551,122 | 6,908,367 | 9,011,343 | 3,486,666 |
| c Net investment earnings, gains, and losses | 25,929,041 | -7,597,607 | 18,358,133 | 9,515,476 | -1,260,160 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,967,276 | 5,197,559 | 5,620,207 | 4,163,568 | 3,444,407 |
| f Administrative expenses | | | | | |
| g End of year balance | 207,575,104 | 179,315,772 | 180,559,816 | 160,913,523 | 146,550,572 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 24.000 %
 - b** Permanent endowment ▶ 76.000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 59,055,837 | | 59,055,837 |
| b Buildings | | 1,444,495,783 | 431,049,175 | 1,013,446,608 |
| c Leasehold improvements | | 19,316,182 | 7,833,319 | 11,482,863 |
| d Equipment | | 366,870,743 | 222,806,588 | 144,064,155 |
| e Other | | 205,393,869 | | 205,393,869 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 1,433,443,332 |

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 See Additional Data Table | 0 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 304,259,723 |

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 | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 01-0782751

Name: Nationwide Children's Hospital Group Return

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART V, LINE 4 | INTENDED USE OF ENDOWMENT FUNDS Available endowment funds are used to support the NCH mission of providing the highest quality patient care, advocacy for children and families, pediatric research, and education of patients, families and future healthcare providers. SCHEDULE D, PART X, LINE 2 FIN 48 (ASC740) Footnote NATIONWIDE CHILDREN'S RECORDS ACCRUALS FOR UNCERTAIN TAX POSITIONS UNDER ASC 740, INCOME TAXES. NATIONWIDE CHILDREN'S HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018. |

**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

2019

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" on 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 the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | 1 | | | 2,003,691 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 1 | | | 2,003,691 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|--------------------|-------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | Sub-Saharan Africa | ITNL PED COLRECTAL SURG TRAIN | 50,000 | WIRE TRNSFR | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- 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 **1**
- 3 Enter total number of other organizations or entities **0**

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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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 |
|-----------------|-------------|
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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 | 1,078,972 |
| East Asia and the Pacific | | | Program services | Healthcare Services | 10,169 |

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 | 390,837 |
| South Asia | | | Program services | Healthcare Services | 2,559 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | | | Program services | Research Collaboration | 91,974 |
| Europe (Including Iceland and Greenland) | | | Program services | Healthcare Services | 98,111 |

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 | Research Collaboration | 14,215 |
| Middle East and North Africa | | | Program services | Healthcare Services | 24,403 |

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 | International Business | 713 |
| Sub-Saharan Africa | | | Program services | Healthcare Services | 51,742 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | | | Program services | Healthcare Services | 57,330 |
| North America | | 1 | Program services | Salary | 40,893 |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | | | Program services | Research Collaboration | 11,773 |
| 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

2019

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total ▶ | | | | | | |

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

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

| Revenue | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|--|--|---------------------------------|----------------------------|---------------------------------|---------|
| | <u>LEGENDS LUNCH</u> (event type) | <u>Marathon</u> (event type) | <u>7</u> (total number) | (add col. (a) through col. (c)) | |
| 1 Gross receipts | 1,212,600 | 1,180,875 | 804,791 | 3,198,266 | |
| 2 Less: Contributions | 1,152,920 | 1,180,875 | 589,962 | 2,923,757 | |
| 3 Gross income (line 1 minus line 2) | 59,680 | | 214,829 | 274,509 | |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | |
| | 5 Noncash prizes | 0 | 0 | 1,140 | |
| | 6 Rent/facility costs | 8,600 | 0 | 52,715 | 61,315 |
| | 7 Food and beverages | 35,800 | 14,807 | 108,981 | 159,588 |
| | 8 Entertainment | 3,000 | 0 | 58,378 | 61,378 |
| | 9 Other direct expenses | 52,187 | 288,358 | 183,501 | 524,046 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 807,467 | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -532,958 | |

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

| Revenue | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|--|---|---|--|
| | 1 Gross revenue | | | 52,205 |
| Direct Expenses | 2 Cash prizes | | 8,583 | 8,583 |
| | 3 Noncash prizes | | 8,554 | 8,554 |
| | 4 Rent/facility costs | | 0 | 0 |
| | 5 Other direct expenses | | 0 | 0 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 17,137 |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 35,068 |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|-----------|
| a The organization's facility | 13a | % |
| 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.**

Name of the organization
 Nationwide Children's Hospital Group Return

Employer identification number
 01-0782751

OMB No. 1545-0047
2019
Open to Public Inspection

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 | | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (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) | | | 23,001,201 | 1,669,723 | 21,331,478 | 1.130 % |
| b Medicaid (from Worksheet 3, column a) | | | 728,381,295 | 579,711,555 | 148,669,740 | 7.910 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 1,629,515 | 1,629,515 | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 753,012,011 | 583,010,793 | 170,001,218 | 9.040 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 8,312,438 | 4,353,993 | 3,958,445 | 0.210 % |
| f Health professions education (from Worksheet 5) | | | 39,324,449 | 3,183,179 | 36,141,270 | 1.920 % |
| g Subsidized health services (from Worksheet 6) | | | 15,723,221 | 11,384,445 | 4,338,776 | 0.230 % |
| h Research (from Worksheet 7) | | | 32,932,307 | | 32,932,307 | 1.750 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 13,577,565 | | 13,577,565 | 0.720 % |
| j Total. Other Benefits | | | 109,869,980 | 18,921,617 | 90,948,363 | 4.830 % |
| k Total. Add lines 7d and 7j | | | 862,881,991 | 601,932,410 | 260,949,581 | 13.870 % |

Part III 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 | | | 800,902 | 174,000 | 626,902 | 0.030 % |
| 2 Economic development | | | | | | |
| 3 Community support | | | 892,633 | 165,000 | 727,633 | 0.040 % |
| 4 Environmental improvements | | | 413,756 | | 413,756 | 0.020 % |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | 272,964 | | 272,964 | 0.010 % |
| 8 Workforce development | | | 276,163 | | 276,163 | 0.010 % |
| 9 Other | | | 25,000 | | 25,000 | 0 % |
| 10 Total | | | 2,681,418 | 339,000 | 2,342,418 | 0.110 % |

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 | | 53,318,080 |
| 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 | 5,205,994 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 7,042,801 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -1,836,807 |
| 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

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (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 | | | | |
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| 8 | | | | |
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| 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 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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: 20 <u>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 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: 20 <u>19</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 |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NATIONWIDE CHILDREN'S (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? 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) | 19 | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | |
|-----------|---|----|-----|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: 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) | 21 | Yes |
|-----------|---|----|-----|

Part V Facility Information *(continued)*

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

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)*

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data | |
| | |
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| | |

