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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

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

D Employer identification number 01-0782751

E Telephone number (614) 722-5958

G Gross receipts $ 2,492,420,642

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

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 4235

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

J Website: ▶ www.nationwidechildrens.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile OH

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	85
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	62
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	12,659
6	Total number of volunteers (estimate if necessary)	**6**	1,485
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,517,738
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,575,643

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	186,407,659	197,698,721
9	Program service revenue (Part VIII, line 2g)	1,360,441,347	1,466,277,072
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,957,409	41,278,383
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,267,503	21,804,459
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,610,073,918	1,727,058,635

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	65,626,954	81,762,357
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)	628,697,324	686,166,636
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,268,526		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	547,352,689	631,107,903
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,241,676,967	1,399,036,896
19	Revenue less expenses Subtract line 18 from line 12	368,396,951	328,021,739

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,922,113,687	3,352,825,862
21	Total liabilities (Part X, line 26)	748,099,874	913,351,922
22	Net assets or fund balances Subtract line 21 from line 20	2,174,013,813	2,439,473,940

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: 2016-11-09

TIMOTHY C ROBINSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DIANE L BEAN	DIANE L BEAN			P00104972

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 800 Yard Street Suite 200
Grandview Heights, OH 43212

Phone no (614) 224-5678

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 $	896,675,931	including grants of $	19,082,952) (Revenue $	1,472,550,671)	
	PATIENT CARE (SEE SCHEDULE O)					
4b	(Code) (Expenses $	165,731,999	including grants of $	58,935,226) (Revenue $	254,742)	
	RESEARCH (SEE SCHEDULE O)					
4c	(Code) (Expenses $	31,666,173	including grants of $	1,068,109) (Revenue $	1,071,691)	
	EDUCATION (SEE SCHEDULE O)					
4d	Other program services (Describe in Schedule O)					
	(Expenses $	5,187,966	including grants of $	2,676,070) (Revenue $	0)	
4e	**Total program service expenses ▶**	1,099,262,069				

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	809		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12,659		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ 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?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	85		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	62		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK, 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, UT, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ☑ 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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								21,080,621	254,572	1,492,925

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 ▶ 741

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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	57,509,035
OHIO STATE UNIVERSITY, 410 WEST 10TH AVENUE COLUMBUS, OH 43210	MEDICAL SERVICES	32,449,582
OHIOHEALTH, 180 EAST BROAD STREET 33RD FLOOR COLUMBUS, OH 43215	MEDICAL SERVICES	23,457,016
MT CARMEL HEALTH, 6150 EAST BROAD STREET COLUMBUS, OH 43212	MEDICAL SERVICES	7,904,368
ARAMARK SERVICEMASTER CORPORATION, 12483 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	EQUIP MAINTENANCE	4,540,697

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 ▶ 238

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	245,739				
	b Membership dues	8,050				
	c Fundraising events	3,476,795				
	d Related organizations	74,176,600				
	e Government grants (contributions)	48,685,318				
	f All other contributions, gifts, grants, and similar amounts not included above	71,106,219				
	g Noncash contributions included in lines 1a-1f $	362,051				
	h **Total.** Add lines 1a-1f		197,698,721			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICES REVENUE	900099	1,456,273,567	1,456,273,567		
	b PHYSICIAN SERVICES REVENUE	900099	5,669,322	5,669,322		
	c REFERENCE LAB	621500	2,421,600		2,421,600	
	d POISON CENTER	900099	729,838	729,838		
	e OPTICAL SHOP	446199	627,497		627,497	
	f All other program service revenue		555,248	401,173	154,075	
	g **Total.** Add lines 2a-2f		1,466,277,072			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,812,314		-51,283	30,863,597
	4 Income from investment of tax-exempt bond proceeds		-52,892			-52,892
	5 Royalties		314,689			314,689
		(i) Real	(ii) Personal			
	6a Gross rents	1,591,071				
	b Less rental expenses	1,451,848				
	c Rental income or (loss)	139,223	0			
	d Net rental income or (loss)		139,223			139,223
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	773,703,349	23,134			
	b Less cost or other basis and sales expenses	762,891,657	315,865			
	c Gain or (loss)	10,811,692	-292,731			
	d Net gain or (loss)		10,518,961			10,518,961
	8a Gross income from fundraising events (not including $ 3,476,795 of contributions reported on line 1c) See Part IV, line 18	a 469,323				
	b Less direct expenses	b 677,995				
	c Net income or (loss) from fundraising events		-208,672			-208,672
	9a Gross income from gaming activities See Part IV, line 19	a 44,120				
	b Less direct expenses	b 24,642				
	c Net income or (loss) from gaming activities		19,478			19,478
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722210	6,447,800			6,447,800
	b BILLING SERVICES TO AFFILIATE	541200	3,598,836	3,598,836		
	c OTHER RESEARCH REVENUE	900099	3,550,549	1,300,817	2,249,732	
	d All other revenue		7,942,556	2,700,379	116,117	5,126,060
	e **Total.** Add lines 11a-11d		21,539,741			
	12 **Total revenue.** See Instructions		1,727,058,635	1,470,673,932	5,517,738	53,168,244

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	81,422,916	81,422,916		
2 Grants and other assistance to domestic individuals See Part IV, line 22	339,441	339,441		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	15,659,930	4,333,621	10,980,151	346,158
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	950,925	640,426	310,499	0
7 Other salaries and wages	530,314,778	422,410,893	106,416,862	1,487,023
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,733,587	20,364,474	6,369,113	0
9 Other employee benefits	76,074,420	60,830,096	14,795,553	448,771
10 Payroll taxes	36,432,996	27,549,550	8,883,446	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	2,749,563	50,119	2,699,444	0
c Accounting	529,222	0	529,222	0
d Lobbying	367,194	0	367,194	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)	183,454,601	143,884,101	39,508,816	61,684
12 Advertising and promotion	8,558,200	340,447	5,614,252	2,603,501
13 Office expenses	37,327,550	22,650,656	14,647,067	29,827
14 Information technology	18,331,145	8,796,486	9,534,659	0
15 Royalties	482,655	482,655	0	0
16 Occupancy	81,566,315	69,905,478	11,660,837	0
17 Travel	6,100,040	4,575,892	1,427,659	96,489
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,675,364	853,475	814,089	7,800
20 Interest	21,271,022	0	21,271,022	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	77,524,475	68,060,105	9,464,370	0
23 Insurance	9,021,104	7,017,264	2,003,840	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	80,058,823	80,058,823	0	0
b DRUGS	63,632,434	63,389,555	242,879	0
c HOSPITAL FRANCHISE FEES	19,017,752	0	19,017,752	0
d TEXTILES & PAPER GOODS	4,427,386	3,298,094	1,129,292	0
e All other expenses	15,013,058	8,007,502	6,818,283	187,273
25 **Total functional expenses.** Add lines 1 through 24e	1,399,036,896	1,099,262,069	294,506,301	5,268,526
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		204,369,237	1	147,367,021
	2	Savings and temporary cash investments		2,450,152	2	2,555,188
	3	Pledges and grants receivable, net		39,960,446	3	20,648,186
	4	Accounts receivable, net		195,498,304	4	277,372,933
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		7,787,487	8	8,900,601
	9	Prepaid expenses and deferred charges		9,499,798	9	9,914,624
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,559,647,004			
	b	Less accumulated depreciation	10b 492,144,728	1,046,847,841	10c	1,067,502,276
	11	Investments—publicly traded securities		1,333,960,487	11	1,678,888,536
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		9,947,771	14	12,618,663
	15	Other assets See Part IV, line 11		71,792,164	15	127,057,834
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,922,113,687	16	3,352,825,862
Liabilities	17	Accounts payable and accrued expenses		138,128,764	17	162,586,403
	18	Grants payable		0	18	0
	19	Deferred revenue		10,775,859	19	8,532,472
	20	Tax-exempt bond liabilities		481,680,002	20	571,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		117,515,249	25	171,233,047
	26	**Total liabilities.** Add lines 17 through 25		748,099,874	26	913,351,922
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,952,024,289	27	2,215,442,432
	28	Temporarily restricted net assets		118,297,079	28	116,851,700
	29	Permanently restricted net assets		103,692,445	29	107,179,808
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,174,013,813	33	2,439,473,940
	34	Total liabilities and net assets/fund balances		2,922,113,687	34	3,352,825,862

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,727,058,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399,036,896
3	Revenue less expenses Subtract line 2 from line 1	3	328,021,739
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,174,013,813
5	Net unrealized gains (losses) on investments	5	-61,565,872
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-995,740
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,439,473,940

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX FISCHER CHAIR / DIRECTOR - NCH	30 00	X		X				0	0	0
GEORGE BARRETT DIRECTOR - NCH	30 00	X						0	0	0
DAVID CAMPISI DIRECTOR - NCH(AS OF 11/20/15)	30 00	X						0	0	0
JOSEPH A CHLAPATY DIRECTOR - NCH	30 00	X						0	0	0
JOHN B GERLACH DIRECTOR - NCH	30 00	X						0	0	0
C ROBERT KIDDER DIRECTOR - NCH	30 00	X						0	0	0
MICHAEL J FIORILE DIRECTOR - NCH	30 00	X						0	0	0
JAMES MALZ DIRECTOR - NCH (TO 8/21/15)	30 00	X						0	0	0
SHAREN JESTER TURNEY DIRECTOR - NCH	30 00	X						0	0	0
CHRIS OLSEN DIRECTOR - NCH(AS OF 10/23/15)	30 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JORDAN MILLER JR DIRECTOR - NCH	3 0 0 0	X						0	0	0
R BLANE WALTER DIRECTOR - NCH	3 0 0 0	X						0	0	0
STEVE RASMUSSEN DIRECTOR - NCH	3 0 0 0	X						0	0	0
ABIGAIL S WEXNER DIRECTOR - NCH	3 0 0 0	X						0	0	0
DWIGHT SMITH DIRECTOR - NCH	3 0 0 0	X						0	0	0
BARBARA TRUEMAN DIRECTOR - NCH	3 0 0 0	X						0	0	0
ANN I WOLFE DIRECTOR - NCH	3 0 0 0	X						0	0	0
CHERYL W LUCKS DIRECTOR - NCH (TO 8/21/15)	3 0 0 0	X						0	0	0
DARRYL A ROBBINS DO DIRECTOR - NCH	3 0 0 0	X						0	0	0
STEVEN TEICH MD DIRECTOR - NCH (TO 4/22/15)	47 0 3 0	X						453,381	0	37,547

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			
THOMAS TAGHON MD DIRECTOR - NCH (TO 6/26/15)	3 0 47 0	X						0	254,572	39,25
WILLIAM COTTON MD DIRECTOR - NCH (AS OF 4/24/15)	3 0 0 0	X						0	0	
ALLAN BEEBE MD DIRECTOR - NCH (AS OF 8/21/15)	47 0 3 0	X						769,342	0	55,73
CHRISTOPHER ELLISON MD DIRECTOR - NCH	3 0 0 0	X						0	0	
STEVE ALLEN MD DIRECTOR / CEO - NCH	47 0 3 0	X		X				2,577,647	0	57,36
RICHARD MILLER CHAIR/DIRECTOR - NCH HOMECARE	50 0 0 0	X		X				0	0	
TIMOTHY C ROBINSON TREAS/DIRECTOR - NCH HOMECARE	47 0 3 0	X		X				0	0	
LINDA STOVEROCK RN SEC/DIRECTOR - NCH HOMECARE	50 0 0 0	X		X				0	0	
CHRISTOPHER TIMAN MD MEDICAL DIR - NCH HOMECARE	3 0 0 0	X						0	0	
LISA HUMPHREY MD INTERIM MED DIR - NCH HOMECARE	3 0 0 0	X						0	0	

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM SHIELS II MDDECEASED PRES / DIR - CRI (TO 5/5/15)	50 0 0 0	X		X				377,364	0	38,24
RICHARD MILLER PRES / DIR - CRI(AS OF 5/5/15)	50 0 0 0	X		X				0	0	
GREG BATES MD DIRECTOR - CRI	50 0 0 0	X						569,187	0	41,37
STEVE ALLEN MD DIRECTOR - CRI	47 0 3 0	X						0	0	
PHYLLIS HAMMOND-INNES MD PRESIDENT / DIRECTOR - PPAC	50 0 0 0	X		X				526,174	0	54,86
TIMOTHY C ROBINSON TREASURER / DIRECTOR - PPAC	47 0 3 0	X		X				0	0	
RICHARD BRILLI MD DIRECTOR - PPAC	42 0 0 0	X						0	0	
JAMIE PHILLIPS DIRECTOR - PPAC	50 0 0 0	X						379,513	0	45,13
RICHARD MILLER DIRECTOR - PPAC	50 0 0 0	X						0	0	
STEVE ALLEN MD DIRECTOR - PPAC	47 0 3 0	X						0	0	

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD MILLER PRESIDENT / DIRECTOR - CSA	50 0 0 0	X		X				0	0	0
TIMOTHY C ROBINSON TREASURER / DIRECTOR - CSA	47 0 3 0	X		X				0	0	0
STEVE ALLEN MD DIRECTOR - CSA	47 0 3 0	X						0	0	0
R LAWRENCE MOSS MD DIRECTOR - CSA	50 0 0 0	X						993,630	0	57,284
CHERYL W LUCKS CHAIR/DIRECTOR -NCH FOUNDATION	3 0 0 0	X		X				0	0	0
THOMAS N BRIGDON VICE CHAIR/DIRECTOR -NCH FNDTN	3 0 0 0	X		X				0	0	0
CHAD A JESTER DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
ANDREW W LIVINGSTON DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
EDWARD SHEPHERD MD DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
CYNTHIA RASMUSSEN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0

