

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- 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 SHAVER. Doing business as. 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 \$ 2,203,668,561

F Name and address of principal officer: TIMOTHY C ROBINSON, 700 Childrens Drive, Columbus, OH 43205

H(a) Is this a group return for subordinates? Yes. H(b) Are all subordinates included? Yes. H(c) Group exemption number: 4235

I Tax-exempt status: 501(c)(3)

J Website: WWW.NATIONWIDECCHILDRENS.ORG

K Form of organization: Corporation

L Year of formation: M State of legal domicile: OH

Part I Summary

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

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (91), 4 Number of independent voting members (56), 5 Total number of individuals employed (17,869), 6 Total number of volunteers (721), 7a Total unrelated business revenue (16,613,078), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (340,032,980), 9 Program service revenue (1,684,800,851), 10 Investment income (120,980,425), 11 Other revenue (53,607,552), 12 Total revenue (2,199,421,808), 13 Grants and similar amounts paid (126,919,313), 14 Benefits paid (0), 15 Salaries, other compensation (1,040,223,938), 16a Professional fundraising fees (0), 16b Total fundraising expenses (5,251,349), 17 Other expenses (823,540,477), 18 Total expenses (1,990,683,728), 19 Revenue less expenses (208,738,080)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (6,056,440,704), 21 Total liabilities (1,344,429,826), 22 Net assets or fund balances (4,712,010,878)

Part II Signature Block

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

Sign Here: Signature of officer LUKE BROWN Treasurer/CFO, Date 2021-11-11

Paid Preparer Use Only: Print/Type preparer's name ERNST & YOUNG US LLP, Date 2021-11-15, Firm's address 221 E 4TH STREET SUITE 2900 CINCINNATI, OH 45202

May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,286,913,713** including grants of \$ **53,123,982**) (Revenue \$ **1,693,318,777**)
Patient care (SEE SCHEDULE O)

4b (Code:) (Expenses \$ **230,248,082** including grants of \$ **70,432,861**) (Revenue \$ **0**)
Research (SEE SCHEDULE O)

4c (Code:) (Expenses \$ **40,206,170** including grants of \$ **853,742**) (Revenue \$ **1,350,825**)
Education (SEE SCHEDULE O)

4d Other program services (Describe in Schedule O.)
(Expenses \$ **4,342,269** including grants of \$ **2,508,728**) (Revenue \$ **0**)

4e **Total program service expenses** **1,561,710,234**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 17,869
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes
b If "Yes," enter the name of the foreign country: C J
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts
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
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Yes
16 Is the organization subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect... 7b Are any governance decisions reserved to members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions... 8a The governing body... 8b Each committee with authority to act on behalf of the governing body... 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?

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WV, WI 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTINA SHAVER 700 CHILDRENS DRIVE COLUMBUS, OH 43205 (614) 355-3119

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	50.0 0.0					X		1,964,619	0	66,586
(2) STEVE ALLEN MD FORMER DIRECTOR / CEO	50.0 0.0						X	1,599,083	0	31,503
(3) TIMOTHY C ROBINSON DIRECTOR / CEO - NCH	47.0 3.0	X		X				1,555,278	0	62,095
(4) RICHARD MILLER COO - NCH	47.0 3.0			X				1,449,146	0	69,536
(5) ELIZABETH HINGSBERGEN MD RADIOLOGIST - CRI	50.0 0.0					X		1,268,193	0	80,418
(6) JOHN A BARNARD MD PRESIDENT - RINCH	38.0 3.0			X				1,093,696	0	106,507
(7) RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	50.0 0.0					X		1,128,014	0	65,731
(8) JEFFREY LEONARD MD NEUROSURGEON - CSA	50.0 0.0					X		977,973	0	65,586
(9) OLUYINKA OLUTOYE MD DIRECTOR - CSA	47.0 3.0	X						965,259	0	66,438
(10) RHONDA COMER SECRETARY/SVP/LEGAL SVCS - NCH	47.0 3.0			X				785,898	0	214,774
(11) KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	50.0 0.0					X		926,440	0	65,731
(12) RICHARD BRILLI MD CMO - NCH (TO 6/20)	46.0 3.0				X			836,751	0	123,021
(13) STEPHEN TESTA PRES - NCH FOUNDATION	50.0 0.0			X				840,824	0	110,731
(14) PATRICIA MCCLIMON SR VP / PLAN & DEV'T - NCH	50.0 0.0				X			777,303	0	166,036
(15) LUKE BROWN TREASURER / SR VP / CFO - NCH	47.0 3.0			X				671,740	0	112,796
(16) JOSEPH TOBIAS MD SECRETARY / DIRECTOR - CAA	50.0 0.0	X		X				704,473	0	65,731
(17) RAJESH KRISHNAMURTHY MD DIRECTOR - CRI	50.0 0.0	X						681,553	0	68,481

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows 18-131.