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? 21

| 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 CHILDREN'S HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE: *MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENT'S RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF. *FAMILIES WHO PROVIDE A COMPLETED IRS FORM 4029 TO NCH'S PATIENTS ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR A 40% DISCOUNT OF THE PATIENT'S RESPONSIBILITY. *FAMILIES WITH THE ADDRESS OF A HOMELESS SHELTER WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENT'S RESPONSIBILITY. SCHEDULE H, PART I, LINE 6A COMMUNITY BENEFIT REPORT WHILE NATIONWIDE CHILDREN'S HOSPITAL (NCH) DOES NOT PREPARE A COMMUNITY BENEFIT REPORT, INFORMATION ON NCH'S COMMUNITY INVOLVEMENT CAN BE FOUND ON ITS WEBSITE AT: WWW.NATIONWIDECHILDRENS.ORG/COMMUNITY-RELATIONS. SCHEDULE H, PART I, LINE 7G SUBSIDIZED HEALTH SERVICES NATIONWIDE CHILDREN'S HOSPITAL HAS NOT INCLUDED ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC. 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 |
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| 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 CHILDREN'S HOSPITAL, COMMUNITY DEVELOPMENT FOR ALL PEOPLE, COLUMBUS PUBLIC HEALTH, COLUMBUS CITY SCHOOLS AND A NUMBER OF OTHER LOCAL PARTNERS CAME TOGETHER TO FORM HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES (HNHF) AIMING TO DEVELOP REVITALIZATION PROGRAMS THAT WERE RESPONSIVE TO THE NEEDS AND DESIRES OF THE COMMUNITY. THE GOAL OF HNHF IS TO CREATE THRIVING SUSTAINABLE NEIGHBORHOODS THAT NURTURE CHILDREN AND FAMILIES IN THE SOUTHSIDE OF COLUMBUS SURROUNDING NCH. PROGRAMS OFFERED INCLUDE AFFORDABLE HOUSING, HEALTH AND WELLNESS, EDUCATION, WORKFORCE AND ECONOMIC DEVELOPMENT, AND SAFE AND ACCESSIBLE NEIGHBORHOODS. TO ADDRESS THE AFFORDABLE HOUSING COMPONENT, NCH PARTNERED WITH COMMUNITY DEVELOPMENT FOR ALL PEOPLE AND INVESTED SEVERAL MILLION DOLLARS IN SEED MONEY TO ALLOW THE PURCHASE OF DILAPIDATED HOUSING STOCK FOR RENOVATION AND SALE, AS WELL PROVIDING GRANTS TO EXISTING HOMEOWNERS FOR REPAIR. IN THE PAST 12 YEARS, HNHF IMPACTED 375 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 2019, NCH HAD MORE THAN 250 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 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 (S.E.A.R.C.H) PROGRAM - A PROGRAM THAT RECRUITS MINORITY STUDENTS FROM COLLEGES AND UNIVERSITIES TO INTERN IN THE AREAS OF CARDIOLOGY, AMBULATORY, AND RESEARCH FOR A SIX WEEK PROGRAM. 2) JOB SHADOWING PROGRAM - A PARTNERSHIP WITH NEIGHBORHOOD HIGH SCHOOLS TO PROVIDE CAREER DEVELOPMENT TRAINING TO SELECTED JUNIORS AND SENIORS INTERESTED IN PURSUING CAREERS IN ALLIED HEALTHCARE. 3) SUMMER SCIENTIST 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 - MENTORING SUPPORT OF A YEAR-ROUND TEEN EMPLOYMENT GROUP AT THIS NEIGHBORHOOD INSTITUTION. - SPARK PROGRAM, AN EVIDENCE BASED PROGRAM PREPARING CHILDREN FOR KINDERGARTEN BY HAVING A SPARK PARENT PROGRAM PARTNER COME IN YOUR HOME ONCE A MONTH AND WORK WITH PARENT AND CHILD TO DEVELOP SKILLS THAT WILL ENHANCE PREPAREDNESS FOR KINDERGARTEN. THIS NCH PROGRAM TAKES PLACE IN THE FOLLOWING ZIP CODES: 43205, 43206 AND 43207. - COMMUNITY DEVELOPMENT FOR ALL PEOPLE HEALTHY EATING AND LIVING INITIATIVE, A CONTRIBUTION TO COMMUNITY DEVELOPMENT FOR ALL PEOPLE TO SET UP PROGRAMS TO POSITIVELY IMPACT INFANT MORTALITY AND KINDERGARTEN READINESS FOR CHILDREN AND EMPLOYMENT FOR ADULT RESIDING IN ZIP CODES: 43205, 43206 AND 43207. PROGRAMS WERE ESTABLISHED TO MEET THE FOLLOWING GOALS: RECRUIT AND ASSIST THE ENROLLMENT OF CHILDREN INTO NCH'S SPARK LITERACY PROGRAM; PROVIDE VARIOUS HEALTH EDUCATION CLASSES AND MATERIALS, INCLUDING COOKING CLASSES WITH A COORDINATION OF VARIOUS HEALTHY LIVING EXERCISE AND MOVEMENT GROUPS; RECRUIT UNEMPLOYED AND UNDER-EMPLOYED ADULTS FOR EMPLOYMENT TRAINING INTERVENTIONS; AND RECRUIT AND ASSIST WITH THE DEVELOPMENT OF A NEIGHBORHOOD LEADERSHIP ACADEMY FOR RESIDENTS OF THE TARGET ZIP CODES. - PARSONS AVENUE REDEVELOPMENT PROGRAM, A CONTRIBUTION TO THE PARSONS AVENUE REDEVELOPMENT CORPORATION TO SUPPORT THE REDEVELOPMENT OF PARSONS AVENUE BY FACILITATING A SUSTAINABLE CENTER OF COMMERCIAL ACTIVITY THAT CREATES A SENSE OF PLACE SERVING ALL SOUTH SIDE NEIGHBORHOODS. - MEDICAL LEGAL PARTNERSHIP (MLP), IS AN INITIATIVE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH BY PARTNERING THE HEALTHCARE PROVIDERS WITH LAWYERS TO HELP ACHIEVE BETTER HEALTH OUTCOMES FOR THE CHILDREN NCH SERVES. TO ACCOMPLISH THIS, NCH HAS ENTERED INTO A CONTRACT WITH THE LEGAL AID SOCIETY OF COLUMBUS TO PROVIDE FREE AND CONFIDENTIAL LEGAL SERVICES TO ELIGIBLE LOW-INCOME PATIENTS TO IMPROVE THEIR HEALTH AND WELL-BEING. -</p> |

| Form and Line Reference | Explanation |
|------------------------------|---|
| SCHEDULE H, PART II, LINE 10 | CITY YEAR OF COLUMBUS, A CONTRIBUTION TO SUPPORT ACADEMIC, ATTENDANCE, AND BEHAVIOR INTER VENTION 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 children's 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 CHILDREN'S HOSPITAL MAKES ALL REASONABLE EFFORTS TO QUALIFY FINANCIAL ASSISTANCE ELIGIBLE PATIENTS FOR CHARITY. PRIOR TO AN ACCOUNT BEING WRITTEN OFF TO BAD DEBT, ACCOUNT REVIEWS TAKE PLACE TO ENSURE THE PATIENT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE. THUS WE FEEL THAT NCH'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS LIKELY \$0. SCHEDULE H, PART III, LINE 4 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 | <p>NATIONWIDE CHILDREN'S HOSPITAL (NCH), ALONG WITH OTHER CENTRAL OHIO HOSPITALS AND COMMUNITY PARTNERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, PARTICIPATED IN THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, WHICH WAS A COLLABORATIVE EFFORT COORDINATED BY CENTRAL OHIO HOSPITAL COUNCIL TO IDENTIFY THE COMMUNITY HEALTH NEEDS AND PRIORITIES OF FRANKLIN COUNTY. THE STEERING COMMITTEE PUBLISHED THE FRANKLIN COUNTY HEALTHMAP 2019, WHICH RECOGNIZED THREE HEALTH AREAS AS BEING A LOCAL, PRIORITY HEALTH NEED FOR THE COMMUNITY. NCH'S COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE ADDED TWO ADDITIONAL PRIORITIES TO ADDRESS NEEDS PARTICULARLY RELEVANT TO PEDIATRIC HEALTH CARE BASED ON PRIORITIES DETAILED IN THE FRANKLIN COUNTY HEALTHMAP 2019. NCH ADOPTED THE FRANKLIN COUNTY HEALTHMAP 2019 AS ITS COMMUNITY HEALTH NEEDS ASSESSMENT. The 2019 community health needs assessment, which includes the 2019 franklin county healthmap report, CAN BE FOUND ON THE HOSPITAL'S WEBSITE: HTTPS://WWW.NATIONWIDECCHILDRENS.ORG/ABOUT-US/ADVOCACY-AND-GOVERNMENT-RELATIONS/COMMUNITY-RELATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT. IN ORDER TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE STEERING COMMITTEE CONSIDERED POTENTIAL HEALTH INDICATORS FOR INCLUSION IN THEIR REPORT BY OBTAINING A FULL UNDERSTANDING OF THE HEALTH ISSUES IDENTIFIED AND THEN VOTE ON THE DISCRETE HEALTH ISSUES THAT THEY THOUGHT WERE SIGNIFICANT HEALTH NEEDS FOR FRANKLIN COUNTY RESIDENTS. THE FOLLOWING CRITERIA WAS CONSIDERED WHEN VOTING ON THE SIGNIFICANT HEALTH NEEDS AND PRIORITIZING THE SIGNIFICANT HEALTH NEEDS: - SERIOUSNESS: DEGREE TO WHICH THE HEALTH ISSUE LEADS TO DEATH, DISABILITY, AND IMPAIRS ONE'S QUALITY OF LIFE. - SEVERITY OF THE CONSEQUENCES OF INACTION: RISKS ASSOCIATED WITH EXACERBATION OF HEALTH ISSUE IF NOT ADDRESSED AT THE EARLIEST OPPORTUNITY. - SIZE: NUMBER OF PERSONS AFFECTED. - EQUITY: DEGREE TO WHICH DIFFERENT GROUPS IN THE COUNTY ARE AFFECTED BY THE HEALTH ISSUE. - FEASIBILITY: ABILITY OF AN ORGANIZATION OR INDIVIDUALS TO REASONABLY COMBAT THE HEALTH ISSUE GIVEN AVAILABLE RESOURCES, INCLUDING THE AMOUNT OF CONTROL, KNOWLEDGE, AND INFLUENCE THE ORGANIZATION (S) HAVE ON THE ISSUE. - CHANGE: DEGREE TO WHICH THE HEALTH ISSUE HAS BECOME MORE OR LESS PREVALENT OVER TIME, OR HOW IT COMPARES TO STATE/NATIONAL INDICATORS. FROM THESE EXERCISES, THE STEERING COMMITTEE WAS ABLE TO COMPLETE ITS CHARGE TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS OF FRANKLIN COUNTY. NCH'S FIVE PRIORITIZED HEALTH NEEDS OF FRANKLIN COUNTY AS IDENTIFIED BY NCH'S COLLABORATIVE EFFORT AS A MEMBER OF THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE INCLUDE: 1) ACCESS TO CARE, 2) CHRONIC CONDITIONS, 3) INCOME AND POVERTY, 4) MATERNAL AND INFANT HEALTH, AND 5) MENTAL HEALTH AND ADDICTION.</p> |