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			
ALBERT COVELLI DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
RICHARD GERMAIN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
WILLIAM EASDALE DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
PAMELA FARBER DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
TIMOTHY JOHNSON DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
JONATHAN RAMSDEN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
BRIAN STEWART DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
ANN I WOLFE CHAIR / DIR - NCH FOUNDATION	3 0 0 0	X		X				0	0	0
MICHAEL RAYDEN DIRECTOR - NCH FOUNDATION	3 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR - NCH FOUNDATION	47 0 3 0	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHAREN JESTER TURNEY CHAIR / DIRECTOR - RINCH	3 0 0 0	X		X				0	0	0
GEORGE BARRETT DIRECTOR - RINCH	3 0 0 0	X						0	0	0
KENT JOHNSON PHD DIRECTOR - RINCH	3 0 0 0	X						0	0	0
BEN MAIDEN PHD DIRECTOR - RINCH	3 0 0 0	X						0	0	0
CHRIS OLSEN DIRECTOR - RINCH	3 0 0 0	X						0	0	0
DWIGHT SMITH DIRECTOR - RINCH	3 0 0 0	X						0	0	0
THOMAS WALKER DIRECTOR - RINCH	3 0 0 0	X						0	0	0
CAROLINE C WHITACRE PHD DIRECTOR - RINCH	3 0 0 0	X						0	0	0
STEVE ALLEN MD DIRECTOR - RINCH	47 0 3 0	X						0	0	0
ALEX FISCHER 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			
ABIGAIL S WEXNER CHAIR / DIRECTOR - CCFA	3 0 0 0	X		X				0	0	0
STEVE ALLEN MD DIRECTOR - CCFA	47 0 3 0	X						0	0	0
DAVID M ARONOWITZ DIRECTOR - CCFA	3 0 0 0	X						0	0	0
CARRIE BIRCH DIRECTOR - CCFA	3 0 0 0	X						0	0	0
JANET E JACKSON DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KATHERINE WOLFE LLOYD DIRECTOR - CCFA	3 0 0 0	X						0	0	0
BROOKE F O'NEILL DIRECTOR - CCFA (TO 4/22/15)	3 0 0 0	X						0	0	0
KEVIN O'CONNOR DIRECTOR - CCFA	3 0 0 0	X						0	0	0
AUDREY G TUCKERMAN DIRECTOR - CCFA	3 0 0 0	X						0	0	0
DOUGLAS L WILLIAMS 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			
REV CHARLES BOOTH MD DIRECTOR - CCFA (TO 4/22/15)	3 0 0 0	X						0	0	0
KAREN DAYS PRES / DIRECTOR - CCFA	50 0 0 0	X		X				292,677	0	45,32
BISHOP CALLON HOLLOWAY DIRECTOR - CCFA	3 0 0 0	X						0	0	0
KIMBERLEY JACOBS DIRECTOR - CCFA	3 0 0 0	X						0	0	0
CHAD A JESTER DIRECTOR - CCFA	3 0 0 0	X						0	0	0
JEFFREY LYTTLE DIRECTOR - CCFA	3 0 0 0	X						0	0	0
STANLEY PARTLOW DIRECTOR - CCFA	3 0 0 0	X						0	0	0
GREGORY PAXTON DIRECTOR - CCFA (TO 4/22/15)	3 0 0 0	X						0	0	0
JUDGE DANA PREISSE DIRECTOR - CCFA	3 0 0 0	X						0	0	0
ZACH SCOTT DIRECTOR - CCFA	3 0 0 0	X						0	0	0

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			
OLIVIA THOMAS MD DIRECTOR - CCFA	3 0 0 0	X						0	0	0
SHAREN JESTER TURNEY DIRECTOR - CCFA	3 0 0 0	X						0	0	0
TIMOTHY C ROBINSON TREASURER - CRI	47 0 3 0			X				0	0	0
JAMES DIGAN PRESIDENT - NCH FOUNDATION	50 0 0 0			X				648,037	0	44,279
TIMOTHY C ROBINSON TREASURER / SR VP / CFO - NCH	47 0 3 0			X				900,823	0	63,219
TIMOTHY C ROBINSON TREASURER - CCFA	47 0 3 0			X				0	0	0
TIMOTHY C ROBINSON TREASURER - NCH FOUNDATION	47 0 3 0			X				0	0	0
TIMOTHY C ROBINSON TREASURER - RINCH	47 0 3 0			X				0	0	0
RICHARD MILLER COO - NCH	50 0 0 0			X				833,968	0	65,519
LINDA STOVEROCK RN SR VP / CNO - NCH	50 0 0 0			X				458,359	0	56,234

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			
WANDA STACKPOLE VP / EXEC DIR - NCH HOMECARE	50 0 0 0			X				199,413	0	24,87
JOHN A BARNARD MD PRESIDENT - RINCH	32 0 0 0			X				379,697	0	29,53
RHONDA COMER SECRETARY - CRI	47 0 3 0			X				0	0	
RHONDA COMER SECRETARY - PPAC	47 0 3 0			X				0	0	
RHONDA COMER SECRETARY - CSA	47 0 3 0			X				0	0	
RHONDA COMER SECRETARY - NCH FOUNDATION	47 0 3 0			X				0	0	
RHONDA COMER SECRETARY - CCFA	47 0 3 0			X				0	0	
RHONDA COMER SECRETARY - RINCH	47 0 3 0			X				0	0	
RHONDA COMER SEC / SR VP / LEGAL SVCS - NCH	47 0 3 0			X				559,710	0	55,93
LUKE BROWN ASST TREAS - NCH FOUNDATION	50 0 0 0			X				290,047	0	43,61

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			
SARA EVANS ASST SECRETARY -NCH FOUNDATION	50 0 0 0			X				168,422	0	27,18
LORINA WISE ASST SECRETARY - RINCH	50 0 0 0			X				234,259	0	25,23
DENNIS MINZLER ASST SECRETARY - CRI	50 0 0 0			X				0	0	
PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	50 0 0 0				X			464,264	0	61,71
RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH	42 0 0 0				X			534,500	0	51,93
BRUCE MEYER MD ADMIN MEDICAL DIRECTOR - NCH	24 0 0 0				X			160,212	0	29,22
DENISE ZABAWSKI VP / CIO - NCH	50 0 0 0				X			373,970	0	33,57
ELISABETH BALDOCK VP/ HR - NCH	50 0 0 0				X			405,850	0	52,44
DENNIS MINZLER VICE PRESIDENT - NCH	50 0 0 0				X			205,012	0	37,89
BRUCE STEVENSON VICE PRESIDENT - RINCH	50 0 0 0				X			258,223	0	35,60

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			
AMY ROSCOE VICE PRESIDENT - RINCH	50 0 0 0				X			201,227	0	17,27
VICKY ARMSTRONG VP CLINICAL SERVICES - NCH	50 0 0 0				X			226,945	0	29,88
MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	50 0 0 0					X		1,900,670	0	54,73
KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X		1,216,078	0	54,73
WALTER SAMORA MD ORTHOPEDIC SURGEON - CSA	50 0 0 0					X		955,608	0	58,67
RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	50 0 0 0					X		934,225	0	54,73
FREDERICK LONG MD RADIOLOGIST - CRI (TO 5/25/15)	50 0 0 0					X		758,911	0	1,71
MICHAEL BRADY MD FORMER KEY, NOW ASST MED DIR	31 0 0 0						X	270,874	0	10,34
JEROME SAUL MD FORMER PHYSICIAN IN CHIEF -NCH	0 0 0 0						X	602,402	0	65

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SCHEDULE A (Form 990 or 990EZ)

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.**

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

OMB No 1545-0047

2015

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 11, 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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1		Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2		Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a		Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
	b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
	c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a		Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
	c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a		Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7		Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8		Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a		Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
	b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
	c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a		Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
	b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
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?	11a		No
	b	A family member of a person described in (a) above?	11b		No
	c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

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? *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*	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? *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*	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)? *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)*	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
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? *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*	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? *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*	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? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	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 **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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. 0			
e From 2014. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2015 distributable amount			0
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2015 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b			
c Excess from 2013. 0			
d From 2014. 0			
e From 2015. 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

Return Reference	Explanation
REASON FOR PUBLIC CHARITY STATUS FOR GROUP RETURN SUBORDINATES	NATIONWIDE CHILDREN'S HOSPITAL (NCH) EIN 31-4379441 PUBLIC CHARITY STATUS 509 (a)(1) & 170(b)(1)(A)(iii) NATIONWIDE CHILDREN'S HOSPITAL HOMECARE (NCH HOMECARE) EIN 31-1296332 PUBLIC CHARITY STATUS 509(a)(2) 2015 PUBLIC SUPPORT PERCENTAGE 100% 2015 INVESTMENT INCOME PERCENTAGE 0% CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) EIN 31-1439570 PUBLIC CHARITY STATUS 509(a)(2) 2015 PUBLIC SUPPORT PERCENTAGE 99 47% 2015 INVESTMENT INCOME PERCENTAGE 0 53% PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) EIN 31-1595013 PUBLIC CHARITY STATUS 509(a)(2) 2015 PUBLIC SUPPORT PERCENTAGE 99 78% 2015 INVESTMENT INCOME PERCENTAGE 0 22% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHARITY STATUS 509(a)(2) 2015 PUBLIC SUPPORT PERCENTAGE 99 97% 2015 INVESTMENT INCOME PERCENTAGE 0 03% NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) EIN 31-1036370 PUBLIC CHARITY STATUS 509(a)(1) & 170 (b)(1)(A)(vi) 2015 PUBLIC SUPPORT PERCENTAGE 71 58% RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-6056230 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2015 PUBLIC SUPPORT PERCENTAGE 64 87% CENTER FOR CHILD & FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSP (CCFA) EIN 02-0627166 PUBLIC CHARITY STATUS 509(a)(1) & 170(b)(1)(A)(vi) 2015 PUBLIC SUPPORT PERCENTAGE 88 72%

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

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

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

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

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

Name of the organization	Employer identification number
Nationwide Children's Hospital Group Return	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
2 Political expenditures ▶ $
3 Volunteer hours

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
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		
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-		

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		4,168
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		151,265
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		680,188
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			835,621
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1 - DESCRIPTION OF LOBBYING ACTIVITY	NATIONWIDE CHILDRENS HOSPITAL, INC (NCH) IS A SECTION 501(C)(3) ORGANIZATION WITH A MISSION BASED ON THE BELIEF THAT NO CHILD SHOULD BE REFUSED NECESSARY CARE AND ATTENTION FOR LACK OF ABILITY TO PAY NATIONWIDE CHILDREN'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, EDUCATION OF PATIENTS, FAMILIES AND FUTURE PROVIDERS, AND OUTSTANDING SERVICE TO ACCOMMODATE THE NEEDS OF PATIENTS AND FAMILIES IN FULFILLMENT OF THIS MISSION, NCH ADVOCATES AT THE LOCAL, STATE AND FEDERAL LEVELS ON BEHALF OF CHILDREN AND THE PROVIDERS WHO CARE FOR THEM PROFESSIONAL STAFF IN THE GOVERNMENT RELATIONS DEPARTMENT DIRECT AND PERFORM THESE ACTIVITIES AND COORDINATE THE WORK OF OTHER HOSPITAL STAFF THAT SUPPORT ADVOCACY EFFORTS ON AN INTERMITTENT BASIS THE HOSPITAL HAS SENT CORRESPONDENCE TO AND MET DIRECTLY WITH LOCAL, STATE, AND FEDERAL OFFICIALS NCH PAYS MEMBERSHIP DUES TO PROFESSIONAL ORGANIZATIONS WHICH, AMONG THEIR MANY RESPONSIBILITIES, PERFORM CERTAIN LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBER ORGANIZATIONS BASED ON INFORMATION SUPPLIED BY THESE PROFESSIONAL ASSOCIATIONS, NCH HAS DETERMINED THE TOTAL OF NCHS DUES APPLICABLE TO THEIR LOBBYING ACTIVITIES IS $151,265 DURING 2015, ONE HOSPITAL STAFF MEMBER WAS REGISTERED AS A LOBBYIST AT THE FEDERAL LEVEL AND TWO AT THE STATE LEVEL DURING 2015, STAFF MET WITH ELECTED AND APPOINTED OFFICIALS REGARDING CHILD HEALTH, REIMBURSEMENT, AND GRANTS/FUNDING NCH UTILIZED THE SERVICES OF TWO OUTSIDE CONSULTANTS, ONE AT THE LOCAL/STATE LEVEL AND ONE AT THE FEDERAL LEVEL IN 2015 THESE CONSULTANTS PREPARED WRITTEN MATERIALS AND MET WITH ELECTED AND APPOINTED OFFICIALS NCHS TOTAL DIRECT AND INDIRECT LOBBYING EXPENDITURES BASED ON RESOURCES OR TIME WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

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2015

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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 8/17/06, 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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	147,768,473	141,883,193	118,965,128	108,604,577	102,137,494
b Contributions	3,486,666	4,501,073	8,593,015	3,806,940	8,748,844
c Net investment earnings, gains, and losses	-1,260,160	5,128,674	17,299,062	8,968,440	232,365
d Grants or scholarships					
e Other expenditures for facilities and programs	3,444,407	3,744,467	2,974,012	2,414,829	2,514,126
f Administrative expenses					
g End of year balance	146,550,572	147,768,473	141,883,193	118,965,128	108,604,577

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

- a Board designated or quasi-endowment ▶ 25 400 %
- b Permanent endowment ▶ 74 600 %
- 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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land	1,840,000	50,448,937		52,288,937
b Buildings		1,087,252,700	296,967,112	790,285,588
c Leasehold improvements		4,352,378	371,242	3,981,136
d Equipment		330,556,853	194,806,374	135,750,479
e Other		85,196,136		85,196,136
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,067,502,276

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		
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
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
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
Federal income taxes	0
MARKET VALUE OF INTEREST RATE SWAP	35,981,573
ACCRUED RETIREMENT BENEFITS	32,180,072
OTHER DONOR RELATED LIABILITIES	1,896,607
ACCRUED PROFESSIONAL LIABILITY	31,470,447
PAYABLE TO THIRD PARTY PAYORS	4,072,550
BOND ISSUE PREMIUM	7,277,948
DUE TO AFFILIATE	959,848
HCAP ACCRUAL	57,394,002
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	171,233,047