Section B. Independent Contractors

Table with columns (A) Name and business address, (B) Description of services, (C) Compensation. Rows 1-4.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	56,571			
	b Membership dues . . .	1b	16,025			
	c Fundraising events . . .	1c	2,110,756			
	d Related organizations	1d	90,574,837			
	e Government grants (contributions)	1e	150,461,503			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	96,813,288			
	g Noncash contributions included in lines 1a - 1f:\$	1g	712,706			
h Total. Add lines 1a-1f			340,032,980			

Program Service Revenue			Business Code			
	2a NET PATIENT SERVICES REVENUE		900099	1,668,476,005	1,668,476,005	0
b PHYSICIAN SERVICES REVENUE		900099	10,473,430	10,473,430	0	0
c REFERENCE LAB		541380	3,774,029	0	3,774,029	0
d POISON CENTER		900099	927,833	927,833	0	0
e RETAIL PHARMACY		446110	994,467	0	994,467	0
f All other program service revenue.			155,087	155,087		0
g Total. Add lines 2a-2f.			1,684,800,851			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			63,763,506		550,287	63,213,219
	4 Income from investment of tax-exempt bond proceeds			1,589			1,589
	5 Royalties			20,721,912			20,721,912
	6a Gross rents	(i) Real	(ii) Personal				
		6a		3,675,062			
		b Less: rental expenses		2,471,368			
	c Rental income or (loss)		1,203,694	0			
	d Net rental income or (loss)			1,203,694			1,203,694
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		58,723,010	77,998		
b Less: cost or other basis and sales expenses			2,729,116	-1,143,438			
c Gain or (loss)		55,993,894	1,221,436				
d Net gain or (loss)			57,215,330			57,215,330	
8a Gross income from fundraising events (not including \$ 2,110,756 of contributions reported on line 1c). See Part IV, line 18							
	8a		97,449				
	b Less: direct expenses		174,736				
c Net income or (loss) from fundraising events			-77,287			-77,287	
9a Gross income from gaming activities. See Part IV, line 19							
	9a		50,940				
	b Less: direct expenses		14,971				
c Net income or (loss) from gaming activities			35,969			35,969	
10a Gross sales of inventory, less							

returns and allowances . . .	10a	0			
b Less: cost of goods sold	10b	0			
c Net income or (loss) from sales of inventory . . .			0		
Miscellaneous Revenue	Business Code				
11a CAFETERIA	722210	5,457,909	0	0	5,457,909
b BILLING SERVICES TO AFFIL	541200	5,851,082	5,851,082	0	0
c OTHER RESEARCH REVENUE	541380	11,188,492	-7,100	11,195,592	0
d All other revenue		9,225,781	3,929,630	98,703	5,197,448
e Total. Add lines 11a-11d		31,723,264			
12 Total revenue. See instructions		2,199,421,808	1,689,805,967	16,613,078	152,969,783