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/financial-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 54 FOREIGN COUNTRIES. THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS \$58,762 AND 15.5% OF FAMILIES ARE BELOW THE POVERTY LEVEL. APPROXIMATELY 6.6% 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 | <p>BEYOND THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RELATED IMPLEMENTATION STRATEGY, NATIONWIDE CHILDREN'S HOSPITAL PROMOTES COMMUNITY HEALTH IN MANY WAYS. THE MAJORITY OF THE BOARDS OF NATIONWIDE CHILDREN'S HOSPITAL, THE RESEARCH INSTITUTE, NCH FOUNDATION AND THE CENTER FOR FAMILY SAFETY AND HEALING ARE COMPRISED OF INDEPENDENT COMMUNITY LEADERS, MOST OF WHICH RESIDE IN OUR CENTRAL OHIO SERVICE AREA. NATIONWIDE CHILDREN'S ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE EDUCATION INSTITUTE DEPARTMENT OF NCH PROVIDES A WIDE ARRAY OF COMMUNITY EDUCATION CLASSES SUCH AS: BABYSITTING, CPR, PARENTING, CONFERENCES FOR FAMILIES CARING FOR A PATIENT WITH A SPECIFIC DISEASE OR DISORDER, AUTISM AND BEHAVIOR MANAGEMENT AND MORE. THESE CLASSES ARE GEARED TOWARD LAY-PUBLIC AND INCLUDE LECTURES, PRESENTATIONS, AND OTHER GROUP PROGRAMS AND ACTIVITIES APART FROM CLINICAL OR DIAGNOSTIC SERVICES. THIS SAME DEPARTMENT MAINTAINS THE 'FAMILY HEALTH INFORMATION CENTER', A CONSUMER LIBRARY WHICH CAN BE USED BY PATIENT FAMILIES TO EXPLORE NEWLY DIAGNOSED MEDICAL ISSUES. 'CHILDCARE HEALTH CONSULTANTS' IS A PROGRAM THAT OFFERS TRAINING AND PROFESSIONAL DEVELOPMENT TO EARLY CHILDHOOD PROFESSIONALS VIA ON-SITE CONSULTING, LIVE EDUCATIONAL CLASSES, AND EDUCATIONAL TOOLS. NCH HAS MULTIPLE PROGRAMS SURROUNDING THE TOPIC OF NUTRITION AND CHILDHOOD OBESITY. ONE DEPARTMENT, 'THE CENTER FOR HEALTHY WEIGHT AND NUTRITION' OFFERS A COMPREHENSIVE APPROACH TO WEIGHT MANAGEMENT. ITS OBESITY PREVENTION PROGRAM PROVIDES SIMPLE TOOLS TO EDUCATE PARENTS ABOUT GOOD NUTRITION AND PHYSICAL ACTIVITY FOR THEIR CHILDREN. 'COMMUNITY HEALTH' IS AN ARM OF THE HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES PROGRAM WHICH AIMS TO IMPROVE OUR COMMUNITY RESIDENTS' ACCESS TO HEALTH CARE COVERAGE, PRIMARY CARE, AND FRUITS AND VEGETABLES. NATIONWIDE CHILDREN'S ALSO SPONSORS AND HOSPITAL STAFF VOLUNTEER, AT NUMEROUS FESTIVALS AND HEALTH FAIRS TO PROVIDE HEALTH SCREENINGS AND HAND OUT LITERATURE AND PROMOTIONAL GIVEAWAYS TO EDUCATE AND DISCUSS MANY OF THE SERVICES WE PROVIDE. NATIONWIDE CHILDREN'S APPLIES SURPLUS FUNDS TO FURTHER ITS EXEMPT PURPOSE IN PROMOTING THE HEALTH OF THE COMMUNITY BY REINVESTING IN THE FACILITIES AND OPERATIONS OF PATIENT CARE, MEDICAL EDUCATION AND PEDIATRIC RESEARCH.</p> |

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 533 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 NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN IN WHICH THE HOSPITAL OWN 100% OF EFFECTIVE AS OF AUGUST 1, 2004. CAA PROVIDES ANESTHESIOLOGY SERVICES AT THE HOSPITAL. 2) NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (FOUNDATION) IS A NOT-FOR-PROFIT CHARITABLE FOUNDATION. 3) THE RESEARCH INSTITUTE AT NCH (RESEARCH INSTITUTE) IS A NOT-FOR-PROFIT PEDIATRIC MEDICAL RESEARCH INSTITUTE. 4) THE CENTER FOR CHILD AND FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL (CCFA) IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES ADVOCACY, EDUCATION, COUNSELING AND OTHER PROGRAMMATIC SERVICES TO CHILDREN AND FAMILIES SUFFERING FROM CHILD ABUSE AND NEGLECT. |

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 FACILITATED SESSIONS THAT TOOK PLACE THROUGHOUT 2018 TO IDENTIFY AND PRIORITIZE THE HEALTH NEEDS FOR FRANKLIN COUNTY. THESE MEETINGS WERE HELD WITH COMMUNITY REPRESENTATIVES ON THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, LED BY THE CENTRAL OHIO HOSPITAL COUNCIL. CONSISTENT WITH FEDERAL REQUIREMENTS FOR CONDUCTING HEALTH NEEDS ASSESSMENTS, ENTITIES WHICH REPRESENT SPECIFIC POPULATIONS WITHIN THE COMMUNITY WERE INCLUDED AS MEMBERS OF THE STEERING COMMITTEE. AMONG THOSE WHO PARTICIPATED AS MEMBERS OF THE STEERING COMMITTEE WERE: - LYNN DOBB - CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR COMMUNITY) - JODI KELLER - CENTRAL OHIO TRAUMA SYSTEM - KATHY COWEN & MELISSA SEVER - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - THERESA SEAGRAVES - FRANKLIN COUNTY PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - DAVID ELLSWORTH - OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM (REPRESENTING THE DISABLED COMMUNITY) - JOHN TOLBERT - PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND HOMELESS POPULATIONS) - LISA COURTYCE - UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY POPULATIONS) - JOANNE PEARSOL & ANDY WAPNER - THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, CENTER FOR PUBLIC HEALTH PRACTICE FURTHER, NATIONWIDE CHILDREN'S HOSPITAL POSTED ITS NEEDS ASSESSMENT TO ITS WEBSITE AND ALLOWED FOR COMMUNITY MEMBERS TO PROVIDE FEEDBACK ON THE DOCUMENT. NO COMMENTS HAVE BEEN RECEIVED TO DATE. |
| 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 | THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO TRAUMA SYSTEM, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, FRANKLIN COUNTY PUBLIC HEALTH, OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM, PRIMARYONE HEALTH, UNITED WAY OF CENTRAL OHIO, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH. 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 . |
| PART V, SECTION B, LINE 11 ADDRESSING NEEDS IDENTIFIED IN THE CHNA | PRIMARY TARGETS FOR NATIONWIDE CHILDREN'S EFFORTS FALL INTO THE CATEGORIES IDENTIFIED BY THE FRANKLIN COUNTY HEALTHMAP 2019. GENERAL STRATEGIES FOR ADDRESSING THESE NEEDS ARE AS FOLLOWS: - Access to Care: Nationwide Children's will expand its presence in the communities it serves, work to advance patient-centered medical home models, and improve coordination of care to ensure community members have access to high-quality primary, dental, specialized, urgent and emergency care in appropriate settings. - Chronic Conditions: Nationwide Children's will continue to reduce asthma and diabetes incidence and complications by optimizing treatment given through primary care visits, school-based programs and, when necessary, through hospitalizations. - Income and Poverty: Nationwide Children's and partners will continue efforts to lift families and children out of poverty by providing affordable housing, job training and antipoverty programs, and to perform research needed to understand and effectively address food insecurity. - Maternal and Infant Health: By participating in the endeavors of Ohio Better Birth Outcomes and providing care for infants in need through the Ohio Fetal Medicine Collaborative, Nationwide Children's will aim to increase the availability of birth control, prenatal care and immunizations to reduce prematurity and to prevent infant morbidity and mortality. - Mental Health and Addiction: Nationwide Children's will maintain and expand inpatient, outpatient and community-based efforts to innovatively prevent, treat and minimize the impact of behavioral health problems in its target population by providing care in the most appropriate setting. For additional details, please see the implementation strategy posted on this website: https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/community-health-needs-assessment . |

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 CHILDREN'S HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE: * MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENT'S RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF. * FAMILIES WHO PROVIDE A COMPLETED IRS FORM 4029 TO NCH'S PATIENTS ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR A 40% DISCOUNT OF THE PATIENT'S RESPONSIBILITY. * FAMILIES WITH THE ADDRESS OF A HOMELESS SHELTER WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENT'S 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/FINANCIAL-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 ONTARIO CLOSE TO HOME 2003 W 4TH STREET ONTARIO, OH 44906 | CLINICAL THERAPIES |
| 2 CHILDREN'S COMMUNITY PRACTICES LLC 1264 Hospital Road Chillicothe, OH 45610 | Physician Practice |
| 3 SPRINGFIELD LABORATORY SERVICE CENTER 1644 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503 | LAB |
| 4 CHILDREN'S COMMUNITY PRACTICES LLC 540 S TRIMBLE ROAD MANSFIELD, OH 44906 | Physician Practice |
| 5 CHILDREN'S COMMUNITY PRACTICES LLC 110 West Smiley Avenue Shelby, OH 44875 | Physician Practice |
| 6 CHILLICOTHE CLOSE TO HOME CENTER 4439 STATE ROUTE 159 CHILLICOTHE, OH 45601 | CARDIOLOGY CLINIC & HEM/ONC CLINIC |
| 7 MANSFIELD CLOSE TO HOME CENTER 536 S TRIMBLE ROAD MANSFIELD, OH 44906 | MEDICAL OFFICES, CHILDLAB, CARDIOLOGY |
| 8 MARIETTA OUTPATIENT CARDIOLOGY SERVICES 416 FRONT STREET MARIETTA, OH 45750 | CARDIOLOGY CLINIC |
| 9 ZANESVILLE OUTPATIENT SPECIALTY CLINICS 716 ADAIR AVENUE ZANESVILLE, OH 43701 | CARDIOLOGY CLINIC |
| 10 NEWARK CLOSE TO HOME CENTER 75 SOUTH TERRACE AVENUE NEWARK, OH 43055 | MEDICAL OFFICES, CHILDLAB |
| 11 MARION CLOSE TO HOME CENTER 1069 DELAWARE AVENUE MARION, OH 43302 | LAB & CARDIOLOGY |
| 12 PORTSMOUTH CARDIOLOGY SERVICES 1711 27th Street Braulin Bldg Ste Portsmouth, OH 45662 | CARDIOLOGY CLINIC |
| 13 ATHENS OUTPATIENT CARDIOLOGY SERVICES 75 HOSPITAL DR CASTROP CTR STE 33 ATHENS, OH 45701 | CARDIOLOGY CLINIC |
| 14 PORTSMOUTH OUTPATIENT SPECIALTY CLINICS 8930 OHIO RIVER ROAD WHEELERSBURGH, OH 45694 | HEM/ONC, UROLOGY |

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

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

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

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

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 16 DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON, OH 45404 | CARDIOLOGY CLINIC |
| 1 FINDLAY OUTPATIENT CARDIOLOGY SERVICES 1900 SOUTH MAIN STREET 2ND FLOOR FINDLAY, OH 45840 | CARDIOLOGY CLINIC |
| 2 ZANESVILLE LABORATORY SERVICE CENTER 1166 MILITARY ROAD SUITE 2B ZANESVILLE, OH 43701 | LAB |
| 3 FINDLAY NEUROLOGY CLINIC 3949 NORTH MAIN STREET FINDLAY, OH 45840 | NEUROLOGY CLINIC |
| 4 LIMA LABORATORY SERVICE CENTER 830 WEST HIGH STREET SUITE 375 LIMA, OH 45801 | LAB |
| 5 ADULT CONGENITAL CARDIOLOGY SERVICES 955 BETHESDA DRIVE 1ST FLOOR ZANESVILLE, OH 43701 | CARDIOLOGY CLINIC |

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

2019

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.