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4 INTENDED 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
MARKET VALUE OF INTEREST RATE SWAP	35,981,573
ACCRUED RETIREMENT BENEFITS	32,180,072
OTHER DONOR RELATED LIABILITIES	1,896,607
ACCRUED PROFESSIONAL LIABILITY	31,470,447
PAYABLE TO THIRD PARTY PAYORS	4,072,550
BOND ISSUE PREMIUM	7,277,948
DUE TO AFFILIATE	959,848
HCAP ACCRUAL	57,394,002

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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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			1,698,576
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		1			1,698,576

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	SELF INSURANCE	1,139,886
East Asia and the Pacific			Program Services	RESEARCH COLLABORATION	166,963
Europe (Including Iceland and Greenland)			Program Services	HEALTHCARE SERVICES	16,299

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	33,109
North America			Program Services	HEALTHCARE SERVICES	70,306
North America			Program Services	RECRUITING	360

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		1	Program Services	SALARY	46,680
North America			Program Services	RESEARCH COLLABORATION	93,698
Sub-Saharan Africa			Program Services	RESEARCH COLLABORATION	1,275

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

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

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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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

		(a) Event #1 HORSE SHOW/CONC (event type)	(b) Event #2 LUNCHEON (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,847,115	973,723	1,125,280	3,946,118
	2 Less Contributions	1,614,861	939,483	922,451	3,476,795
	3 Gross income (line 1 minus line 2)	232,254	34,240	202,829	469,323
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			1,115	1,115
	6 Rent/facility costs		8,351	45,900	54,251
	7 Food and beverages		35,274	103,074	138,348
	8 Entertainment		2,450	44,783	47,233
	9 Other direct expenses	123,085	82,595	231,368	437,048
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				677,995
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-208,672

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			44,120	44,120
Direct Expenses	2 Cash prizes			7,075	7,075
	3 Noncash prizes			17,567	17,567
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				24,642
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				19,478

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

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	0 %
b An outside facility	**13b**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KEVIN D 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,815,612	368,908	5,446,704	0 390 %
b Medicaid (from Worksheet 3, column a)			534,481,197	518,750,181	15,731,016	1 120 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,518,282	1,518,282	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			541,815,091	520,637,371	21,177,720	1 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,045,004	1,951,536	3,093,468	0 220 %
f Health professions education (from Worksheet 5)			34,797,011	2,684,281	32,112,730	2 300 %
g Subsidized health services (from Worksheet 6)			27,482,478	19,995,983	7,486,495	0 540 %
h Research (from Worksheet 7)			48,167,113	0	48,167,113	3 440 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,383,115	0	2,383,115	0 170 %
j **Total.** Other Benefits			117,874,721	24,631,800	93,242,921	6 670 %
k **Total.** Add lines 7d and 7j			659,689,812	545,269,171	114,420,641	8 180 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			611,034		611,034	0 040 %
2	Economic development						
3	Community support			618,456	132,904	485,552	0 030 %
4	Environmental improvements			419,528		419,528	0 030 %
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			264,700		264,700	0 020 %
9	Other						
10	Total			1,913,718	132,904	1,780,814	0 120 %

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 Heathcare 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	40,564,870		
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	3,844,477		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	6,058,405		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,213,928		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	NONE				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group NATIONWIDE CHILDREN'S (MAIN CAMPUS)

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) SEE PART VI, LINE 2			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url) SEE SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C CRITERIA USED FOR DETERMINING ELIGIBILITY	IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDRENS HOSPITAL MAY USE INFORMATION OBTAINED FROM CREDIT REPORTING AGENCIES AND PUBLIC RECORDS RELATING TO ASSET OWNERSHIP

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART I, LINE 7B, COLUMN (D) MEDICAID DIRECT OFFSETTING REVENUE	THE AMOUNT REPORTED IN PART I, LINE 7B, COLUMN (D) IS NET OF ESTIMATED HCAP REFUNDS OF $26,000,337 FOR 2014 AND $5,676,556 FOR 2015

Form and Line Reference	Explanation
PART I, LINE 7G SUBSIDIZED HEALTH SERVICES	NATIONWIDE CHILDREN'S HOSPITAL HAS NOT INCLUDED ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

Form and Line Reference	Explanation
PART I, LINE 7 COSTING METHODOLOGY	THE COST TO CHARGE RATIO USED IN LINE 7 WAS DERIVED FROM WORKSHEET 2

Form and Line Reference	Explanation
PART II COMMUNITY BUILDING ACTIVITIES	NATIONWIDE CHILDREN'S HOSPITAL (NCH) IMPACTS THE COMMUNITY IN MANY WAYS IN 2008, THE CITY OF COLUMBUS, NATIONWIDE CHILDRENS HOSPITAL, COMMUNITY DEVELOPMENT FOR ALL PEOPLE, COLUMBUS PUBLIC HEALTH, COLUMBUS CITY SCHOOLS AND A NUMBER OF OTHER LOCAL PARTNERS CAME TOGETHER TO FORM HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES (HNHF) AIMING TO DEVELOP REVITALIZATION PROGRAMS THAT WERE RESPONSIVE TO THE NEEDS AND DESIRES OF THE COMMUNITY THE GOAL OF HNHF IS TO CREATE THRIVING SUSTAINABLE NEIGHBORHOODS THAT NURTURE CHILDREN AND FAMILIES IN THE SOUTHSIDE OF COLUMBUS SURROUNDING NCH PROGRAMS OFFERED INCLUDE AFFORDABLE HOUSING, HEALTH AND WELLNESS, EDUCATION, WORKFORCE AND ECONOMIC DEVELOPMENT, AND SAFE AND ACCESSIBLE NEIGHBORHOODS TO ADDRESS THE AFFORDABLE HOUSING COMPONENT, NCH PARTNERED WITH COMMUNITY DEVELOPMENT FOR ALL PEOPLE AND INVESTED SEVERAL MILLION DOLLARS IN SEED MONEY TO ALLOW THE PURCHASE OF DILAPIDATED HOUSING STOCK FOR RENOVATION AND SALE, AS WELL PROVIDING GRANTS TO EXISTING HOMEOWNERS FOR REPAIR IN THE PAST SIX YEARS, HNHF IMPACTED 200 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 2015, NCH HAD 41 MENTORS PARTICIPATE - REACH OUT AND READ PROGRAM, A PEDIATRIC PROGRAM DEDICATED TO INCREASING FAMILY LITERACY ACTIVITIES IN THE HOME PRIOR TO A CHILDS ENTRANCE INTO THE SCHOOL SYSTEM SPECIAL FOCUS IS GIVEN TO CHILDREN GROWING UP IN POVERTY PRIMARY CARE DOCTORS PRESCRIBED 93,309 BOOKS TO CHILDREN IN THE SURROUNDING COMMUNITY TO IMPROVE LITERACY AND PREPARE CHILDREN FOR KINDERGARTEN - 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 INTERNSHIP - A PROGRAM THAT EXPOSES HIGH SCHOOL AND UNDERGRADUATE STUDENTS TO THE SCIENTIFIC METHOD AND CAREERS IN MEDICAL RESEARCH 4) MECHANISMS OF HUMAN HEALTH AND DISEASE - AN IN-DEPTH PROGRAM DESIGNED TO CHALLENGE THE SERIOUS SCIENCE STUDENT STUDENTS INVESTIGATE CANCER AND OTHER DISEASE TOPICS WITH LECTURES FROM RESEARCH PROFESSIONALS THE PROGRAM ALSO PROVIDES OPPORTUNITIES FOR SHADOWING AND CAREER EXPLORATION 5) MORE THAN MY BROTHERS KEEPER - CALL TO ACTION FROM PRESIDENT OBAMA TO CREATE AND IMPLEMENT A PLAN TO ADDRESS OPPORTUNITY GAPS FOR BOYS AND MEN OF COLOR IN OUR COMMUNITY - SPARK PROGRAM, AN EVIDENCE BASED PROGRAM PREPARING CHILDREN FOR KINDERGARTEN BY HAVING A SPARK PARENT PROGRAM PARTNER COME IN YOUR HOME ONCE A MONTH AND WORK WITH PARENT AND CHILD TO DEVELOP SKILLS THAT WILL ENHANCE PREPAREDNESS FOR KINDERGARTEN THIS NCH PROGRAM TAKES PLACE IN THE FOLLOWING ZIP CODES 43205, 43206 AND 43207 - COMMUNITY DEVELOPMENT FOR ALL PEOPLE HEALTHY EATING AND LIVING INITIATIVE, A CONTRIBUTION TO COMMUNITY DEVELOPMENT FOR ALL PEOPLE TO SET UP PROGRAMS TO POSITIVELY IMPACT INFANT MORTALITY AND KINDERGARTEN READINESS FOR CHILDREN AND EMPLOYMENT FOR ADULT RESIDING IN ZIP CODES 43205, 43206 AND 43207 PROGRAMS WERE ESTABLISHED TO MEET THE FOLLOWING GOALS RECRUIT AND ASSIST THE ENROLLMENT OF CHILDREN INTO NCHS SPARK LITERACY PROGRAM, RECRUIT PARTICIPANTS FOR THE MORE THAN MY BROTHERS KEEPER PROGRAM, RECRUIT FAMILIES TO PARTICIPATE IN THE FIRST BIRTHDAY CELEBRATION TO REDUCE INFANT MORTALITY, 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

Form and Line Reference	Explanation
PART III, LINE 2 BAD DEBT EXPENSE	IN 2011, NATIONWIDE CHILDRENS HOSPITAL BEGAN REPORTING BAD DEBT EXPENSE IN TOTAL PRIOR TO 2011, BAD DEBT EXPENSE WAS REPORTED AT COST

Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FAP	FOR SELF-PAY PATIENTS, NATIONWIDE CHILDRENS HOSPITAL MAKES ALL REASONABLE EFFORTS TO QUALIFY FINANCIAL ASSISTANCE ELIGIBLE PATIENTS FOR CHARITY PRIOR TO AN ACCOUNT BEING WRITTEN OFF TO BAD DEBT, ACCOUNT REVIEWS TAKE PLACE TO ENSURE THE PATIENT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE THUS WE FEEL THAT NCHS BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY IS LIKELY $0

Form and Line Reference	Explanation
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 PAGES 12 & 13 OF THE AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART VI, LINE 2 NEEDS ASSESSMENT	NATIONWIDE CHILDREN'S HOSPITAL (NCH), ALONG WITH OTHER CENTRAL OHIO HOSPITALS AND COMMUNITY PARTNERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, PARTICIPATED IN THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, WHICH WAS A COLLABORATIVE EFFORT COORDINATED BY CENTRAL OHIO HOSPITAL COUNCIL TO IDENTIFY THE COMMUNITY HEALTH NEEDS AND PRIORITIES OF FRANKLIN COUNTY THE STEERING COMMITTEE PUBLISHED THE FRANKLIN COUNTY HEALTHMAP 2013, WHICH RECOGNIZED EIGHT HEALTH AREAS AS BEING A LOCAL, PRIORITY HEALTH NEED FOR THE COMMUNITY NCH ADOPTED THE FRANKLIN COUNTY HEALTHMAP 2013 AS ITS COMMUNITY HEALTH NEEDS ASSESSMENT AND THIS REPORT CAN BE FOUND ON THE HOSPITALS WEBSITE WWW NATIONWIDECHILDRENS ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT IN ORDER TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE STEERING COMMITTEE CONSIDERED MORE THAN 200 POTENTIAL INDICATORS FOR INCLUSION IN THEIR REPORT THESE INDICATORS WERE NARROWED DOWN TO THE EIGHT HEALTH NEEDS BY 1) COMPARING THE INDICATOR AGAINST STATE, AND SOMETIMES FEDERAL DATA TO REFLECT A HEALTHCARE ISSUE THAT IS PERTINENT TO CENTRAL OHIO, AND THEN 2) THOSE INDICATORS FOUND TO BE WORSE THAN STATE AND FEDERAL DATA WERE GROUPED INTO RELATED CLUSTERS AND RANKED BY PRIORITY BASED ON INPUT FROM CLINICAL EXPERTS AND HOW THE INDICATORS RATED COMPARED TO A PREDETERMINED SET OF NINE CRITERIA THE EIGHT PRIORITIZED HEALTH NEEDS OF FRANKLIN COUNTY AS IDENTIFIED BY NCHS COLLABORATIVE EFFORT AS A MEMBER OF THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE INCLUDE 1) ACCESS TO CARE, 2) CHRONIC DISEASE, 3) INFECTIOUS DISEASE, 4) BEHAVIORAL HEALTH, 5) HIGH INCIDENCE OF CANCER, 6) INTERPERSONAL VIOLENCE, 7) HIGH-RISK PREGNANCY, AND 8) UNINTENTIONAL INJURIES

Form and Line Reference	Explanation
PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	NATIONWIDE CHILDREN'S HOSPITAL INFORMS AND EDUCATES PATIENTS, AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE, ABOUT THEIR ELIGIBILITY FOR ASSISTANCE IN A VARIETY OF WAYS SIGNAGE REGARDING SUCH ELIGIBILITY IS 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 BILLING STATEMENTS CONTAIN PRINTED INFORMATION REGARDING VARIOUS TYPES OF ASSISTANCE THAT IS AVAILABLE, AUTOMATED TELEPHONE CALLS OFFERING FINANCIAL ASSISTANCE ARE ALSO MADE, AND THE POLICY IS MADE AVAILABLE ON OUR WEBSITE HTTP //WWW NATIONWIDECHILDRENS ORG/FINANCIAL-ASSISTANCE

Form and Line Reference	Explanation
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 41 FOREIGN COUNTRIES THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS $51,890 AND 17 3% OF FAMILIES ARE BELOW THE POVERTY LEVEL APPROXIMATELY 8 7% OF THE POPULATION OF OHIO IS UNINSURED