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	125,197,916	125,197,916		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,721,397	1,721,397		
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	21,226,148	7,191,469	13,558,901	475,778
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,634	0	158,634	0
7 Other salaries and wages	816,118,126	627,146,055	187,109,384	1,862,687
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,777,582	26,411,415	10,366,167	0
9 Other employee benefits	109,134,061	84,957,275	23,641,147	535,639
10 Payroll taxes	56,809,387	40,300,056	16,509,331	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	6,043,868	0	6,043,868	0
c Accounting	599,000	0	599,000	0
d Lobbying	346,642	0	346,642	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)	200,778,355	149,223,973	51,494,111	60,271
12 Advertising and promotion	4,100,601	215,074	1,756,382	2,129,145
13 Office expenses	41,853,060	26,838,591	14,961,863	52,606
14 Information technology	21,062,115	8,572,204	12,489,911	0
15 Royalties	7,286,695	7,286,695	0	0
16 Occupancy	90,544,265	70,865,486	19,678,779	0
17 Travel	2,029,145	1,407,530	584,327	37,288
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,440,961	1,033,737	400,231	6,993
20 Interest	25,253,341	0	25,253,341	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	99,050,498	71,907,241	27,143,257	0
23 Insurance	8,482,870	5,823,044	2,659,826	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS	163,661,524	163,324,678	336,846	0
b MEDICAL SUPPLIES	96,962,926	96,962,926	0	0
c HOSPITAL FRANCHISE FEES	34,141,690	34,141,690	0	0
d TEXTILES & PAPER GOODS	5,022,498	4,035,157	987,341	0
e All other expenses	14,880,423	7,146,625	7,642,856	90,942
25 Total functional expenses. Add lines 1 through 24e	1,990,683,728	1,561,710,234	423,722,145	5,251,349
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	188,519,119	1	185,476,086
	2 Savings and temporary cash investments	1,809,768	2	1,890,961
	3 Pledges and grants receivable, net	47,187,327	3	36,545,115
	4 Accounts receivable, net	372,726,667	4	284,269,279
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	1,500,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	11,889,993	8	16,743,747
	9 Prepaid expenses and deferred charges	11,432,526	9	16,001,190
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,226,719,409		
	b Less: accumulated depreciation	10b 723,460,955	1,433,443,332	10c 1,503,258,454
	11 Investments—publicly traded securities	3,223,246,863	11	3,905,411,143
	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	10,379,808	14	10,859,509
	15 Other assets. See Part IV, line 11	69,336,597	15	94,485,220
16 Total assets: Add lines 1 through 15 (must equal line 33)	5,369,972,000	16	6,056,440,704	
Liabilities	17 Accounts payable and accrued expenses	220,808,969	17	219,469,523
	18 Grants payable	0	18	0
	19 Deferred revenue	7,597,467	19	7,127,495
	20 Tax-exempt bond liabilities	671,599,852	20	656,965,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	304,259,723	25	460,867,808
	26 Total liabilities: Add lines 17 through 25	1,204,266,011	26	1,344,429,826
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,823,524,745	27	4,329,442,192
	28 Net assets with donor restrictions	342,181,244	28	382,568,686
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,165,705,989	32	4,712,010,878
33 Total liabilities and net assets/fund balances	5,369,972,000	33	6,056,440,704	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,199,421,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,990,683,728
3	Revenue less expenses. Subtract line 2 from line 1	3	208,738,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,165,705,989
5	Net unrealized gains (losses) on investments	5	299,762,185
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	37,804,624
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	4,712,010,878

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service
Name of the organization

NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
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).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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.		
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.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
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.		
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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
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).		

Part IV Supporting Organizations (continued)

- 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 lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*
- 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.*

	Yes	No
1		No
2		No

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		No
2		No
3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*
- b** Did the activities described in line 2a 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.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- 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.*