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 31
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) | 142058 | 409,198 | | | |
| (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 grant 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) | 32,932,307 | | | | TO SUPPORT VARIOUS RESEARCH INITIATIVES |
| RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205 | 31-6056230 | 501(c)(3) | 13,944,614 | | | | 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) | 427,641 | | | | TO FUND RESEARCH START-UP GRANTS |
| RESEARCH INSTITUTE AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205 | 31-6056230 | 501(c)(3) | 11,866 | | | | 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) | 83,211 | | | | 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) | 14,390,370 | | | | TO AID IN PROVIDING INDIGENT CARE, TO SUPPORT & IM 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) | 200,000 | | | | TO SUPPORT HOSPICE AND PALLIATIVE CARE PROGRAMS |
| CENTER FOR CHILD & FAMILY ADVOCACY AT NCH 700 CHILDRENS DRIVE COLUMBUS, OH 43205 | 02-0627166 | 501(c)(3) | 2,693,262 | | | | 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) | 384,081 | | | | TO SUPPORT SURGICAL RESEARCH INITIATIVES |
| CHILDREN'S RADIOLOGICAL INSTITUTE INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 | 31-1439570 | 501(c)(3) | 264,488 | | | | 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) | 726,086 | | | | 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) | 344,406 | | | | 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) | 754,135 | | | | TO PROVIDE FUNDING FOR ENDOWED CHAIRS |
| PEDIATRIC ACADEMIC ASSOCIATION 555 SOUTH 18TH STREET COLUMBUS, OH 43205 | 31-1024403 | 501(c)(3) | 11,634,971 | | | | 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) | 6,000 | | | | TO SUPPORT BLEEDING DISORDER FAMILIES |
| CENTRAL OHIO CHAPTER OF NHF 4400 N HIGH ST STE 216 COLUMBUS, OH 43214 | 13-5641857 | 501(c)(3) | 27,500 | | | | SUPPORT EDUCATION AND OUTREACH PROGRAMS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN HEART ASSOCIATION PO BOX 4002907 DES MOINES, IA 50340 | 13-5613797 | 501(c)(3) | 20,000 | | | | TO SUPPORT HEART GALA & WALK |
| CHARITABLE PHARMACY OF CENTRAL OHIO 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) | 674,000 | | | | 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) | 268,000 | | | | TO SUPPORT CAREER GATEWAY HOMES & PROGRAMS |
| MARCH OF DIMES 975 EASTWIND DR STE 150 WESTERVILLE, OH 43081 | 13-1846366 | 501(c)(3) | 24,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY YEAR COLUMBUS 35 NORTH FOURTH STREET LL COLUMBUS, OH 43215 | 22-2882549 | 501(c)(3) | 55,000 | | | | Whole School Whole Child Programming Support |
| 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 CORPORATION 545 E TOWN STREET COLUMBUS, OH 43206 | 46-3644554 | 501(c)(3) | 26,500 | | | | Support the redevelopment of Parsons Avenue |
| PELTONIA 315 W NATIONWIDE BLVD COLUMBUS, OH 43215 | 31-1145986 | 501(c)(3) | 32,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CYSTIC FIBROSIS FOUNDATION Ste 225 740 Lakeview Plz Blvd WORTHINGTON, OH 43085 | 31-0680391 | 501(c)(3) | 8,500 | | | | SIPS & GIGGLES & NOSH EVENT SUPPORT SPONSOR |
| RONALD MCDONALD HOUSE 711 EAST LIVINGSTON AVE COLUMBUS, OH 43205 | 31-0890152 | 501(c)(3) | 5,900 | | | | SPECIAL EVENTS SPONSORSHIPS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRAL OHIO HOSPITAL COUNCIL 155 E BROAD ST FL 23 COLUMBUS, OH 43215 | 26-2795133 | 501(c)(3) | 125,000 | | | | OHIO BETTER BIRTH OUTCOMES SUPPORT |
| THE COLUMBUS FOUNDATION 1234 EAST BROAD ST COLUMBUS, OH 43205 | 31-6044264 | 501(c)(3) | 50,000 | | | | OHIO OPIOD EDUCATION ALLIANCE |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OPPORTUNITY CITY PAC 545 E TOWN STREET COLUMBUS, OH 43206 | 81-3756682 | 501(c)(4) | 25,000 | | | | CITY GROWTH SUPPORT |
| CITIZENS FOR COLUMBUS 545 E TOWN STREET COLUMBUS, OH 43206 | 26-3931260 | 501(c)(3) | 50,000 | | | | COLUMBUS STATE BALLOT ISSUE FOR CAPITAL IMPROVEMENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WESTERVILLE PARKS FOUNDATION 350 N CLEVELAND AVE WESTERVILLE, OH 43082 | 31-1719247 | 501(c)(3) | 8,640 | | | | FIRST RESPONDERS PARK DONATION |
| COLORECTAL TEAM OVERSEAS 1033 LAUREN DRVIE VILLA HILLS, KY 41017 | 46-5682588 | 501(c)(3) | 8,789 | | | | COLRECTAL TRAINING MISSION |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONE COLUMBUS 545 E TOWN STREET COLUMBUS, OH 43206 | 27-1509190 | 501(c)(6) | 50,000 | | | | On-going programmatic efforts |
| NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST STE 205 NEW ALBANY, OH 43054 | 31-1409264 | 501(c)(3) | 10,000 | | | | Jefferson Series 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| JDRF INTERNATIONAL 100 W OLD WILSON BRIDGE RD STE 118 WORTHINGTON, OH 43082 | 23-1907729 | 501(c)(3) | 5,500 | | | | Promise Ball, TypeOneNation & One Walk Support |
| ARTHUR G JAMES CANCER HOSPITAL PO BOX 183112 660 ACKERMAN ROAD COLUMBUS, OH 43218 | 31-6025986 | 501(c)(3) | 10,000 | | | | HARVEST OF HOPE |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FACES OF RESILIENCE PO BOX 183112 660 ACKERMAN ROAD COLUMBUS, OH 43218 | 31-1145986 | 501(c)(3) | 10,000 | | | | SHINING STAR SPONSOR |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Questions Regarding Compensation

| | Yes | No |
|---|--------------------------|----|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <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> | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <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> | | |
| <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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a No 4b Yes 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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a No 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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a Yes 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 | | | | | | | |
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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; TIMOTHY ROBINSON AND STEPHEN TESTA. THESE WERE DETERMINED TO BE BUSINESS EXPENSES AND WERE NOT TREATED AS COMPENSATION TO THE EMPLOYEE. |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL 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. |
| SCHEDULE J, PART I, LINE 6A COMPENSATION CONTINGENT ON NET EARNINGS | A PORTION OF NATIONWIDE CHILDREN'S HOSPITAL'S MANAGEMENT'S COMPENSATION CONTAINS A VARIABLE PIECE THAT IS BASED ON THE HOSPITAL'S INCENTIVE PROGRAM. THIS VARIABLE COMPENSATION IS BASED IN PART ON THE FINANCIAL PERFORMANCE OF THE ORGANIZATION, RELATIVE TO BUDGETED FINANCIAL PERFORMANCE. THE INCENTIVE PROGRAM ALSO INCLUDES PERFORMANCE MEASURES RELATED TO QUALITY OF CARE AND PATIENT SATISFACTION. |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|--|------|---|--|--|---|--------------------------------|--|--|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 21 PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH | (i) | 502,068 | 203,859 | 290,789 | 131,550 | 26,666 | 1,154,932 | 150,000 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH | (i) | 954,019 | 299,209 | 0 | 123,911 | 24,857 | 1,401,996 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 DENISE ZABAWSKI VP / CIO - NCH | (i) | 401,183 | 66,085 | 0 | 25,555 | 10,867 | 503,690 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 LORINA WISE VP / HR - NCH | (i) | 364,740 | 105,300 | 19,000 | 37,800 | 10,385 | 537,225 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 DENNIS MINZLER VICE PRESIDENT - NCH | (i) | 280,084 | 44,281 | 0 | 25,555 | 19,284 | 369,204 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 AMY ROSCOE VICE PRESIDENT - RINCH | (i) | 251,311 | 66,711 | 0 | 25,555 | 1,195 | 344,772 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 LEE ANN WALLACE VP CLINICAL SERVICES - NCH | (i) | 252,048 | 39,541 | 0 | 25,555 | 11,424 | 328,568 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA | (i) | 1,324,714 | 550,258 | 19,000 | 37,800 | 27,316 | 1,959,088 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA | (i) | 790,864 | 421,925 | 19,000 | 37,800 | 24,956 | 1,294,545 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 MATTHEW BERAN MD ORTHOPEDIC SURGEON - CSA | (i) | 491,081 | 636,478 | 0 | 25,555 | 24,956 | 1,178,070 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA | (i) | 766,215 | 312,830 | 19,000 | 37,800 | 17,671 | 1,153,516 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 WALTER SAMORA MD ORTHOPEDIC SURGEON - CSA | (i) | 488,294 | 519,298 | 19,000 | 37,800 | 29,956 | 1,094,348 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 KAREN DAYS VP - Corp & Community Health | (i) | 286,105 | 35,174 | 0 | 25,555 | 12,562 | 359,396 | 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 instructions and the latest information.