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

Form and Line Reference	Explanation
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 468 INPATIENT BED NOT-FOR-PROFIT TERTIARY CARE HOSPITAL PROVIDING, INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES IN ADDITION, THE HOSPITAL LEASES 140 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS LOCATED WITHIN FIVE OTHER AREA HOST HOSPITALS SUBSIDIARIES OF THE HOSPITAL INCLUDE THE FOLLOWING ENTITIES A) CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES RADIOLOGICAL SERVICES AT THE HOSPITAL B) NCH HOMECARE (HOMECARE SERVICES) IS A NOT-FOR-PROFIT HOME HEALTH COMPANY OWNED BY THE HOSPITAL AND PROVIDES INTERMITTENT AND PRIVATE-DUTY NURSING, SKILLED THERAPY, INFUSION THERAPY, DURABLE MEDICAL EQUIPMENT, HOSPICE, AND PALLIATIVE CARE SERVICES C) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES PATHOLOGICAL SERVICES AT THE HOSPITAL D) CHILDREN'S SURGICAL ASSOCIATES (CSA) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES SURGICAL SERVICES AT THE HOSPITAL E) PEDIATRIC ACADEMIC ASSOCIATES (PAA), A FACULTY PRACTICE PLAN OF THE OHIO STATE UNIVERSITY, IS A NOT-FOR-PROFIT PRACTICE OF WHICH THE HOSPITAL HOLDS 51% OF THE BENEFICIAL INTEREST OF THE PAA SHARE THAT IS HELD IN TRUST THE PAA IS A GROUP OF APPROXIMATELY 450 MEDICAL, PEDIATRIC SUB-SPECIALISTS, WHICH PROVIDES SUCH SERVICES AT THE HOSPITAL F) CHILDREN'S ANESTHESIA ASSOCIATES, INC (CAA) IS A FOR-PROFIT PROFESSIONAL PRACTICE PLAN IN WHICH THE HOSPITAL OWNS 100% OF EFFECTIVE AS OF AUGUST 1, 2004 CAA PROVIDES ANESTHESIOLOGY SERVICES AT THE HOSPITAL 2) NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (FOUNDATION) IS A NOT-FOR-PROFIT CHARITABLE FOUNDATION 3) THE RESEARCH INSTITUTE AT NCH (RESEARCH INSTITUTE) IS A NOT-FOR-PROFIT PEDIATRIC MEDICAL RESEARCH INSTITUTE 4) THE CENTER FOR CHILD AND FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL (CCFA) IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES ADVOCACY, EDUCATION, COUNSELING AND OTHER PROGRAMMATIC SERVICES TO CHILDREN AND FAMILIES SUFFERING FROM CHILD ABUSE AND NEGLECT

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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(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

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

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

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

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

	Name and address	Type of Facility (describe)
1	HOMECARE AND HOSPICE 255 EAST MAIN STREET COLUMBUS,OH 43215	HOMECARE
1	SPRINGFIELD CHILDLAB 1644 NORTH LIMESTONE STREET SPRINGFIELD,OH 45503	LAB
2	CLEVELAND CHILDLAB 1139 ROCKSIDE ROAD PARMA,OH 43134	LAB
3	ZANESVILLE OUTPATIENT CARDIOLOGY SVCS 716 ADAIR AVENUE ZANESVILLE,OH 44701	CARDIOLOGY CLINIC
4	WASHINGTON COURT HOUSE CHILDLAB 616 WILLARD STREET WASHINGTON COURT HOUSE,OH 43160	LAB
5	MANSFIELD CHILDLABOUTPATIENT CARDIOLOGY 680 PARK AVENUE WEST SUITE G05 MANSFIELD,OH 44906	MEDICAL OFFICES
6	CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS 120 STURGE MANSFIELD,OH 44903	PHYSICIAN PRACTICE
7	CHILDREN'S COMMUNITY PRACTICES LLC DBA RICHLAND PEDIATRICS110 W SMILE SHELBY,OH 44875	PHYSICIAN PRACTICE
8	CHILICOTHE OUTPATIENT CARDIOLOGY SVCS 4439 STATE ROUTE 159 CHILICOTHE,OH 45601	CARDIOLOGY CLINIC
9	MARION CHILDLABOUTPATIENT CARDIOLOGY 1069 DELAWARE AVENUE MARION,OH 43302	LAB
10	NEWARK CLOSE TO HOME CENTERCHILDLAB 75 SOUTH TERRACE AVENUE NEWARK,OH 43055	MEDICAL OFFICES
11	MARIETTA OUTPATIENT CARDIOLOGY SERVICES 401 MATTHEW STREET SUITE 101 MARIETTA,OH 45750	CARDIOLOGY CLINIC
12	DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON,OH 45404	CARDIOLOGY CLINIC
13	ATHENS OUTPATIENT CARDIOLOGY SERVICES 75 HOSPITAL DR CASTROP CENTER STE ATHENS,OH 45701	CARDIOLOGY CLINIC
14	FINDLAY OUTPATIENT CARDIOLOGY SERVICES 1900 SOUTH MAIN STREET 2ND FLOOR FINDLAY,OH 45840	CARDIOLOGY CLINIC

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

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

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

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

_____

	Name and address	Type of Facility (describe)
16	PORTSMOUTH CARDIOLOGY SERVICES 1711 27TH ST BRAULIN BLDG SUITE 2 PORTSMOUTH,OH 45662	CARDIOLOGY CLINIC
1	MASON CHILDLAB 5112 CEDAR VILLAGE DRIVE MASON,OH 45040	LAB
2	ZANESVILLE CHILDLAB 1166 MILITARY ROAD SUITE B ZANESVILLE,OH 43701	LAB
3	LIMA CHILDLAB 830 WEST HIGH STREET SUITE 375 LIMA,OH 45801	LAB
4	WARREN CHILDLAB 321 NILES CORTLAND ROAD NE WARREN,OH 44484	LAB
5	IRONTON CHILDLABOUTPATIENT CARDIOLOGY 2301 SOUTH 7TH STREET IRONTON,OH 45638	LAB & MEDICAL OFFICES
6	WOODMERE CHILDLAB 28420 CHAGRIN BLVD WOODMERE,OH 44122	LAB
7	CANTON CHILDLAB 4846 HIGBEE AVENUE NW CANTON,OH 44718	LAB

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
ASSISTANCE TO PATIENT FAMILIES (1) (PAID BY NCH)	102321	339,441			

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANTS	FOR THE MAJORITY OF GRANTS ISSUED, DOCUMENTATION OF THE SPECIFIC EXPENSES THAT THESE FUNDS WOULD BE COVERING IS SUBMITTED TO THE NCH ENTITY PROVIDING THE FUNDS A SIGNIFICANT PORTION OF THE GRANTS PROVIDED ARE USED TO SUPPORT PROGRAM SERVICES AND RESEARCH, CONDUCTED WITHIN THE NCH, INC AFFILIATED GROUP SCHEDULE I, PART III - ASSISTANCE TO PATIENT FAMILIES NCH'S SOCIAL WORK DEPARTMENT HAS A 'COMPASSION FUND' THIS IS HELP THE HOSPITAL PROVIDES TO FAMILIES WHO HAVE A CHILD IN THE HOSPITAL, AND ARE UNDERGOING A STRONG NEED FOR MEALS, GAS MONEY, BUS FARE, SPECIAL FORMULA, AND SIMILAR HARDSHIPS THIS ALSO INCLUDES OCCASIONAL SUPPORT FOR FAMILIES WITH MORE EXTRAORDINARY NEEDS, SUCH AS UTILITY BILL ASSISTANCE, OR ASSISTANCE WITH TEMPORARY HOUSING WHERE A PATIENT WILL BE DISCHARGED TO, OR TO PROVIDE COSTLY MEDICATION

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESEARCH INSTITUTE AT NCH (PAID BY NCH) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-6056230	501(c)(3)	48,991,012				TO SUPPORT VARIOUS RESEARCH INITIATIVES
RESEARCH INSTITUTE AT NCH (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-6056230	501(c)(3)	9,944,214				TO SUPPORT VARIOUS RESEARCH INITIATIVES
RESEARCH INSTITUTE AT NCH (PAID BY CRI) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-6056230	501(c)(3)	16,397				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 (PAID BY CSA) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-6056230	501(c)(3)	184,421				TO FUND RESEARCH START-UP GRANTS
NATIONWIDE CHILDREN'S HOSP (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-4379441	501(c)(3)	11,421,366				TO AID IN PROVIDING INDIGENT CARE, TO SUPPORT & IMPROVE PATIENT CARE THROUGH PROGRAMS SUCH AS VOLUNTEER SERVICES, HEMATOLOGY / ONCOLOGY, OBESITY PREVENTION, & COMMUNITY EDUCATION
NCH HOMECARE (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-1296332	501(c)(3)	81,166				TO SUPPORT HOSPICE AND PALLIATIVE CARE PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CTR FOR CHILD &FAMILY ADVOCACY (PD BY NCHF) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	02-0627166	501(c)(3)	2,367,070				TO SUPPORT CHILD ADVOCACY PROGRAMS
CHILDREN'S SURGICAL ASSOC (PAID BY NCHF) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-1654000	501(c)(3)	157,049				TO SUPPORT SURGICAL RESEARCH INITIATIVES
NCH -CHILD ASSESSMENT CTR PROG (PD BY NCH) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-4379441	501(c)(3)	596,736				TO SUPPORT CHILD ASSESSMENT 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
NCH -BEHAVIORAL HLTH PROGRAMS (PD BY NCH) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-4379441	501(c)(3)	308,987				TO SUPPORT AUTISM AND BEHAVIORAL HEALTH PROGRAMS
CTR FOR CHILD & FAMILY ADVOCACY (PD BY NCH) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	02-0627166	501(c)(3)	309,000				TO SUPPORT ADMINISTRATIVE OVERSIGHT OF THE CENTER FOR CHILD & FAMILY ADVOCACY
NCH INC (PAID BY NCH) 700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-1036372	501(c)(3)	25,000				TO SUPPORT VARIOUS COMMUNITY BENEFIT PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEDIATRIC ACADEMIC ASSOCIATION (PD BY NCHF) 555 SOUTH 18TH STREET COLUMBUS,OH 43205	31-1024403	501(c)(3)	761,632				TO PROVIDE FUNDING FOR ENDOWED CHAIRS
FAMOHIO INC (PAID BY NCH) 2425 ROSCOE COURT DUBLIN,OH 43016	31-1353807	501(c)(3)	6,000				TO SUPPORT BLEEDING DISORDER FAMILIES
CENTRAL OHIO CHAPTER OF NHF (PAID BY NCH) 4400 N HIGH ST STE 216 COLUMBUS,OH 43214	13-5641854	501(c)(3)	30,500				SUPPORT EDUCATION AND OUTREACH PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STONEWALL COLUMBUS (PAID BY NCH) 1160 N HIGH STREET COLUMBUS,OH 43201	31-1189481	501(c)(3)	6,000				TO SUPPORT HEALTH EQUALITY
AMERICAN HEART ASSOCIATION (PAID BY NCH) PO BOX 4002907 DES MOINES,OH 50340	13-5613797	501(c)(3)	25,100				TO SUPPORT HEART WALK & HEART BALL
CHARITABLE PHARM OF CENTRAL OHIO(PD BY NCH) 200 E LIVINGSTON AVENUE COLUMBUS,OH 43215	27-0147099	501(c)(3)	27,500				TO SUPPORT OPERATIONS OF CPOCO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAKE-A-WISH (PAID BY NCH) 2545 FRAMERS DR STE 300 COLUMBUS,OH 43235	34-1471131	501(c)(3)	7,000				BIG WISH GALA
PROGENY (PAID BY NCH) 6471 LITHOPOLIS WINCHESTER RD CANAL WINCHESTER,OH 43110	31-1417786	501(c)(3)	1,000,000				TO SUPPORT CAPITAL CONSTRUCTION
UNITED WAY OF CENTRAL OHIO (PAID BY NCH) 360 S THIRD STREET COLUMBUS,OH 43215	31-4393712	501(c)(3)	108,000				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
HNHF REALTY COLLABORATION (PAID BY NCH) 575 CHARRING CROSS DR STE 200 WESTERVILLE,OH 43081	20-2773085	501(c)(3)	500,000				SUPPORT HNHF OPERATIONS
COMMUNITY DEVELOP FOR ALL PEOPLE(PD BY NCH) PO BOX 06063 COLUMBUS,OH 43206	51-0476886	501(c)(3)	166,750				TO SUPPORT HEALTH FOODS COOPERATIVE
MARCH OF DIMES (PAID BY NCH) 975 EASTWIND DR STE 150 WESTERVILLE,OH 43081	13-1846366	501(c)(3)	15,500				TO SUPPORT PROGRAMS FOR HEALTHIER BABIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBUS 2020 (PAID BY NCH) 150 S FRONT ST STE 200 COLUMBUS,OH 43215	27-1509190	501(c)(6)	28,650				REGIONAL GROWTH SUPPORT
THE OSU WEXNER MEDICAL CENTER (PAID BY NCH) PO BOX 1183115 COLUMBUS,OH 43218	31-1145986	501(c)(3)	10,000				SUPPORT OSUWMC'S HARDING BH PROGRAM
PEDIATRIC ACADEMIC ASSOCIATION (PD BY NCH) 555 SOUTH 18TH STREET COLUMBUS,OH 43205	31-1024403	501(c)(3)	4,344,682				TO SUPPORT PAA OPERATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A - EXPLANATION FOR HEALTH OR SOCIAL CLUB DUES	NATIONWIDE CHILDREN'S HOSPITAL PROVIDED HEALTH OR SOCIAL CLUB DUES FOR TIMOTHY ROBINSON, RHONDA COMER, AND STEVE ALLEN, M D THESE WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE NATIONWIDE CHILDREN'S HOSPITAL ALSO PROVIDED HEALTH OR SOCIAL CLUB DUES FOR STEVE ALLEN, M D , KAREN DAYS, AND JAMES DIGAN THESE WERE DETERMINED TO BE BUSINESS EXPENSES AND WERE NOT TREATED AS COMPENSATION TO THE EMPLOYEE
SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENT	A SEVERANCE PAYOUT IN THE AMOUNT OF $345,019 WAS PAID TO JEROME SAUL, M D
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	PAYOUTS OF SRP THAT HAD BEEN PREVIOUSLY FUNDED, OCCURRED FOR THE FOLLOWING EMPLOYEES STEVEN TEICH, M D $216,060 ($216,060 PREVIOUSLY REPORTED ON A 990) WILLIAM SHIELS, M D $63,019 ($63,019 PREVIOUSLY REPORTED ON A 990) EFFECTIVE FOR PLAN YEAR 2010, NATIONWIDE CHILDREN'S HOSPITAL CHOSE TO ELIMINATE FUTURE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN CURRENT BALANCES OF THIS PLAN ARE MAINTAINED IN THE ACCOUNTS FOR CHILDREN'S RADIOLOGICAL INSTITUTE, INC , CONTRIBUTIONS ARE STILL BEING MAINTAINED, BUT THERE WAS A PLAN DESIGN CHANGE ALLOWING ANNUAL CONTRIBUTIONS TO BE VESTED AFTER 5 YEARS
SCHEDULE J, PART I, LINE 6A COMPENSATION CONTINGENT ON NET EARNINGS	A PORTION OF NATIONWIDE CHILDREN'S HOSPITAL'S MANAGEMENT'S COMPENSATION CONTAINS A VARIABLE PIECE THAT IS BASED ON THE HOSPITAL'S INCENTIVE PROGRAM THIS VARIABLE COMPENSATION IS BASED IN PART ON THE FINANCIAL PERFORMANCE OF THE ORGANIZATION, RELATIVE TO BUDGETED FINANCIAL PERFORMANCE THE INCENTIVE PROGAM ALSO INCLUDES PERFORMANCE MEASURES RELATED TO QUALITY OF CARE AND PATIENT SATISFACTION
SCHEDULE J, PART II, COLUMN (B) (II)	THE BONUS AND INCENTIVE COMPENSATION REPORTED FOR STEVE ALLEN, M D INCLUDES A RETENTION BONUS