OMB No. 1545-0047

2019

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 | 353187EL7 | 10-30-2019 | 75,326,125 | 2019A BONDS (SCHED K, PART VI) | | X | | X | | X |
| B COUNTY OF FRANKLIN OHIO | 31-6400067 | 353187ED5 | 11-16-2017 | 147,565,600 | 2017 A&B BONDS (SCHED K, PART VI) | | X | | X | | X |
| C COUNTY OF FRANKLIN OHIO | 31-6400067 | 000000000 | 04-28-2016 | 47,670,000 | 2016 A&B BONDS (SCHED K, PART VI) | | X | | X | | X |
| D COUNTY OF FRANKLIN OHIO | 31-6400067 | 353187DN4 | 11-15-2016 | 143,485,390 | 2016C BONDS (SCHED K, PART VI) | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|----|-------------|----|------------|----|-------------|----|
| 1 | Amount of bonds retired | 0 | | 535,000 | | 11,415,000 | | 0 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 75,326,606 | | 147,898,824 | | 47,670,000 | | 143,737,373 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 31,902 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 324,063 | | 1,350,446 | | 0 | | 14,300,009 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 75,002,544 | | 100,380,929 | | 0 | | 0 | |
| 11 | Other spent proceeds | 0 | | 46,167,448 | | 47,670,000 | | 0 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 142,275,462 | |
| 13 | Year of substantial completion | 2019 | | 2018 | | 2016 | | 2016 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | X | | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 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 | 0 | | SCHEDULE K PART VI | | SCHEDULE 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 |
|---|--|
| SCHEDULE K, PART I, COLUMN [F] DESCRIPTION OF PURPOSE OF BONDS | PART I, LINE A REPORTS THE 2019 SERIES A HOSPITAL IMPROVEMENT REVENUE BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B REPORTS THE 2017 SERIES A&B HOSPITAL REVENUE REFUNDING AND IMPROVEMENT BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES, AND FOR THE CURRENT REFUNDING OF A PORTION OF THE 2008D BONDS. PART I, LINE C REPORTS THE 2016 SERIES A&B HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008C AND 2008F BONDS. PART I, LINE D REPORTS THE 2016 SERIES C HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF ADVANCE REFUDING THE 2008A and 2009 BONDS. PART I, LINE A (2) REPORTS THE 2015 SERIES A&B HOSPITAL IMPROVEMENT REVENUE BONDS. THE PURPOSE OF THESE BONDS IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B (2) REPORTS THE 2014 SERIES A BONDS. THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIAL BONDS. PART I, LINE C (2) REPORTS THE 2014 SERIES B BONDS. THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS. PART I, LINE D (2) REPORTS THE 2013 BONDS, SERIES A & B. THE 2013A BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008E BONDS. THE 2013B BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008G BONDS. PART I, LINE A (3) REPORTS THE 2012 HOSPITAL IMPROVEMENT REVENUE BOND, SERIES A. ITS PURPOSE IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B (3) REPORTS 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 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, COLUMN D CAPITALIZED INTEREST FROM PROCEEDS | THE COLUMN D AMOUNT REPRESENTS BOND PROCEEDS IN THE AMOUNT OF \$31,902 THAT WERE USED TO PAY INTEREST ON THE BOND. |

| Return Reference | Explanation |
|---|---|
| SCHED K, PART II, LINE 11 COLUMNS A(2)& A(3) - OTHER SPENT PROCEEDS | THIS AMOUNT REPRESENTS AN INTEREST RATE HEDGE TERMINATION PAYMENT OF \$4,500,000 (COLUMN A2) and \$823,513 (COLUMN A3). |

| Return Reference | Explanation |
|---|---|
| SCHED K, PART II, LINE 11 - OTHER SPENT PROCEEDS | THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE FOLLOWING OUTSTANDING REVENUE BONDS: 2002, 2003, 2005C, 2008C, 2008D, 2008E, 2008F, 2008G AND 2009 BONDS. |

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

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 | 353187BT3 | 05-19-2015 | 97,434,250 | 2015 A&B BONDS (SCHED K, PART VI) | | X | | X | | X |
| B COUNTY OF FRANKLIN OHIO | 31-6400067 | 000000000 | 06-04-2014 | 17,225,000 | 2014A BONDS (SCHED K, PART VI) | | X | | X | | X |
| C COUNTY OF FRANKLIN OHIO | 31-6400067 | 000000000 | 11-20-2014 | 45,580,000 | 2014B BONDS (SCHED K, PART VI) | | X | | X | | X |
| D COUNTY OF FRANKLIN OHIO | 31-6400067 | 000000000 | 06-04-2013 | 66,985,000 | 2013 A&B BONDS (SCHED K, PART VI) | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-------------|------------|------------|------------|------|----|------|----|
| 1 | Amount of bonds retired | 0 | 6,490,000 | 0 | 16,965,000 | | | | |
| 2 | Amount of bonds legally defeased | 0 | 0 | 0 | 0 | | | | |
| 3 | Total proceeds of issue | 101,702,675 | 17,225,000 | 45,580,000 | 66,985,000 | | | | |
| 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 | 1,299,700 | 50,001 | 50,001 | 0 | | | | |
| 8 | Credit enhancement from proceeds | 0 | 0 | 0 | 0 | | | | |
| 9 | Working capital expenditures from proceeds | 0 | 0 | 0 | 0 | | | | |
| 10 | Capital expenditures from proceeds | 95,902,975 | 0 | 0 | 0 | | | | |
| 11 | Other spent proceeds | 4,500,000 | 17,174,999 | 45,529,999 | 66,985,000 | | | | |
| 12 | Other unspent proceeds | 0 | 0 | 0 | 0 | | | | |
| 13 | Year of substantial completion | 2019 | | 2015 | | 2015 | | 2013 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 ▶ | 0 % | | 1.100 % | | 1.100 % | | 0 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | 0 % | | 0 % | | | |
| 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 | 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 | 0 | | SCHEDULE K PART VI | | SCHEDULE K PART VI | | SCHEDULE K PART VI | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | X | | X | | X | | X |
| e Was the hedge terminated? | | X | | X | | X | | X |

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 | 353187AR8 | 05-15-2012 | 83,291,333 | 2012A BONDS (SCHED K, PART VI) | | X | | X | | X |
| B COUNTY OF FRANKLIN OHIO | 31-6400067 | 3531867H6 | 12-17-2009 | 100,162,742 | 2009 BONDS (SCHED K, PART VI) | | X | | X | | X |
| C COUNTY OF FRANKLIN OHIO | 31-6400067 | 3531865S4 | 05-07-2008 | 176,675,000 | 2008B-E BONDS (SCHED K, PART VI) | | X | | X | | X |

Part II Proceeds

| | A | B | C | D |
|---|------------|-------------|-------------|----|
| 1 Amount of bonds retired | 10,890,000 | 100,000,000 | 133,395,000 | |
| 2 Amount of bonds legally defeased | 0 | 0 | 0 | |
| 3 Total proceeds of issue | 88,860,416 | 114,454,378 | 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 | 976,231 | 1,235,586 | 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 | 87,060,672 | 113,218,792 | 63,456,878 | |
| 11 Other spent proceeds | 823,513 | 0 | 130,943,639 | |
| 12 Other unspent proceeds | 0 | 0 | 0 | |
| 13 Year of substantial completion | 2012 | | 2012 | |
| | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | X | X |
| 15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 | | SCHEDULE 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 | | | | |
| 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).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Nationwide Children's Hospital Group Return

Employer identification number

01-0782751

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Jung Sun Miller | SEE SCHEDULE L, PART V | 47,661 | Wages: Proj Coord, NCH-IS Dept | | No |
| (2) WBNS TV INC | SEE SCHEDULE L, PART V | 150,689 | 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: \$47,661 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: \$150,689 DESCRIPTION: ADVERTISING SHARING OF ORGANIZATION'S REVENUES: NO |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 | 742,671 | 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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

| Return Reference | Explanation |
|--|--|
| SCHEDULE M, PART I, LINE 31 - GIFT ACCEPTANCE POLICY | WHILE NATIONWIDE CHILDREN'S HOSPITAL (NCH) AND NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) DO NOT HAVE A WRITTEN POLICY, ALL NON-STANDARD CONTRIBUTIONS ARE REVIEWED AND DISCUSSED WITH NCHF LEADERSHIP AND NCH ADMINISTRATION. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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: 1,085 | 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 2019, NATIONWIDE CHILDREN'S HOSPITAL RECEIVED 48,868 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 2019 SPENT A TOTAL OF 24,765 HOURS CREATING ITEMS FOR OUR PATIENTS AND VISITING THE HOSPITAL TO PROVIDE ACTIVITIES FOR BOTH PATIENTS AND FAMILIES. FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION NATIONWIDE CHILDREN'S HOSPITAL (NCH) BELIEVES THAT NO CHILD SHOULD BE REFUSED NECESSARY CARE AND ATTENTION FOR LACK OF ABILITY TO PAY. UPON THIS FUNDAMENTAL BELIEF, NCH IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, EDUCATION OF PATIENTS, FAMILIES AND FUTURE PROVIDERS, AND OUTSTANDING SERVICE TO ACCOMMODATE THE NEEDS OF PATIENTS AND FAMILIES. |

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| <p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1</p> | <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 533-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 146 neonatal intensive and special care nursery beds. In 2019, Nationwide Children's had more than 1.6 million visits from 49 states and 54 countries. Nationwide Children's discharged approximately 19,338 patients during 2019 for a total of 166,011 inpatient days. Patient care was provided by 1,499 medical staff, and the total hospital staff grew to 12,984 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 approximately \$261 million in charity care and community benefit services annually. In 2019, Nationwide Children's accomplished this principal by providing approximately \$21 million in Charity Care assistance and \$149 million of unreimbursed Medicaid for a total of over \$170 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 2019. 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</p> |

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| <p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1</p> | <p>ded in a 16-bed inpatient psychiatric unit. In 2019, Nationwide Children's continued the construction of the Big Lots Behavioral Health Pavilion dedicated exclusively to child and adolescent mental health. The building, which opened March 10, 2020, features inpatient services, intensive outpatient services and research all under one roof. The Pavilion will ramp up to 48 inpatient beds and has a 16-bed Youth Crisis Stabilization Unit, a Psychiatric Crisis Department with a 10-bed Extended Observation Suite, teaching and conference space. Nationwide Children's Hospital Homecare is the only pediatric hospital-based home health agency in central Ohio providing home health care to patients, birth through age 21. Contracted with all major payors, including Medicaid managed care plans, the Homecare team provides pediatric patients with skilled pediatric nursing support at home, as well as answering many other clinical needs such as occupational therapy, physical therapy and speech therapy. Homecare has an onsite pharmacy for compounded sterile and specialty medications, home medical equipment and supplies. Social workers and a chaplain round out the support available for patients. There were 5,298 home nursing visits in 2019. The depth and breadth of services offered at Nationwide Children's spans the depth and breadth of child health. From looking for evidence-based ways to effectively address social determinants of health and health equity to providing daily care for patients with chronic or life-threatening conditions, the experts and specialists at Nationwide Children's are supported by a programmatic infrastructure that enables them to meet the needs of various patient populations. Two programs of note include the Ohio Better Birth Outcomes (OBBO) collaborative and the Central Ohio Poison Control Center. Nationwide Children's is a lead partner in the OBBO collaborative, which is a partnership of four hospital health systems in Franklin County, Ohio, as well as the Columbus Public Health Department and PrimaryOne Health. Through the partnership, OBBO is devoted to using evidence-based interventions to reduce infant mortality rates. The group's key initiatives include improving reproductive health, expanding access to prenatal care and enhancing clinical quality initiatives to reduce prematurity. The Central Ohio Poison Center at Nationwide Children's provides Ohio residents with state-of-the-art poison prevention, assessment and treatment. Services are available to the public, medical professionals, industry and human services agencies. The poison center handled more than 42,000 poison exposure calls in 2019. Experts in the center provide confidential, free emergency poisoning treatment advice 24/7. Patient safety is an organizational priority and cornerstone of Nationwide Children's Hospital's commitment to children. Our quality and safety efforts are organized into the nationally recognized Zero Hero program. Current initiatives include: 1. Leadin</p> |

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| FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1 | g national pediatric quality and safety efforts BY TRAINING THE NEXT GENERATION OF QUALITY 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. Es tablishing the first health care focused "Safety II" program emphasizing what goes right a nd how to replicate it throughout the institution. 4. Developing a diagnostic error progra m to reduce missed or unidentified health issues. 5. Focusing our Quality, Safety and Serv ice Strategic Plan on Simulation, Communication, Big Data Analytics, Antibiotic Stewardshi p and Clinical Pathways. |

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| <p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2</p> | <p>Research The Abigail Wexner Research Institute (AWRI) at Nationwide Children's Hospital 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 technologies to advance pediatric medicine. Recent results of Nationwide Children's research have led to new therapies, advanced scientific discovery and identified opportunities to improve child health. In May 2019, Zolgensma became the first one-time, systemic delivery, gene replacement therapy for a neuromuscular disease to be approved by the U.S. Food and Drug Administration. The phase 1 clinical trial of the novel therapy was led by Jerry Mendell, MD. It showed that the gene therapy developed at Nationwide Children's extends the survival of patients and supports the achievement of milestones previously unseen in the natural course of spinal muscular atrophy type 1 (SMA1). Many of the basic science and clinical research studies that led to this promising treatment were conducted at or led by Nationwide Children's, including the fundamental discovery that the AAV9 viral vector crosses the blood-brain barrier. The experimental therapy was produced in our Good Manufacturing Practices (GMP) facility in The Research Institute. A Phase III clinical trial, the results of which were published in the <i>Lancet</i>, showed that elexacaftor added to ivacaftor and tezacaftor improves lung function and quality of life in cystic fibrosis patients with the most common genetic mutation, F508del. The triple therapy, known as Trikafta, could effectively treat 90% of people with cystic fibrosis. As one of 44 sites across four countries, Nationwide Children's Cystic Fibrosis program saw extraordinarily significant results. Karen McCoy, MD, chief of Pulmonary Medicine at Nationwide Children's led the Nationwide Children's site and was an author of the study. Nationwide Children's continues to be a site for follow-up clinical trials of Trikafta. When an adolescent is acutely suicidal and cannot safely remain in the community, inpatient psychiatric hospitalization is the traditional intervention. But a lack of appropriate facilities across the United States, combined with an increasing demand for inpatient psychiatric services, means many young people who are at critical risk often cannot get the help they need. This concern led the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Ohio to partner with Nationwide Children's Hospital to create the hospital's Youth Crisis Stabilization Unit in 2011. Now, in what appears to be the first study of its kind, recently published in the journal <i>Child and Adolescent Mental Health</i>, clinicians and researchers at Nationwide</p> |

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| FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2 | <p>Children's have shown that intensive crisis intervention is a promising alternative to lengthy hospitalization. Findings also revealed significant reductions in suicidal ideation at the three-month follow-up. In homes across the country, personal care products like shampoo, lotion, makeup, nail polish and cologne are stored in plain sight and easily accessible to young children. A study conducted by researchers at the Center for Injury Research and Policy at Nationwide Children's, and published in Clinical Pediatrics, found that 64,686 children younger than 5 years of age were treated in U.S. emergency departments for injuries related to personal care products from 2002 through 2016 - that is the equivalent of about one child every two hours. Overall, approximately 2,285 Institutional Review Board (IRB) approved protocols were in progress during 2019, 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. More than 1,580 papers were published in 2019 by Nationwide Children's scientists in peer-reviewed medical and scientific journals.</p> |

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| 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 2019, 600 Ohio State University ("OSU") faculty members trained 375 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. In 2019, the Hospital sponsored 35 accredited medical/dental residency and fellowship programs, 30 accredited by the Accreditation Council for Graduate Medical Education; 5 accredited by other organizations. The Hospital has 33 additional fellowships for which no national accreditation currently exists. These programs train pediatric specialists to meet 21st century healthcare needs in such diverse pediatric programs as neuromuscular genetics, epilepsy surgery, bone marrow transplant, colorectal surgery, advanced heart failure and cardiac transplant, and quality and safety leadership. Given the accelerating national shortage of pediatric subspecialists, recruitment is an important outcome for the Hospital's education investment. In 2019, 7 physician specialties recruited 8 fellows to open junior faculty positions. 100% of graduating residents seeking pediatric fellowships successfully secured positions to continue their academic career. Education also helps fill national gaps in midlevel providers who are essential to safe, high quality, 24/7 team-based care. For over 30 years, the Hospital has educated neonatal nurse practitioners and advanced practice nurses. Increased demand has resulted in acute national shortages and, in 2018, led the Hospital to start two new programs: (1) a neonatal physician assistant program; and (2) a pediatric child psychiatry nurse residency, the first such program in the country. The Children's Hospitals Graduate Medical Education Payment Program ("CHGME") is a federal program that underwrites some of the expenses freestanding children's hospitals incur to train physician and dental residents in accredited programs. THE HOSPITAL RECEIVED \$7.7 MILLION IN 2019, FOR A TOTAL OF OVER \$22 MILLION IN EXPENSES UNDERWRITTEN OVER THE PAST THREE YEARS, FROM CHGME. In 2019, approximately 1,800 nursing students, 176 paramedic students, and over 900 other students from allied health disciplines such as pharmacy, speech and language pathology, occupational therapy, psychology, child life, and social work received their pediatric education at the Hospital. In addition to OSU, the Hospital has affiliations with over 400 other universities, hospitals, and institutions. The Hospital also offers mentoring, shadowing, young scientist, STEMM (science, technology, engineering, mathematics and medicine), and/or minority recruitment programs within 150 school districts. The Hospital offers professional education programs to improve and sustain delivery of h</p> |