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STEVEN TEICH MD DIRECTOR - NCH (TO 4/22/15)	(I)	175,905	55,183	222,293	17,705	19,842	490,928	216,060
	(II)	0	0	0	0	- 0	- 0	0
1THOMAS TAGHON MD DIRECTOR - NCH (TO 6/26/15)	(I)	0	0	0	0	0	0	0
	(II)	212,938	39,875	1,759	20,301	- 18,956	- 293,829	0
2ALLAN BEEBE MD DIRECTOR - NCH (AS OF 8/21/15)	(I)	574,849	176,493	18,000	35,775	19,959	825,076	0
	(II)	0	0	0	0	- 0	- 0	0
3STEVE ALLEN MD DIRECTOR / CEO - NCH	(I)	956,073	1,621,574	0	35,901	21,459	2,635,007	0
	(II)	0	0	0	0	- 0	- 0	0
WILLIAM SHIELS II **4**MDDECEASED PRES / DIR - CRI (TO 5/5/15)	(I)	187,420	120,000	69,944	23,970	14,279	415,613	63,019
	(II)	0	0	0	0	- 0	- 0	0
5GREG BATES MD DIRECTOR - CRI	(I)	343,887	207,300	18,000	24,550	16,829	610,566	0
	(II)	0	0	0	0	- 0	- 0	0
PHYLLIS HAMMOND-INNES **6**MD PRESIDENT / DIRECTOR - PPAC	(I)	427,309	80,865	18,000	35,775	19,093	581,042	0
	(II)	0	0	0	0	- 0	- 0	0
7JAMIE PHILLIPS DIRECTOR - PPAC	(I)	269,513	110,000	0	24,550	20,588	424,651	0
	(II)	0	0	0	0	- 0	- 0	0
8R LAWRENCE MOSS MD DIRECTOR - CSA	(I)	714,165	279,465	0	35,775	21,509	1,050,914	0
	(II)	0	0	0	0	- 0	- 0	0
9JAMES DIGAN PRESIDENT - NCH FOUNDATION	(I)	399,597	230,440	18,000	35,775	8,504	692,316	0
	(II)	0	0	0	0	- 0	- 0	0
10KAREN DAYS PRES / DIRECTOR - CCFA	(I)	253,597	39,080	0	35,775	9,551	338,003	0
	(II)	0	0	0	0	- 0	- 0	0
11TIMOTHY C ROBINSON TREASURER / SR VP / CFO - NCH	(I)	617,819	265,004	18,000	35,775	27,444	964,042	0
	(II)	0	0	0	0	- 0	- 0	0
12RICHARD MILLER COO - NCH	(I)	569,366	246,602	18,000	35,775	29,744	899,487	0
	(II)	0	0	0	0	- 0	- 0	0
13LINDA STOVEROCK RN SR VP / CNO - NCH	(I)	360,498	97,861	0	35,775	20,459	514,593	0
	(II)	0	0	0	0	- 0	- 0	0
14WANDA STACKPOLE VP / EXEC DIR - NCH HOMECARE	(I)	164,422	34,991	0	17,263	7,613	224,289	0
	(II)	0	0	0	0	- 0	- 0	0
15JOHN A BARNARD MD PRESIDENT - RINCH	(I)	199,517	180,180	0	9,680	19,858	409,235	0
	(II)	0	0	0	0	- 0	- 0	0
16RHONDA COMER SEC / SR VP / LEGAL SVCS - NCH	(I)	436,185	123,525	0	35,775	20,159	615,644	0
	(II)	0	0	0	0	- 0	- 0	0
17LUKE BROWN ASST TREAS - NCH FOUNDATION	(I)	245,963	44,084	0	24,550	19,066	333,663	0
	(II)	0	0	0	0	- 0	- 0	0
18SARA EVANS ASST SECRETARY -NCH FOUNDATION	(I)	150,640	17,782	0	11,602	15,578	195,602	0
	(II)	0	0	0	0	- 0	- 0	0
19LORINA WISE ASST SECRETARY - RINCH	(I)	204,246	30,013	0	17,397	7,841	259,497	0
	(II)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	(I)	338,314	107,950	18,000	35,775	25,944	525,983	0
	(II)	0	0	0	0	0	0	0
1RICHARD BRILLI MD CHIEF MEDICAL OFFICER - NCH	(I)	337,153	197,347	0	25,189	26,744	586,433	0
	(II)	0	0	0	0	0	0	0
2BRUCE MEYER MD ADMIN MEDICAL DIRECTOR - NCH	(I)	122,236	19,976	18,000	12,978	16,250	189,440	0
	(II)	0	0	0	0	0	0	0
3DENISE ZABAWSKI VP / CIO - NCH	(I)	316,239	57,731	0	24,550	9,023	407,543	0
	(II)	0	0	0	0	0	0	0
4ELISABETH BALDOCK VP/ HR - NCH	(I)	270,543	120,000	15,307	35,190	17,258	458,298	0
	(II)	0	0	0	0	0	0	0
5DENNIS MINZLER VICE PRESIDENT - NCH	(I)	173,601	31,411	0	18,225	19,673	242,910	0
	(II)	0	0	0	0	0	0	0
6BRUCE STEVENSON VICE PRESIDENT - RINCH	(I)	196,364	43,859	18,000	19,459	16,145	293,827	0
	(II)	0	0	0	0	0	0	0
7AMY ROSCOE VICE PRESIDENT - RINCH	(I)	166,384	34,843	0	16,439	833	218,499	0
	(II)	0	0	0	0	0	0	0
8MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	(I)	1,253,220	629,450	18,000	35,775	18,959	1,955,404	0
	(II)	0	0	0	0	0	0	0
9KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	(I)	793,315	404,763	18,000	35,775	18,959	1,270,812	0
	(II)	0	0	0	0	0	0	0
10WALTER SAMORA MD ORTHOPEDIC SURGEON - CSA	(I)	397,517	540,091	18,000	24,550	34,128	1,014,286	0
	(II)	0	0	0	0	0	0	0
11RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	(I)	690,262	219,963	24,000	35,775	18,959	988,959	0
	(II)	0	0	0	0	0	0	0
12FREDERICK LONG MD RADIOLOGIST - CRI (TO 5/25/15)	(I)	13,351	0	745,560	0	1,714	760,625	0
	(II)	0	0	0	0	0	0	0
13MICHAEL BRADY MD FORMER KEY, NOW ASST MED DIR	(I)	168,433	102,441	0	9,730	610	281,214	0
	(II)	0	0	0	0	0	0	0
14JEROME SAUL MD FORMER PHYSICIAN IN CHIEF -NCH	(I)	36,834	202,549	363,019	0	659	603,061	0
	(II)	0	0	0	0	0	0	0
15VICKY ARMSTRONG VP CLINICAL SERVICES - NCH	(I)	191,158	35,787	0	19,615	10,267	256,827	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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	2015A&B BONDS (SEE SCH K, PT VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2014	17,225,000	2014A BONDS (SEE SCH K, PART VI)		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	11-20-2014	45,580,000	2014B BONDS (SEE SCH K, PART VI)		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2013	66,985,000	2013 BONDS (SEE SCH K, PART VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	5,055,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	97,513,397	17,225,000	45,580,000	66,985,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	1,300,000	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	34,029,581	0	0	0
11	Other spent proceeds	4,500,000	17,174,999	45,529,999	66,985,000
12	Other unspent proceeds	56,384,116	0	0	0
13	Year of substantial completion		2015	2015	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		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 %		0 %		0 %
6	Total of lines 4 and 5		0 %		1 100 %		1 100 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %		0 %		0 %		0 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	LN4B&4C-SEE PART VI		LN4B&4C-SEE PART VI		LN4B&4C-SEE PART VI		0	
c	Term of hedge								
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		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 2015 BONDS, SERIES A & B 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 REPORTS THE 2014 BONDS, SERIES A THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIAL BONDS PART I, LINE C REPORTS THE 2014 BONDS, SERIES B THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS PART I, LINE D 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 (2) REPORTS THE 2012 HOSPITAL IMPROVEMENT REVENUE BOND, SERIES A ITS PURPOSE IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES PART I, LINE B (2) REPORTS 2009 HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING A NEW PATIENT TOWER AND RESEARCH BUILDING PART I, LINE C (2) REPORTS THE 2008A HOSPITAL IMPROVEMENT REVENUE BOND ITS PURPOSE IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING THE NEW PATIENT TOWER AND POWER PLANT PART I, LINE D (2) REPORTS THE 2008 BONDS, SERIES B, C, D & E THE PURPOSE OF THE 2008B VARIABLE RATE DEMAND HOSPITAL IMPROVEMENT REVENUE BONDS IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPPING THE NEW PATIENT TOWER AND POWER PLANT THE PURPOSE OF THE 2008C VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2002 THE PURPOSE OF THE 2008D VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2003 THE PURPOSE OF THE 2008E VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING HOSPITAL REFUNDING & IMPROVEMENT REVENUE BONDS, SERIES 2006 PART I, LINE A (3) REPORTS THE 2008 BONDS, SERIES F & G THE PURPOSE OF THE 2008F VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE HOSPITAL REVENUE REFUNDING BONDS, SERIES 2005A THE PURPOSE OF THE 2008G VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE HOSPITAL REVENUE REFUNDING BONDS, SERIES 2005B

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
SCH K, PART II, LINE 5, COLUMN A (1) - CAPITALIZED INTEREST FROM PROCEEDS	THIS AMOUNT REPRESENTS ACCRUED INTEREST PAYMENT OF $1,300,000

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN D (1) - OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2008 E&G

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN D (2) - OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2002 & 2003

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN A (3) - OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE OUTSTANDING REVENUE BONDS, SERIES 2005A

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B, COLUMNS C (2), D (2) & A (3) - REBATE	THE 5/1/2008 ISSUANCE, 5/7/2008 ISSUANCE, AND 5/22/2008 ISSUANCE MET SPEND DOWN REQUIREMENTS THEREFORE, NO REBATE IS DUE

Return Reference	Explanation
SCH K, PART IV, LINE 4, COLUMNS A (1), B (1), C (1), D (2) & A (3) - HEDGE	THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS COLUMN A (1) 2015A&B BONDS - PROVIDER IS THE BANK OF NEW YORK MELLON AND TERMINATION DATE IS MAY 19, 2015 COLUMN B (1) 2014A BONDS - PROVIDER IS PNC BANK, NATIONAL ASSOCIATION AND TERMINATION DATE IS MAY 1, 2025 COLUMN C (1) 2014B BONDS - PROVIDER IS DEUTSCH BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035 COLUMN D (2) 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040 2008C BONDS - PROVIDER IS MERRILL LYNCH AND TERMINATION DATE IS NOVEMBER 1, 2025 2008D BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033 2008E BONDS - PROVIDER IS GOLDMAN SACHS AND TERMINATION DATE IS NOVEMBER 1, 2025 COLUMN A (3) 2008F BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031 2008G BONDS - PROVIDER IS MERRILL LYNCH AND TERMINATION DATE IS MAY 1, 2029

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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▶ Attach to Form 990.

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OMB No 1545-0047

2015

Open to Public Inspection

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	2012 BONDS (SEE SCH K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	3531867H6	12-17-2009	100,162,742	2009 BONDS (SEE SCH K, PART VI)		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	3531865R6	05-01-2008	43,921,562	2008A BONDS (SEE SCH K, PART VI)		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	3531865S4	05-07-2008	176,675,000	2008B-E BONDS (SEE SCH K, PART VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,495,000	6,495,000	570,000	69,140,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	88,860,416	114,454,378	46,794,180	195,350,778
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	976,231	1,235,586	379,213	865,761
8	Credit enhancement from proceeds	0	0	0	84,500
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	87,060,672	113,218,792	43,742,967	63,456,878
11	Other spent proceeds	823,513	0	2,672,000	130,943,639
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2012	2012	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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
0	

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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	3531866A2	05-22-2008	68,160,000	2008F&G BONDS (SEE SCH K, PART VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	33,125,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	68,160,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	324,500			
8	Credit enhancement from proceeds	55,500			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	67,780,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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						
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 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
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						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	LN4B&4C-SEE PART VI							
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? 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.