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| <p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3</p> | <p>High quality pediatric care to all children. In 2019, it awarded continuing medical education credits to approximately 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. In 2019, the Hospital taught 5,300 multidisciplinary participants in simulation sessions. The Hospital works closely with local healthcare providers, including 19 affiliate hospitals, to standardize pediatric care throughout Ohio. In 2019, 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 are very important to health and wellbeing. In 2019, 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 2019, participating family member presenters offered approximately 125 sessions for 1,400 staff in addition to new hires at orientation. The Hospital is working to improve population health. One initiative, called "SPARK," is an evidence-based, no-cost kindergarten readiness program for families living near the Hospital. On a monthly basis, children receive a new book, lesson activities customized to their needs, and educational supplies, along with home or group-based. The Hospital continues to educate every hospital and medical staff member on quality tools. The Hospital's Quality Improvement Essentials course is nationally recognized for training the next generation of quality improvement ("QI") leaders. Since 2010, the Hospital has trained over 400 healthcare professionals from the Hospital as well as Children's National Medical Center (Washington DC), Children's Hospital King's Daughter's (Norfolk), Children's Healthcare of Atlanta, University Hospitals Rainbow Babies & Children's Hospital (Cleveland) and Oschner Medical Center (New Orleans). 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 700 physicians (and hundreds of other team members) have engaged in 190 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</p> |

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| FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3 | communication failures as a root cause of preventable harm. To date nearly 300 staff have been trained on Communicate with Me protocols. Succession planning, career counseling, and leadership development are critical to an organization. In 2019, over 1,400 people attended 57 leadership academy workshops. The Hospital also supports leaders through decentralized services including 190 team retreats reaching nearly 4,000 employees. In addition, the Chief Executive Officer and executive team performed 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. |

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| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES | <p>Child Advocacy: Nationwide Children's Hospital is committed to serving our community. Through advocacy and volunteering efforts across the organization, employees work in the community to improve health outcomes for all children, not just those who are patients here. Because of our commitment to health equity and best outcomes for every child, we are naturally inclined to advocate in diverse ways in support of children everywhere. Advocacy efforts to achieve this goal are multifaceted. From working with legislators to ensure health care coverage for children to working with community partners to advance community wellness, efforts include but are not limited to: Pediatric Health Care Legislation and Policies: Nationwide Children's actively promotes legislation and policies that support pediatric health care locally and nationally. Nationwide Children's, in conjunction with the Children's Hospital Association, advocates for protecting access to health care for children through Medicaid and the Children's Health Insurance Program (CHIP). Additionally, through the Child Health Patient Safety Organization, Nationwide Children's is working to improve hospital and national patient, family and employee safety efforts. Nationwide Children's also trains the next generation of child health advocates by offering a Government Relations "rotation" to the hospital's residents. Educational sessions and events, including the annual Resident Advocacy Day at the Ohio Statehouse, introduce future pediatricians to policy issues surrounding child health. Research Advocacy Efforts: To help reduce the effects 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 2019 study from the Center for Injury Research and Policy at Nationwide Children's examined the barriers high schools face in implementing and enforcing these laws. The study found that some concussion education materials used difficult-to-understand-terms and were not available in needed languages, while parents and coaches did not always "buy in" to concussion safety concerns. The Nationwide Children's researchers intended these findings to help schools and policy maker better structure TBI policies. Research advocacy also focused on reducing teenage suicide. Nationwide Children's experts have helped create reporting guidelines for media when reporting on suicide in an effort to reduce the risk for suicide "contagion." A 2019 study from the Center for Suicide Prevention and Research at Nationwide Children's found, however, that some recent coverage of celebrity suicide deaths did not adhere to those guidelines. The study's authors used the findings to call on media organizations to treat suicide as a public health issue and to contextualize it in the broader topic of mental health. Child Safety: The work of The Center for Family Safety and Healing (TCFSH) is dedicated to reducing the occurrence of child abuse and all</p> |

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| <p>FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES</p> | <p>I 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 2019, TCFSH had 1,822 visits to the Child Assessment Center and 568 Nationwide Children's inpatient consults. The center's Training and Advocacy Department (TAD) provides educational and training opportunities regarding family violence to individuals and organizations in the community. The goal is to help community members recognize the warning signs of family violence, respond appropriately to someone who may be experiencing family violence, and make a referral to provide support. In 2019, TAD served 312 organizations throughout the community - more than twice as many as in 2018. Drug Safety: In response to the national opioid crisis, divisions and providers across the organization have taken action to improve patient safety when it comes to opioid prescriptions or illicit use. The Opioid Taskforce, an integrated team devoted to advocating for opioid safety in the organization and beyond, and Adolescent Medicine at Nationwide Children's have worked extensively in 2019 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 Medicine's 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 Children's is committed to opioid safety. Patient and family education have increased across the organization, 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 Nationwide Children's are all invested in the community surrounding the hospital's main campus. From volunteering to clean up local parks to spending time at the area's food bank or free store, employees are most engaged in the community through the Healthy Neighborhoods Healthy Families (HNHF) program. HNHF at Nationwide Children's collaborates with community partners to focus on five key areas: Education, Affordable Housing, Workforce Development, Community Enrichment, and Health and Wellness. Education -</p> |

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| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES | <p>One of the neighborhood challenges uncovered by the Health Care Needs Assessment, performed in collaboration with Franklin County, was access to preschool education for kindergarten readiness. The HNHF 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 2019, 100% of children who worked with SPARK tested as kindergarten ready, and readiness scores improved from 59% to 84% of children who were prepared for kindergarten through the SPARK program. Further education focus resulted in more than 250 employees from across Nationwide Children's, including research, clinical and hospital employees, participated as mentors through neighborhood schools and organizations in 2019. Mentors spend one hour weekly with their mentee in deliberate activities and discussion. In addition, 60 local high school students participated in the Upward Bound Math and Science program in 2019. All participants graduated from high school and 70% of those students went on to become first-generation college attendees.</p> |

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| <p>FORM 990, PART III, LINE 4D - CONTINUED</p> | <p>Housing Projects - Housing is a vital part of a healthy community. The blight experienced by the neighborhood surrounding the hospital was a concern for many residents. HNHF, working in tandem with community partners, has made an impact in this area. In 2019, 8 homes were completed for ownership, 20 units were created for rental occupancy and 12 homeowners were provided with grants for exterior improvements. In addition, six homes were constructed as part of the newly formed Central Ohio Community Land Trust. Since 2008, more than 375 homes have been impacted through rehabilitations, home improvement grants and new builds. The hospital's continued financial commitment to HNHF has helped to support the construction of safe, decent, and affordable housing. Employment Opportunities - More than 200 residents of the zip codes surrounding the hospital were employed by Nationwide Children's Hospital in 2019 as a result of workforce development and strategic recruitment efforts by the hospital. Community Enrichment - During 2019, 18 leaders graduated from the South Side Neighborhood Leadership Academy, which supports residents in their continued growth as change agents in the community. A total of 68 have graduated since the Academy began in 2015. In addition, over 50 non-profits, businesses, and neighborhood organizations convened as the South Side Thrive Collaborative (SSTC). SSTC partners aim to improve economic mobility, housing stability and health for all. Health and Wellness - School-based Nationwide Children's health clinics had nearly 2,500 visits in 2019, more than double the total of the year before, while school-based behavioral health had more than 4,000 visits during 2019. In addition, approximately 100 caregivers (teen and adults) attended Positive Parenting Program (Triple P) workshops. HNHF Expansion - Along with its transformational efforts in the communities surrounding the hospital, Nationwide Children's and its partners announced in 2019 a large expansion to another traditionally at-risk Columbus neighborhood, Linden. Part of an overall effort called 614 for Linden, the HNHF expansion will leverage lessons learned on the South Side of Columbus to expand housing options, develop business and improve health in the Linden community. 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, AND ALEX FISCHER. A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL: ANN I. WOLFE AND MICHAEL J. 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 FO</p> |

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| FORM 990, PART III, LINE 4D - CONTINUED | UNDATION: THOMAS N. BRIGDON, TIMOTHY C. ROBINSON, RHONDA COMER, LUKE BROWN, STEVE ALLEN, M .D., AND STEPHEN TESTA. TESTA. FORM 990, PART VI, LINE 6 - DESCRIPTION OF CLASSES OF MEMBE RS 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 T HE SUBORDINATE ORGANIZATIONS ARE NON-PROFIT SUBSIDIARIES OF THE LARGEST SUBORDINATE ORGANI ZATION, NATIONWIDE CHILDREN'S HOSPITAL. ORGANIZATION, NATIONWIDE CHILDREN'S HOSPITAL. |

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| FORM 990, PART VI, LINE 7A - CLASSES OF PERSONS AND THEIR RIGHTS | NATIONWIDE CHILDREN'S HOSPITAL, INC. IS THE PARENT CORPORATION WITH VOTING CONTROL OVER THE SUBORDINATE ORGANIZATIONS. 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 CHILDREN'S HOSPITAL CHIEF EXECUTIVE OFFICER/BOARD DIRECTOR; CHIEF FINANCIAL OFFICER/BOARD TREASURER; SENIOR VICE PRESIDENT OF LEGAL SERVICES / BOARD SECRETARY; AND THE FINANCE COMMITTEE CHAIR. IN ADDITION, THIS RETURN WAS MADE AVAILABLE TO THE ENTIRE FINANCE COMMITTEE OF THE BOARD AND MADE AVAILABLE UPON REQUEST TO THE BOARD. FORM 990, PART VI, LINE 12C - 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. |

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| FORM 990, PART VI, LINE 15A PROCESS FOR DETERMINING | COMPENSATION OF CEO IN THE FIRST QUARTER OF 2019, 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. |

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| FORM 990, PART VI, LINE 15B DETERMINING COMP OF OFFICERS & KEY | EMPLOYEES IN THE FIRST QUARTER OF 2019, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMPENSATION REVIEW. FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE CEO, THERE IS A MEETING OF THE MANAGEMENT DEVELOPMENT/COMPENSATION COMMITTEE OF THE BOARD. AT THAT TIME, MARKET SURVEY DATA PROVIDED BY OUTSIDE CONSULTANTS AND/OR OUTSIDE SOURCES IS REVIEWED TO DETERMINE COMPENSATION OR COMPENSATION ADJUSTMENTS FOR THESE POSITIONS, THE CEO'S INPUT IS CONSIDERED AS IT RELATES TO INDIVIDUAL PERFORMANCE FOR THESE INDIVIDUALS, AND INCREMENTAL ADJUSTMENTS ARE RECOMMENDED, THE GROUP DELIBERATES, AND THE APPROVALS ARE MADE. CONTEMPORANEOUS MINUTES ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED. |

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| FORM 990, PART VI, LINE 19 AVAIL OF GOV DOCS, COI POLICY, & FIN | STMTS 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. |

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| Return Reference | Explanation |
|---|---|
| FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B) AVERAGE HOURS PER WEEK | PER WEEK FOR NATIONWIDE CHILDREN'S HOSPITAL EMPLOYEES THAT ARE MEMBERS OF VARIOUS BOARDS AND HOLD SEVERAL POSITIONS WITHIN THE ORGANIZATION, THE HOURS LISTED REPRESENT THE NUMBER OF HOURS THAT INDIVIDUAL DEVOTES TO ALL THE ENTITIES INCLUDED WITHIN THE NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN. THE GOVERNING BOARD OF NATIONWIDE CHILDREN'S HOSPITAL, INC. AND NATIONWIDE CHILDREN'S HOSPITAL IS A JOINT BOARD AND MEMBERS SERVE ON THESE BOARDS CONCURRENTLY. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS Effect of Adoption of SFAS No. 158 1,732,180 NET CHANGE IN INTEREST RATE SWAP AGREEMENTS (11,913,432) TECHNOLOGY INVESTMENTS 27,694,399 TECHNOLOGY INVESTMENT OBLIGATIONS (6,872,619) SWAP TERMINATION PAYMENT (15,407,600) OTHER (465,140) CAA's Beginning Net Assets (86,458,775) _____ TOTAL OTHER CHANGES IN NET ASSETS (91,690,987) |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION:PROFESSIONAL SERVICES TOTAL FEES:82681808 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION:NICU LEASED SALARIES & MED SVC TOTAL FEES:52453778 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION:RESEARCH SUBCONTRACT EXPENSE TOTAL FEES:9506226 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION:CONSULTATION FEES TOTAL FEES:3311236 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION:OTHER PURCHASED SERVICES TOTAL FEES:55525399 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 | 2,637,965 | 5,531,497 | NCH |
| (2) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306 | PHYSICIAN SVC | OH | 1,411,657 | 589,908 | NCH |
| (3) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371 | PHYSICIAN SVC | OH | 3,981,115 | 37,202 | NCH |
| (4) CHILDREN'S COMMUNITY PRACTICES LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-2998916 | PHYSICIAN SVC | OH | 4,054,323 | 1,469,120 | NCH |
| (5) NEAR EAST SIDE HOLDINGS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 83-2817371 | REAL ESTATE | OH | 0 | 4,997,125 | inch |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) COLLIERS PROFESSIONAL LIABILITY INS CO 23 LIME TREE BAY AVENUE GRAND CAYMAN KY1-1102 CJ 98-0457066 | INS CONTRACTING | CJ | NCH | C Corp | 0 | 3,867,129 | 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 | 60,367 | 624 | 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 | 50,070 | 5,397 | 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 | 758,366 | 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 |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| CHILDREN'S SURGICAL ASSOCIATES | B | 384,081 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | B | 93,568 | ACTUAL AMOUNT |
| NCH HOMECARE | B | 200,000 | ACTUAL AMOUNT |
| CHILDREN'S RADIOLOGICAL INSTITUTE | B | 264,488 | ACTUAL AMOUNT |
| CENTER FOR CHILD & FAMILY ADVOCACY | B | 344,406 | ACTUAL AMOUNT |
| CENTER FOR CHILD & FAMILY ADVOCACY | B | 2,693,262 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | B | 13,944,614 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | B | 14,296,802 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | B | 33,359,948 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | B | 83,211 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 384,081 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 93,568 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 200,000 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 264,488 | ACTUAL AMOUNT |
| CENTER FOR CHILD & FAMILY ADVOCACY | C | 83,211 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | C | 344,406 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 2,693,262 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 13,944,614 | ACTUAL AMOUNT |
| NCH FOUNDATION | C | 14,296,802 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | C | 33,359,948 | ACTUAL AMOUNT |
| Partners for Kids | J | 452,441 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | L | 558,409 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | L | 209,194 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | L | 147,243 | ACTUAL AMOUNT |
| CHILDREN'S ANESTHESIA ASSOCIATES | L | 646,909 | 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 |
| CHILDREN'S ANESTHESIA ASSOCIATES | L | 218,677 | ACTUAL AMOUNT |
| CHILDREN'S SURGICAL ASSOCIATES | L | 648,090 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | L | 5,614,535 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | L | 1,660,675 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | L | 7,950,465 | ACTUAL AMOUNT |
| CENTER FOR CHILD & FAMILY ADVOCACY | L | 831,862 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | L | 14,518,880 | ACTUAL AMOUNT |
| NCH HOMECARE | L | 117,769 | ACTUAL AMOUNT |
| Partners for Kids | L | 2,218,090 | ACTUAL AMOUNT |
| Partners for Kids | L | 374,884,775 | ACTUAL AMOUNT |
| Partners for Kids | L | 296,090 | ACTUAL AMOUNT |
| Partners for Kids | L | 121,621 | ACTUAL AMOUNT |
| Partners for Kids | L | 183,717 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | M | 558,409 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | M | 865,586 | ACTUAL AMOUNT |
| CHILDREN'S RADIOLOGICAL INSTITUTE | M | 147,243 | ACTUAL AMOUNT |
| NCH HOMECARE | M | 209,194 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | M | 648,090 | ACTUAL AMOUNT |
| CHILDREN'S ANESTHESIA ASSOCIATES | M | 1,660,675 | ACTUAL AMOUNT |
| CHILDREN'S RADIOLOGICAL INSTITUTE | M | 5,614,535 | ACTUAL AMOUNT |
| PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS | M | 7,950,465 | ACTUAL AMOUNT |
| NCH BEHAVIORAL HEALTH | M | 831,862 | ACTUAL AMOUNT |
| CHILDREN'S SURGICAL ASSOCIATES | M | 14,518,880 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | M | 117,769 | ACTUAL AMOUNT |
| CENTER FOR CHILD & FAMILY ADVOCACY | O | 879,878 | 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 |
|--|-------------------------------------|-------------------------------|---|
| NCH FOUNDATION | O | 3,404,704 | ACTUAL AMOUNT |
| PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS | O | 5,446,235 | ACTUAL AMOUNT |
| NCH HOMECARE | O | 9,072,629 | ACTUAL AMOUNT |
| CHILDREN'S RADIOLOGICAL INSTITUTE | O | 14,832,510 | ACTUAL AMOUNT |
| CHILDREN'S ANESTHESIA ASSOCIATES | O | 23,233,634 | ACTUAL AMOUNT |
| CHILDREN'S SURGICAL ASSOCIATES | O | 39,617,246 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | O | 87,332,988 | ACTUAL AMOUNT |
| Partners for Kids | O | 11,069,752 | ACTUAL AMOUNT |
| CHILDREN'S NW MOB CONDO ASSOC'N | P | 67,298 | ACTUAL AMOUNT |
| NORTHEAST CLOSE TO HOME CTR CONDO ASSOC'N | P | 66,520 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | P | 3,736,854 | ACTUAL AMOUNT |
| CENTER FOR CHILD & FAMILY ADVOCACY | Q | 779,882 | ACTUAL AMOUNT |
| PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS | Q | 1,256,861 | ACTUAL AMOUNT |
| NCH FOUNDATION | Q | 6,016,851 | ACTUAL AMOUNT |
| CHILDREN'S SURGICAL ASSOCIATES | Q | 6,382,889 | ACTUAL AMOUNT |
| CHILDREN'S ANESTHESIA ASSOCIATES | Q | 324,487 | ACTUAL AMOUNT |
| NCH HOMECARE | Q | 21,882,935 | ACTUAL AMOUNT |
| CHILDREN'S RADIOLOGICAL INSTITUTE | Q | 1,814,715 | ACTUAL AMOUNT |
| Partners for Kids | Q | 1,258,109 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | R | 263,818,206 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | R | 167,888,502 | ACTUAL AMOUNT |
| NCH REALTY INC | R | 250,765 | ACTUAL AMOUNT |
| CHILDREN'S RADIOLOGICAL INSTITUTE | S | 10,127,312 | ACTUAL AMOUNT |
| PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS | S | 1,600,000 | ACTUAL AMOUNT |
| CHILDREN'S SURGICAL ASSOCIATES | S | 21,447,439 | 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 |
|--|-------------------------------------|-------------------------------|---|
| CHILDREN'S ANESTHESIA ASSOCIATES | S | 95,122,173 | ACTUAL AMOUNT |
| NCH HOMECARE | S | 33,812,810 | ACTUAL AMOUNT |
| NCH FOUNDATION | S | 30,500,000 | ACTUAL AMOUNT |
| NATIONWIDE CHILDREN'S HOSPITAL | S | 167,888,502 | ACTUAL AMOUNT |
| RESEARCH INSTITUTE AT NCH | S | 71,208,472 | ACTUAL AMOUNT |
| Partners for Kids | S | 15,420,033 | ACTUAL AMOUNT |