(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) SEE SCHEDULE L PART V	SEE SCHEDULE L, PART V	56,446	SEE SCHEDULE L, PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	NAME OF INTERESTED PERSON JUNG SUN MILLER RELATIONSHIP FAMILY MEMBER OF RICHARD MILLER (COO-NCH, CHAIR/DIRECTOR - NCH HOMECARE, PRESIDENT/DIRECTOR - CRI, DIRECTOR - PPAC, & PRESIDENT/DIRECTOR - CSA) AMOUNT $44,776 DESCRIPTION WAGES (PROJECT COORDINATOR, NCH - IS DEPT) SHARING OF ORGANIZATION'S REVENUES NO NAME OF INTERESTED PERSON SCOTT STOVEROCK RELATIONSHIP FAMILY MEMBER OF LINDA STOVEROCK, RN (SR VP/CNO NCH & SEC/DIRECTOR - NCH HOMECARE) AMOUNT $11,670 DESCRIPTION WAGES (AMBULATORY RN) SHARING OF ORGANIZATION'S REVENUES NO

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

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Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	20	362,051	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

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

Part II Supplemental Information.

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

Return Reference	Explanation
FORM 990, PART I, LINE 6 TOTAL NUMBER OF VOLUNTEERS 1,485	VOLUNTEERS PLAY A MAJOR ROLE IN CARRYING OUT OUR MISSION THE NUMBER REPORTED ON LINE 6 RELATES TO [A] VOLUNTEERS WITH SERVICE HOURS AT OUR MAIN CAMPUS, WHICH IS SPECIFICALLY TRACKED, PLUS [B] VOLUNTEERS AT OUR FACILITIES LOCATED THROUGHOUT THE COMMUNITY, THESE ARE ESTIMATED BASED ON KNOWN # OF HOURS AT ALL LOCATIONS OUR VOLUNTEERS ARE A MIXTURE OF BOTH FULL AND PART TIME IN 2015, NATIONWIDE CHILDRENS HOSPITAL RECEIVED 55,326 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 2015 SPENT A TOTAL OF 29,643 HOURS CREATING ITEMS FOR OUR PATIENTS AND VISITING THE HOSPITAL TO PROVIDE ACTIVITIES FOR BOTH PATIENTS AND FAMILIES

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1	PATIENT CARE NATIONWIDE CHILDREN'S HOSPITAL (NCH) IS ONE OF THE COUNTRYS LARGEST FREESTANDING PEDIATRIC HEALTHCARE NETWORKS WE PROVIDE WELLNESS, PREVENTIVE, DIAGNOSTIC, TREATMENT AND REHABILITATIVE CARE FOR INFANTS, CHILDREN, ADOLESCENTS AND ADULT PATIENTS WITH CONGENITAL DISEASE. NCHS MAIN CAMPUS IS LOCATED NEAR DOWNTOWN COLUMBUS OHIO AND HOUSES A 468-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 NCH ALSO BRINGS ITS EXPERTISE TO OTHER CENTRAL OHIO HOSPITALS BY LEASING AND OPERATING ANOTHER 140 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS NCHS MAJOR SPECIALIZED SERVICES THAT DRAW PATIENTS NATIONALLY AND INTERNATIONALLY INCLUDE CARDIOLOGY AND CARDIOTHORACIC SURGERY (THE HEART CENTER), HEMATOLOGY / ONCOLOGY, GASTROENTEROLOGY, HEPATOLOGY, AND NUTRITION, NEONATAL MEDICINE, PEDIATRIC INTENSIVE CARE, BURN/TRAUMA, INFECTIOUS DISEASES, NEUROSCIENCES, THE 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, NEPHROLOGY AND ENDOCRINOLOGY SERVICES, AS WELL AS GENERAL MEDICINE. 2015 IS THE SIXTH CONSECUTIVE YEAR FOR NCH TO ACHIEVE 10 OUT OF 10 SPECIALTIES RANKED ON U S NEWS & WORLD REPORTS LIST OF AMERICAS BEST CHILDRENS HOSPITALS, INCLUDING TOP 10 RANKINGS IN SIX OF THE SPECIALTIES MENTIONED ABOVE IN 2015, OVER 1 2 MILLION PATIENTS VISITED NCH REPRESENTING ALL 50 STATES AND 41 COUNTRIES (NOT INCLUDING BEHAVIORAL HEALTH AND HOMECARE SERVICES) NCH DISCHARGED APPROXIMATELY 18,300 PATIENTS DURING 2015 FOR A TOTAL OF 185,000 INPATIENT DAYS PATIENT CARE WAS PROVIDED BY APPROXIMATELY 1,200 MEDICAL STAFF AND 10,300 HOSPITAL STAFF MEMBERS A FUNDAMENTAL PRINCIPAL UNDERLYING THE COMMITMENT OF NCH TO THE PATIENT POPULATION IT SERVES IS THE PROVISION OF SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN 2015, NCH ACCOMPLISHED THIS PRINICIPAL BY PROVIDING APPROXIMATELY $5 3 MILLION IN UNCOMPENSATED CARE TO ITS PATIENTS UNDER THE CHARITY CARE PROGRAM NCH SERVES A PATIENT POPULUATION OF OVER 51% OF PATIENTS COVERED BY MEDICAID OR THAT HAS NO INSURANCE COVERAGE AT ALL NCH ALSO SUBSIDIZED LOSSES ON ITS BEHAVIORAL HEALTH AND HOMECARE PROGRAMS IN 2015 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 IN ADDITION, NCH PROVIDES BEHAVIORAL HEALTH SERVICES IN 10 CRISIS STABILIZATION BEDS IN AN ATTEMPT TO AVOID AN INPATIENT ADMISSION INPATIENT BEHAVIORAL HEALTH SERVICES ARE PROVIDED IN A 16-BED INPATIENT PSYCHIATRIC UNIT NCH HOMECARE PROVIDES HOME HEALTHCARE SERVICES TO CHILDREN THROUGHOUT CENTRAL OHIO INCLUDED IN SUCH SERVICES ARE INTERMITTENT NURSING, PRIVATE DUTY NURSING, INFUSION THERAPY, HOME MEDICAL EQUIPMENT, AND PEDIATRIC HOSPICE. OTHER PROGRAMS OF SIGNIFICANCE INCLUDE NCHS INVOLVEMENT IN PREMATURITY PREVENTION AND ITS COMMITMENT TO POISON PREVENTION NCH IS A LEAD PARTNER IN THE OHIO BETTER BIRTH OUTCOMES INITIATIVE, WHICH IS A PARTNERSHIP OF ALL THE HEALTH SYSTEMS IN FRANKLIN COUNTY, OHIO (WHERE NCH IS BASED) THAT IS USING PROVEN INTERVENTIONS TO REDUCE PREMATURE BIRTH RATES THE CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDRENS PROVIDES OHIO RESIDENTS WITH STATE-OF-THE-ART POISON PREVENTION, ASSESSMENT AND TREATMENT SERVICES ARE AVAILABLE TO THE PUBLIC, MEDICAL PROFESSIONALS, INDUSTRY, AND HUMAN SERVICE AGENCIES THE POISON CENTER HANDLES MORE THAN 43,500 POISON EXPOSURE CALLS ANNUALLY, AND PROVIDES CONFIDENTIAL, FREE EMERGENCY POISONING TREATMENT ADVICE 24/7

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2	RESEARCH THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL OCCUPIES MORE THAN 500,000 SQUARE FEET OF DEDICATED RESEARCH SPACE ON THE NATIONWIDE CHILDREN'S CAMPUS IT IS ONE OF THE LARGEST PEDIATRIC RESEARCH CENTERS IN THE UNITED STATES AND IS RANKED AMONG THE TOP 10 FOR NATIONAL INSTITUTES OF HEALTH FUNDING AMONG FREE-STANDING CHILDREN'S HOSPITALS IN 2015, A TEAM FROM NATIONWIDE CHILDRENS HOSPITAL, COLLABORATING WITH THE OHIO STATE UNIVERSITY SCHOOL OF VETERINARY MEDICINE AND THE UNIVERSITY OF SOUTH FLORIDA, WAS AWARDED A $6 75 MILLION NIH GRANT TO DEVELOP A VACCINE FOR RESPIRATORY SYNCYTIAL VIRUS (RSV), THE MOST COMMON CAUSE OF BRONCHIOLITIS AND PNEUMONIA IN CHILDREN YOUNGER THAN 1 YEAR OF AGE, MAKING IT ALSO THE MOST FREQUENT REASON FOR HOSPITALIZATION IN THAT AGE GROUP A NEW CENTER FOR SUICIDE PREVENTION AND RESEARCH AT NATIONWIDE CHILDRENS OPENED IN 2015 SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR ADOLESCENTS 10 TO 19 YEARS OLD CENTER STAFF WORK TO INCREASE SUICIDE AWARENESS, CONDUCT NEW RESEARCH, PROVIDE CARE-RELATED INFORMATION FOR AT-RISK YOUTH AND DECREASE THE STIGMA OF MENTAL HEALTH IN THE COMMUNITY A TEAM FROM NATIONWIDE CHILDRENS WAS THE WINNER OF THE 2015 INTERNATIONAL CLARITY UNDIAGNOSED CHALLENGE, PART OF THE GLOBAL PEDIATRIC INNOVATION SUMMIT IN BOSTON THE CHALLENGE INVOLVED 26 LEADING GENOMICS TEAMS FROM SEVEN COUNTRIES WHO SOUGHT TO INTERPRET DNA SEQUENCES AND PROVIDE INFORMATION TO PATIENTS ABOUT THEIR RARE, UNDIAGNOSED CONDITIONS THE TEAM WAS UNANIMOUSLY CHOSEN BY AN INDEPENDENT PANEL OF JUDGES, WHO LAUDED THEM FOR ACCURACY AND A COMPREHENSIVE APPROACH, PRODUCING THE MOST RELIABLE AND CLINICALLY USEFUL RESULTS OF ALL THE ENTRANTS APPROXIMATELY 1350 IRB-APPROVED PROTOCOLS WERE IN PROGRESS DURING 2015, 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

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3	EDUCATION AS AN ACADEMIC MEDICAL CENTER, AN IMPORTANT PART OF NATIONWIDE CHILDREN'S HOSPITALS (THE HOSPITAL) MISSION IS TO PREPARE THE NEXT GENERATION OF PEDIATRIC HEALTHCARE PROVIDERS IT ANNUALLY EDUCATES OVER 1,300 PHYSICIAN AND DENTAL TRAINEES FROM 65 DIFFERENT AFFILIATED INSTITUTIONS IN 2015, 600 OSU FACULTY PROVIDED PEDIATRIC TRAINING FOR (A) 350 MEDICAL STUDENTS, (B) 150 DENTAL STUDENTS, (C) 260 HOSPITAL-SPONSORED MEDICAL, SURGICAL AND DENTAL RESIDENTS, (D) 580 PHYSICIAN AND DENTAL TRAINEES FROM OTHER INSTITUTIONS THE HOSPITAL HAS BEEN THE PRIMARY PEDIATRIC TEACHING SITE OF THE OHIO STATE UNIVERSITY (OSU) COLLEGE OF MEDICINE FOR MORE THAN 50 YEARS THE HOSPITAL CURRENTLY SPONSORS 35 ACCREDITED MEDICAL/DENTAL RESIDENCY AND FELLOWSHIP PROGRAMS, 29 ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND SIX ACCREDITED BY OTHER PROFESSIONAL ORGANIZATIONS THE HOSPITAL HAS ADDITIONAL 30 FELLOWSHIPS FOR WHICH NO NATIONAL ACCREDITATION CURRENTLY EXISTS THESE PROGRAMS TRAIN THE NEXT GENERATION OF SUPER-SPECIALISTS IN EMERGING AREAS OF PEDIATRICS TO MEET THE 21ST CENTURY HEALTHCARE NEEDS OF A CHANGING PEDIATRIC POPULATION, E G , GASTROINTESTINAL MOTILITY, CARDIAC ANESTHESIOLOGY, INTERVENTIONAL RADIOLOGY, ADVANCED NON-INVASIVE CARDIAC IMAGING, HOST DEFENSE INFECTIOUS DISEASES, PEDIATRIC COLORECTAL SURGERY, AND QUALITY AND SAFETY LEADERSHIP THE CHILDRENS HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM (THE CHGME PROGRAM), HELPS TO FUND THE TRAINING OF PEDIATRIC, DENTAL, AND OTHER RESIDENTS IN GRADUATE MEDICAL EDUCATION PROGRAMS IN FREE-STANDING CHILDRENS HOSPITALS UNDER THE CHGME PROGRAM, THE HOSPITAL RECEIVED $6 7 MILLION IN 2015 THE HOSPITAL EDUCATES LEARNERS FROM NUMEROUS NURSING, PHYSICIAN ASSISTANT, AND ALLIED HEALTH CARE FIELDS, E G , PHARMACY, SPEECH AND LANGUAGE PATHOLOGY, OCCUPATIONAL THERAPY, PSYCHOLOGY, CHILD LIFE, AND SOCIAL WORK IN 2015, APPROXIMATELY 1,800 STUDENTS FROM 37 COLLEGES AND SCHOOLS OF NURSING, 130 STUDENTS FROM FOUR PARAMEDIC PROGRAMS, AND MORE THAN 650 OTHER STUDENTS FROM VARIOUS ALLIED HEALTH DISCIPLINES RECEIVED THEIR PEDIATRIC EDUCATION AT THE HOSPITAL IN ADDITION TO ITS AFFILIATION WITH THE OSU COLLEGE OF MEDICINE, THE HOSPITAL ALSO HAS AFFILIATIONS WITH 223 OTHER UNIVERSITIES, HOSPITALS AND INSTITUTIONS THE HOSPITAL ALSO HAS EDUCATIONAL AFFILIATIONS WITH 113 SCHOOL DISTRICTS FOR MENTORING AND SHADOWING PROGRAMS AS WELL AS YOUNG SCIENTISTS AND MINORITY RECRUITMENT PROGRAMS THE HOSPITAL OFFERS A VARIETY OF PROFESSIONAL EDUCATION PROGRAMS IN 2015, IT AWARDED CONTINUING MEDICAL EDUCATION (CME) CREDITS TO APPROXIMATELY 23,300 PHYSICIANS AND 10,500 NURSES AND ALLIED HEALTH PROFESSIONALS WHO ATTENDED ONE OR MORE OF ITS CME PROGRAMS OVER 40 LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL CONFERENCES CONTINUED TO EXPAND THE REPUTATION AND INFLUENCE OF THE HOSPITAL THE HOSPITALS QUALITY IMPROVEMENT ESSENTIALS COURSE IS NATIONALLY RECOGNIZED FOR ITS ABILITY TO TRAIN THE NEXT GENERATION OF QI LEADERS OF NOTE, THE HOSPITAL WAS THE FIRST CHILDRENS HOSPITAL TO BE DESIGNATED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES AS A MULTI-SPECIALTY PORTFOLIO PROGRAM SPONSOR, THEREBY ENABLING IT TO REVIEW AND APPROVE QUALITY IMPROVEMENT PROJECTS TO FULFILL PHYSICIAN BOARD RECERTIFICATION REQUIREMENTS IN ITS JOURNEY TOWARD BEST OUTCOMES FOR ALL CHILDREN, THE HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS, INCLUDING ITS 14 AFFILIATE HOSPITALS, TO STANDARDIZE PEDIATRIC CARE. IN 2015 THE HOSPITAL PROVIDED NEARLY 100 OUTREACH EDUCATION SESSIONS FOR APPROXIMATELY 1,300 PARTICIPANTS IN ADDITION 1,750 HEALTH CARE PROVIDERS RECEIVED PEDIATRIC ADVANCED LIFE SUPPORT (PALS) TRAINING FROM THE HOSPITAL 56 ONSITE SESSIONS AND 66 OFFSITE SESSIONS, INCLUDING 16 SESSIONS WITH 266 PARTICIPANTS FROM FIRE DEPARTMENTS PATIENT, FAMILY, AND COMMUNITY EDUCATION ARE CRITICAL COMPONENTS OF HIGH QUALITY HEALTH CARE. IN 2015, APPROXIMATELY 50,000 CHILDREN, ADOLESCENTS AND ADULTS PARTICIPATED IN HOSPITAL-SPONSORED CONFERENCES, LECTURES, SPECIALTY CAMPS, HEALTH FAIRS, ADOPT A SCHOOL, AND OTHER COMMUNITY EDUCATION EVENTS IN ADDITION, OVER 500,000 PATIENT EDUCATION MATERIALS WERE PREPARED AS TEACHING TOOLS FOR CHILDREN AND FAMILIES THE FAMILY HEALTH INFORMATION CENTER ALSO PROVIDED MULTIMEDIA HEALTH EDUCATION MATERIALS TO MORE THAN 1,200 FAMILIES FAMILIES ARE NOT ONLY LEARNERS, THEY ALSO TEACH IN 2015, THE FAMILY AS FAMILY PRESENTERS OFFERED 122 SESSIONS FOR 1,400 STAFF IN 2015, A NEW AMBASSADOR TRAINING PROGRAM PREPARED 104 STAFF TO EFFECTIVELY HOST DISTINGUISHED GUESTS/APPLICANTS, THEREBY HELPING THE HOSPITAL TO RECRUIT TOP TALENT ONGOING STAFF AND CAREER DEVELOPMENT IS ESSENTIAL IN MAINTAINING THE QUALITY OF THE CLINICAL, EDUCATIONAL AND RESEARCH PROGRAMS OF THE HOSPITAL THE HOSPITAL OFFERED OVER 1,600 IN SERVICE AND CONTINUING EDUCATION PROGRAMS, TOUCHING VIRTUALLY ALL 10,000+ STAFF PROGRAM TOPICS RANGED FROM A MYRIAD OF SPECIALTY CLINICAL SKILLS TO MULTIPLE ORGANIZATIONAL DEVELOPMENT TOPICS FINALLY, 102 WORK UNIT RETREATS WERE HELD FOR NEARLY 1,900 HOSPITAL AND MEDICAL STAFF GIVEN A SIGNIFICANT NATIONAL SHORTAGE OF PEDIATRIC SUBSPECIALISTS, AN IMPORTANT OUTCOME FOR THE HOSPITALS INVESTMENT IN ITS EDUCATION PROGRAMS IS RECRUITMENT IN 2015, 89% OF GRADUATING FELLOWS WERE RECRUITED FOR OPEN FACULTY POSITIONS THE HOSPITAL ALSO UTILIZES EDUCATION TO OVERCOME NATIONAL GAPS IN MIDLEVEL PROVIDERS WHO ARE SO ESSENTIAL TO SAFE, HIGH QUALITY TEAM-BASED CARE. FOR OVER 30 YEARS THE HOSPITAL HAS EDUCATED NEONATAL NURSE PRACTITIONERS AND ADVANCED PRACTICE NURSES OVERALL IN 2015, NCH SPENT APPROXIMATELY $34 8 MILLION ON PROFESSIONAL MEDICAL EDUCATION AND TRAINING PROGRAMS

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	CHILD ADVOCACY WITH A VISION TO CREATE OPTIMAL HEALTH FOR EVERY CHILD IN OUR COMMUNITY, NATIONWIDE CHILDRENS HOSPITAL (NCH) IS ENGAGED IN A MULTITUDE OF EFFORTS TO IMPROVE THE HEALTH OF ALL CHILDREN, NOT JUST THOSE WHO ARE OUR PATIENTS EFFORTS INCLUDE BUT ARE NOT LIMITED TO PEDIATRIC HEALTHCARE LEGISLATION NCH ACTIVELY PROMOTES LEGISLATION THAT SUPPORTS PEDIATRIC HEALTHCARE LOCALLY AND NATIONALLY NCH HAS BEEN SUPPORTING AND WORKING ON PASSING THE ACE KIDS ACT, WHICH FUNDS CHILDRENS HOSPITAL GRADUATE MEDICAL EDUCATION (CHGME) AND PROTECTS MEDICAID AND CHILDRENS HEALTH INSURANCE PROGRAM (CHIP) AND PARTNERS FOR KIDS (PFK)/ACCOUNTABLE CARE ORGANIZATION INITIATIVES IN ADDITION, THROUGH THE CHILD HEALTH PATIENT SAFETY ORGANIZATION, NCH IS WORKING TO IMPROVE HOSPITAL AND NATIONAL PATIENT, FAMILY, AND EMPLOYEE SAFETY EFFORTS CHILD SAFETY EFFORTS WHILE HEALTHCARE IS THE FOCUS OF NCHS ADVOCACY EFFORTS, IT IS NOT THE LIMIT NCH IS ALSO ACTIVE IN PROMOTING CHILD SAFETY LEGISLATION AND HAS RECEIVED LOCAL AND NATIONAL FUNDING FOR SEVERAL PROGRAMS AND INITIATIVES TO REDUCE CHILDRENS RISK OF DEATH AND DISABILITY DUE TO INJURIES OR OTHER RISK FACTORS THE CENTER FOR FAMILY SAFETY & HEALING AT NCH, THROUGH ITS PROGRAMMING, IS DEDICATED TO REDUCING THE OCCURRENCE OF CHILD ABUSE AND ALL ASPECTS OF FAMILY VIOLENCE, INCLUDING CHILD ABUSE AND NEGLECT, TEEN DATING ABUSE, DOMESTIC VIOLENCE AND ELDER ABUSE THE CENTER HAS A ONE-STOP, COORDINATED RESPONSE TO FAMILY VIOLENCE FOR INDIVIDUALS AND FAMILIES THROUGH ITS COLLABORATION WITH KEY COMMUNITY AGENCIES NCH CONTINUES TO COLLABORATE WITH THE CENTER FOR FAMILY SAFETY AND HEALING IN AN INITIATIVE TO CHANGE BYSTANDERS BEHAVIORS AROUND INTERVENING WHEN WITNESSING FAMILY VIOLENCE WITH A DESIGNATED RESOURCE LINE CREATED TO PROVIDE SUPPORT AND GUIDANCE TO BYSTANDERS, WE ASPIRE TO INCREASE INCIDENCE REPORTING AND ULTIMATELY REDUCE FAMILY VIOLENCE NEIGHBORHOOD REVITALIZATION NCH IS A LEAD PARTNER IN EFFORTS TO IMPROVE THE NEIGHBORHOOD IMMEDIATELY SURROUNDING ITS MAIN CAMPUS SINCE 2008, HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES (HNHF) INITIATIVE HAS BEEN INSTRUMENTAL IN PROVIDING $18 MILLION IN HOUSING AND NEIGHBORHOOD IMPROVEMENTS LOOKING INTO THE FUTURE, NCH IS ACTING AS A CATALYST, COORDINATOR AND SEED FUNDER TO BRING TOGETHER COMMUNITY PARTNERS FOCUSED ON CREATING A HEALTHY ENVIRONMENT FOR CHILDREN TO REACH THEIR FULL POTENTIAL IN THE PAST SIX YEARS, HNHF IMPACTED 200 HOMES THROUGH A COMBINATION OF FULL-GUT RENOVATIONS, HOME REPAIR GRANTS, AND NEW BUILDS NATIONWIDE CHILDRENS HOSPITAL IS PARTNERING WITH THE NRP GROUP AND COMMUNITY DEVELOPMENT 4 ALL PEOPLE ON THE LOW-INCOME HOUSING TAX CREDIT (LIHTC) PROJECT THESE HOMES WILL INCLUDE 58 RESIDENTIAL UNITS (14 TOWNHOMES AND 44 MULTI-FAMILY APARTMENTS) AND A 2,400 SQUARE FOOT, ON-SITE WORKFORCE AND CAREER-DEVELOPMENT TRAINING CENTER ALL UNITS ARE TO BE RENTED TO HOUSEHOLDS AT OR BELOW 60% OF AREA MEDIAN INCOME PRE-DEVELOPMENT ACTIVITY ON THIS PROJECT IS CURRENTLY UNDERWAY WITH CONSTRUCTION SLATED FOR COMPLETION SUMMER 2017 OTHER NEIGHBORHOOD IMPACT PROJECTS INCLUDE 1) PROJECT MENTOR A WEEKLY MENTORING PROGRAM UNDER THE AUSPICES OF BIG BROTHER BIG SISTERS MENTORS SPEND 1 HOUR WEEKLY WITH THEIR MENTEE IN DELIBERATE ACTIVITIES AND DISCUSSION IN 2015, NCH HAD 41 MENTORS PARTICIPATE 2) REACH OUT AND READ PROGRAM AT NCH PRIMARY CARE DOCTORS PRESCRIBED 93,309 BOOKS TO CHILDREN IN THE SURROUNDING COMMUNITY TO IMPROVE LITERACY AND PREPARE CHILDREN FOR KINDERGARTEN 3) HEALTH EDUCATION INITIATIVE NCH MEDICAL RESIDENTS WENT TO LIVINGSTON ELEMENTARY AND TAUGHT HEALTH EDUCATION CURRICULUM TO STUDENTS ONGOING FOR THE YEAR THERE WERE 90 KIDS FROM MULTIPLE RESIDENCES INVOLVED IN ADDITION, 120 HIGH SCHOOL STUDENTS AND 800COLLEGE STUDENTS SPENT TIME SHADOWING NCH PROFESSIONALS FOR CAREER INSIGHT AND NCH RESEARCHERS GAVE WEEKLY LECTURES TO 50 KIDS ON THEIR CAREER TRAJECTORY AND CURRENT RESEARCH EFFORTS AS PART OF THE MORE THAN MY BROTHERS KEEPER PROGRAM, NCH PROVIDED 30 WEEKS OF STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS) PROGRAMMING FOR HNHF KIDS 4) KOHLS CARES SAFETY FOR ALL SEASONS PROGRAM AT NCH, WHICH PROVIDED BICYCLE HELMETS AND TAUGHT CHILDREN THE IMPORTANCE OF BIKE SAFETY FOR 1,200 CHILDREN IN THE FRANKLIN COUNTY AREA

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

Return Reference	Explanation
FORM 990, PART VI, LINE 4 - CHANGES TO GOVERNING DOCUMENTS	THE FOLLOWING CHANGES HAVE BEEN MADE TO THE GOVERNING DOCUMENTS NATIONWIDE CHILDRENS HOSPITAL FOUNDATION 1) REDUCED THE MAXIMUM NUMBER OF ELECTED DIRECTORS FROM 35 TO 27 2) REMOVED THE PRESIDENT OF THE FOUNDATION AND IMMEDIATE PAST PRESIDENT OF THE MEDICAL STAFF OF NATIONWIDE CHILDRENS HOSPITAL (NCH) AS STANDING DIRECTORS 3) PROVIDED FOR AN EMERITUS BOARD CONSISTING OF PERSONS WHOSE SERVICE AS PREVIOUS DIRECTORS OF THE FOUNDATION MERIT RECOGNITION FOR FAITHFUL AND DISTINGUISHED CONTRIBUTIONS TO THE FOUNDATION 4) REDUCED THE NUMBER OF CONSECUTIVE THREE-YEAR TERMS THAT AN ELECTED DIRECTOR MAY SERVE FROM 4 TO 3 AND REQUIRING A 1 YEAR HIATUS BEFORE A PERSON MAY BE RECONSIDERED FOR A POSITION AS AN ELECTED DIRECTOR 5) CREATED A GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS THAT WILL HAVE THE AUTHORITY TO A) RECOMMEND TO THE BOARD OF DIRECTORS POLICIES AND PROCEDURES, B) INTERPRET AND ENFORCE POLICIES APPROVED BY THE BOARD OF DIRECTORS, C) RECOMMEND PERSONS TO BE CONSIDERED FOR ELECTION TO SERVE AS DIRECTORS OF THE FOUNDATION 6) CREATED AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THAT WILL HAVE THE AUTHORITY TO MANAGE AND CONTROL THE BUSINESS AND AFFAIRS AND EXERCISE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS 7) BOARD OF DIRECTORS SHALL APPOINT THE CHAIRMAN OF THE FOUNDATION 8) ALLOWED FOR 4 VICE-CHAIRMEN OF THE FOUNDATION NATIONWIDE CHILDRENS HOSPITAL, INC APPROVED THE AMENDMENT OF THE FOUNDATIONS CODE OF REGULATIONS

Return Reference	Explanation
FORM 990, PART VI, LINE 6 DESCRIPTION OF CLASSES OF MEMBERS	NATIONWIDE CHILDREN'S HOSPITAL, INC (THE PARENT ORGANIZATION OF THE GROUP) IS THE SOLE MEMBER OF THE MAJORITY OF THE SUBORDINATE ORGANIZATIONS IN THE GROUP EXEMPTION SOME OF THE SUBORDINATE ORGANIZATIONS ARE NON-PROFIT SUBSIDIARIES OF THE LARGEST SUBORDINATE ORGANIZATION, NATIONWIDE CHILDREN'S HOSPITAL

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL	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

Return Reference	Explanation
FORM 990, PART VI, LINE 11B PROCESS USED TO REVIEW 990	THIS FORM 990 WAS REVIEWED PRIOR TO FILING BY NATIONWIDE CHILDRENS HOSPITAL CHIEF EXECUTIVE OFFICER/BOARD 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

Return Reference	Explanation
FORM 990, PART VI, LINE 12C PROCESS TO MONITOR FOR COI	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

Return Reference	Explanation
FORM 990, PART VI, LINE 15A PROCESS FOR DETERMINING COMP OF CEO	IN THE FIRST QUARTER OF 2015, 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

Return Reference	Explanation
FORM 990, PART VI, LINE 15B DETERMINING COMP OF OTHER OFFICERS	IN THE FIRST QUARTER OF 2015, 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

Return Reference	Explanation
FORM 990, PART VI, LINE 19 AVAIL OF GOV DOCS, COI POLICY, & F/S	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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B) HRS PER WEEK	FOR NATIONWIDE CHILDREN'S HOSPITAL EMPLOYEES THAT ARE MEMBERS OF VARIOUS BOARDS AND HOLD SEVERAL POSITIONS WITHIN THE ORGANIZATION, THE HOURS LISTED REPRESENT THE NUMBER OF HOURS THAT INDIVIDUAL DEVOTES TO ALL THE ENTITIES INCLUDED WITHIN THE NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN THE GOVERNING BOARD OF NATIONWIDE CHILDREN'S HOSPITAL, INC AND NATIONWIDE CHILDREN'S HOSPITAL IS A JOINT BOARD AND MEMBERS SERVE ON THESE BOARDS CONCURRENTLY

Return Reference	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	$ 1,526,398 EFFECT OF ADOPTION OF SFAS NO 158 $(2,446,174) NET CHANGE IN INTEREST RATE SWAP AGREEMENTS $ (75,964) OTHER DECREASES $ (995,740) LINE 9 TOTAL

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 68524544

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION NICU LEASED SALARIES & MED SVC TOTAL FEES 44997844

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RESEARCH SUBCONTRACT EXPENSE TOTAL FEES 8044661

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTATION FEES TOTAL FEES 3731067

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 58156485

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Nationwide Children's Hospital Group Return

Employer identification number
01-0782751

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PEDIATRIC ROTOR WING LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2042425	AIR TRANSPORT	OH	2,491,109	6,874,727	NCH
(2) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371	PHYSICIAN SVC	OH	2,429,913	11,140	NCH
(3) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306	PHYSICIAN SVC	OH	2,059,627	999,354	NCH
(4) CHILDREN'S COMMUNITY PRACTICES LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-2998916	PHYSICIAN SVC	OH	194,155	344,061	NCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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)	9	NCH	Yes	
(3) TWIGS 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-6015354	FUNDRAISING	OH	501(c)(3)	9	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1) CHILDREN'S ANESTHESIA ASSOCIATES 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-0650338	PHYSICIAN SERVICE	OH	NCH	C Corp	13,903,356	8,950,243	100 000 %	Yes	
(2) COLLIER'S PROFESSIONAL LIABILITY INS CO 23 LIME TREE BAY AVENUE GRAND CAYMAN KY1-1102 CJ 98-0457066	INS CONTRACTING	CJ	NCH	C Corp	0	1,430,317	100 000 %	Yes	
(3) NORTHEAST CLOSE TO HOME CENTER CONDO ASS 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corp	62,708	2,416	90 750 %	Yes	
(4) CHILDREN'S NW MED OFFICE BLDG CONDO ASSN 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5540559	CONDO ASSOCIATION	OH	NCH	C Corp	53,137	3,031	74 400 %	Yes	
(5) PEDIATRIC CLINICAL TRIALS INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1609283	INACTIVE	OH	NCH	C Corp	0	0	100 000 %	Yes	
(6) PEDIATRIC ACADEMIC ASSOCIATION INC TRUST 555 SOUTH 18TH STREET COLUMBUS, OH 43205	TRUST	OH	NCH	Trust	0	0	51 000 %	Yes	
(7) CHILDREN'S HOSP & PHYS HLTHCARE NETWORK 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1429047	HEALTHCARE NETWRK	OH	NCH	C Corp	362,017,061	41,165,238	51 000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHILDREN'S ANESTHESIA (1) ASSOCIATES 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-0650338	PHYSICIAN SERVICE	OH	NCH	C Corp	13,903,356	8,950,243	100 000 %	Yes	
(1) COLLIER'S PROFESSIONAL LIABILITY INS CO 23 LIME TREE BAY AVENUE GRAND CAYMAN KY1-1102 CJ 98-0457066	INS CONTRACTING	CJ	NCH	C Corp	0	1,430,317	100 000 %	Yes	
NORTHEAST CLOSE TO HOME (2) CENTER CONDO ASS 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corp	62,708	2,416	90 750 %	Yes	
CHILDREN'S NW MED OFFICE BLDG (3) CONDO ASSN 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5540559	CONDO ASSOCIATION	OH	NCH	C Corp	53,137	3,031	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	
PEDIATRIC ACADEMIC (5) ASSOCIATION INC TRUST 555 SOUTH 18TH STREET COLUMBUS, OH 43205	TRUST	OH	NCH	Trust	0	0	51 000 %	Yes	
(6) CHILDREN'S HOSP & PHYS HLTHCARE NETWORK 700 CHILDRENS DRIVE COLUMBUS, OH 43205 31-1429047	HEALTHCARE NETWRK	OH	NCH	C Corp	362,017,061	41,165,238	51 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CHILDREN'S SURGICAL ASSOCIATES	B	157,049	ACTUAL AMOUNT
(1)	NATIONWIDE CHILDREN'S HOSPITAL	B	175,006	ACTUAL AMOUNT
(2)	NCH HOMECARE	B	81,166	ACTUAL AMOUNT
(3)	CENTER FOR CHILD & FAMILY ADVOCACY	B	309,000	ACTUAL AMOUNT
(4)	CENTER FOR CHILD & FAMILY ADVOCACY	B	2,367,070	ACTUAL AMOUNT
(5)	RESEARCH INSTITUTE AT NCH	B	9,944,214	ACTUAL AMOUNT
(6)	NATIONWIDE CHILDREN'S HOSPITAL	B	11,246,360	ACTUAL AMOUNT
(7)	RESEARCH INSTITUTE AT NCH	B	48,991,012	ACTUAL AMOUNT
(8)	RESEARCH INSTITUTE AT NCH	B	184,421	ACTUAL AMOUNT
(9)	PARTNERS FOR KIDS	B	554,342	ACTUAL AMOUNT
(10)	NCH FOUNDATION	C	157,049	ACTUAL AMOUNT
(11)	NCH FOUNDATION	C	175,006	ACTUAL AMOUNT
(12)	NCH FOUNDATION	C	81,166	ACTUAL AMOUNT
(13)	CHILDREN'S SURGICAL ASSOCIATES	C	184,421	ACTUAL AMOUNT
(14)	NATIONWIDE CHILDREN'S HOSPITAL	C	309,000	ACTUAL AMOUNT
(15)	NCH FOUNDATION	C	2,367,070	ACTUAL AMOUNT
(16)	NCH FOUNDATION	C	9,944,214	ACTUAL AMOUNT
(17)	NCH FOUNDATION	C	11,246,360	ACTUAL AMOUNT
(18)	NATIONWIDE CHILDREN'S HOSPITAL	C	48,991,012	ACTUAL AMOUNT
(19)	PARTNERS FOR KIDS	J	127,904	ACTUAL AMOUNT
(20)	RESEARCH INSTITUTE AT NCH	L	429,131	ACTUAL AMOUNT
(21)	RESEARCH INSTITUTE AT NCH	L	609,229	ACTUAL AMOUNT
(22)	NATIONWIDE CHILDREN'S HOSPITAL	L	203,357	ACTUAL AMOUNT
(23)	CHILDREN'S ANESTHESIA ASSOCIATES	L	485,250	ACTUAL AMOUNT
(24)	CHILDREN'S ANESTHESIA ASSOCIATES	L	180,427	ACTUAL AMOUNT

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	CHILDREN'S SURGICAL ASSOCIATES	L	439,028	ACTUAL AMOUNT
(1)	RESEARCH INSTITUTE AT NCH	L	557,899	ACTUAL AMOUNT
(2)	NATIONWIDE CHILDREN'S HOSPITAL	L	5,606,268	ACTUAL AMOUNT
(3)	NATIONWIDE CHILDREN'S HOSPITAL	L	5,463,224	ACTUAL AMOUNT
(4)	CENTER FOR CHILD & FAMILY ADVOCACY	L	439,941	ACTUAL AMOUNT
(5)	NATIONWIDE CHILDREN'S HOSPITAL	L	14,087,516	ACTUAL AMOUNT
(6)	PARTNERS FOR KIDS	L	335,766,632	ACTUAL AMOUNT
(7)	PARTNERS FOR KIDS	L	304,568	ACTUAL AMOUNT
(8)	PARTNERS FOR KIDS	L	133,389	ACTUAL AMOUNT
(9)	NATIONWIDE CHILDREN'S HOSPITAL	M	429,131	ACTUAL AMOUNT
(10)	CHILDREN'S SURGICAL ASSOCIATES	M	609,229	ACTUAL AMOUNT
(11)	NCH HOMECARE	M	203,357	ACTUAL AMOUNT
(12)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	557,899	ACTUAL AMOUNT
(13)	NATIONWIDE CHILDREN'S HOSPITAL	M	439,028	ACTUAL AMOUNT
(14)	CHILDREN'S ANESTHESIA ASSOCIATES	M	1,354,702	ACTUAL AMOUNT
(15)	CHILDREN'S RADIOLOGICAL INSTITUTE	M	5,606,268	ACTUAL AMOUNT
(16)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	5,463,224	ACTUAL AMOUNT
(17)	NCH BEHAVIORAL HEALTH	M	439,941	ACTUAL AMOUNT
(18)	CHILDREN'S SURGICAL ASSOCIATES	M	14,087,516	ACTUAL AMOUNT
(19)	CENTER FOR CHILD & FAMILY ADVOCACY	O	1,186,738	ACTUAL AMOUNT
(20)	NCH FOUNDATION	O	2,934,448	ACTUAL AMOUNT
(21)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	O	4,394,271	ACTUAL AMOUNT
(22)	NCH HOMECARE	O	6,791,563	ACTUAL AMOUNT
(23)	CHILDREN'S RADIOLOGICAL INSTITUTE	O	10,308,901	ACTUAL AMOUNT
(24)	CHILDREN'S ANESTHESIA ASSOCIATES	O	22,078,491	ACTUAL AMOUNT

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	CHILDREN'S SURGICAL ASSOCIATES	O	30,409,403	ACTUAL AMOUNT
(1)	RESEARCH INSTITUTE AT NCH	O	53,214,783	ACTUAL AMOUNT
(2)	PARTNERS FOR KIDS	O	3,571,424	ACTUAL AMOUNT
(3)	CHILDREN'S NW MOB CONDO ASSOCIATION	P	71,421	ACTUAL AMOUNT
(4)	NORTHEAST CLOSE TO HOME CTR CONDO ASSOCIATION	P	69,100	ACTUAL AMOUNT
(5)	RESEARCH INSTITUTE AT NCH	Q	200,738	ACTUAL AMOUNT
(6)	CENTER FOR CHILD & FAMILY ADVOCACY	Q	1,409,718	ACTUAL AMOUNT
(7)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	Q	743,995	ACTUAL AMOUNT
(8)	NCH FOUNDATION	Q	5,679,616	ACTUAL AMOUNT
(9)	CHILDREN'S SURGICAL ASSOCIATES	Q	5,167,304	ACTUAL AMOUNT
(10)	CHILDREN'S ANESTHESIA ASSOCIATES	Q	521,927	ACTUAL AMOUNT
(11)	NCH HOMECARE	Q	12,932,060	ACTUAL AMOUNT
(12)	CHILDREN'S RADIOLOGICAL INSTITUTE	Q	477,131	ACTUAL AMOUNT
(13)	PARTNERS FOR KIDS	Q	396,881	ACTUAL AMOUNT
(14)	NATIONWIDE CHILDREN'S HOSPITAL	R	143,393,984	ACTUAL AMOUNT
(15)	RESEARCH INSTITUTE AT NCH	R	44,374,859	ACTUAL AMOUNT
(16)	CHILDREN'S RADIOLOGICAL INSTITUTE	S	8,157,217	ACTUAL AMOUNT
(17)	PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	S	3,145,557	ACTUAL AMOUNT
(18)	CHILDREN'S SURGICAL ASSOCIATES	S	17,430,513	ACTUAL AMOUNT
(19)	NCH HOMECARE	S	21,157,605	ACTUAL AMOUNT
(20)	NCH FOUNDATION	S	22,500,000	ACTUAL AMOUNT
(21)	NATIONWIDE CHILDREN'S HOSPITAL	S	44,374,859	ACTUAL AMOUNT
(22)	RESEARCH INSTITUTE AT NCH	S	71,003,092	ACTUAL AMOUNT
(23)	PARTNERS FOR KIDS	S	4,599,460	ACTUAL AMOUNT