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1	0	
2 Recoveries of prior-year distributions	2	0	
3 Other gross income (see instructions)	3	0	
4 Add lines 1 through 3	4	0	
5 Depreciation and depletion	5	0	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0	
7 Other expenses (see instructions)	7	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a	0	
b Average monthly cash balances	1b	0	
c Fair market value of other non-exempt-use assets	1c	0	
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		0	
2 Acquisition indebtedness applicable to non-exempt use assets	2	0	
3 Subtract line 2 from line 1d	3	0	
4 Cash deemed held for exempt use. Enter 0.015 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 0.035	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	1	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	0
4 Amounts paid to acquire exempt-use assets	4	0
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	0
6 Other distributions (describe in Part VI). See instructions	6	0
7 Total annual distributions. Add lines 1 through 6.	7	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	0
9 Distributable amount for 2020 from Section C, line 6	9	0
10 Line 8 amount divided by Line 9 amount	10	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2020:			
a From 2015. 0			
b From 2016. 0			
c From 2017. 0			
d From 2018. 0			
e From 2019. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016. 0			
b Excess from 2017. 0			
c Excess from 2018. 0			
d Excess from 2019. 0			
e Excess from 2020. 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
SCHEDULE A, PART IV EXPLANATION	<p>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) 2020 PUBLIC SUPPORT PERCENTAGE: 100% 2019 PUBLIC SUPPORT PERCENTAGE: 100% 2020 INVESTMENT INCOME PERCENTAGE: 0% 2019 INVESTMENT INCOME PERCENTAGE: 0% CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) EIN 31-1439570 PUBLIC CHARITY STATUS: 509(A)(2) 2020 PUBLIC SUPPORT PERCENTAGE: 99.37% 2019 PUBLIC SUPPORT PERCENTAGE: 99.41% 2020 INVESTMENT INCOME PERCENTAGE: 0.63% 2019 INVESTMENT INCOME PERCENTAGE: 0.59% PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) EIN 31-1595013 PUBLIC CHARITY STATUS: 509(A)(2) 2020 PUBLIC SUPPORT PERCENTAGE: 99.65% 2019 PUBLIC SUPPORT PERCENTAGE: 99.73% 2020 INVESTMENT INCOME PERCENTAGE: 0.35% 2019 INVESTMENT INCOME PERCENTAGE: 0.27% CHILDREN'S SURGICAL ASSOCIATES (CSA) EIN 31-1654000 PUBLIC CHARITY STATUS: 509(A)(2) 2020 PUBLIC SUPPORT PERCENTAGE: 100.00% 2019 PUBLIC SUPPORT PERCENTAGE: 100.00% 2020 INVESTMENT INCOME PERCENTAGE: 0.00% 2019 INVESTMENT INCOME PERCENTAGE: 0.00% Children's Anesthesia Associates (CAA) EIN 31-0650338 Public Charity status: 509(a)(2) 2020 PUBLIC SUPPORT PERCENTAGE: 100.00% 2019 PUBLIC SUPPORT PERCENTAGE: 100.00% 2020 INVESTMENT INCOME PERCENTAGE: 0.00% 2019 INVESTMENT INCOME PERCENTAGE: 0.00% NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (NCHF) EIN 31-1036370 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2020 PUBLIC SUPPORT PERCENTAGE: 58.70% 2019 PUBLIC SUPPORT PERCENTAGE: 57.80% RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL (RINCH) EIN 31-6056230 PUBLIC CHARITY STATUS: 509(A)(1) & 170(B)(1)(A)(VI) 2020 PUBLIC SUPPORT PERCENTAGE: 78.20% 2019 PUBLIC SUPPORT PERCENTAGE: 73.20% 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) 2020 PUBLIC SUPPORT PERCENTAGE: 86.30% 2019 PUBLIC SUPPORT PERCENTAGE: 86.70%</p>

Additional Data

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Name of the organization NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN	Employer identification number 01-0782751
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

Name of organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
 01-0782751

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

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

Name of organization NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN	Employer identification number 01-0782751
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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2020

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization: NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	0
d Mailings to members, legislators, or the public?	Yes		5,150
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?	Yes		198,051
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		686,450
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			889,651
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 for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	Nationwide Children's Hospital (NCH) is a section 501(c)(3) organization with a mission based on the belief that no child should be refused necessary care and attention for lack of ability to pay. Nationwide Children's is committed to providing the highest quality patient care, advocacy for children and families, pediatric research, education of patients, families and future providers, and outstanding service to accommodate the needs of patients and families. In fulfillment of this mission, NCH advocates at the local, state and federal levels on behalf of children and the providers who care for them. Professional staff in the Government Relations Department direct and perform these activities and coordinate the work of other Hospital staff that support advocacy efforts on an intermittent basis. In addition, the hospital has sent correspondence to and met directly with local, state, and federal officials. Further, NCH pays membership dues to professional organizations which, among their many responsibilities, perform certain lobbying activities on behalf of their member organizations. Based on information supplied by these professional associations, NCH has determined the total of NCH's dues applicable to their lobbying activities is \$198,051. During 2020, two hospital staff members were registered as lobbyists at the federal level and two were registered at the state level. These staff members met with elected and appointed officials regarding child health, reimbursement, and grants/funding. NCH also utilized the services of one outside consultant at the local/state level in 2020. This consultant prepared written materials and met with elected and appointed officials. Overall, NCH's total direct and indirect lobbying expenditures based on resources or time were minimal and not substantial based on revenues.

Additional Data

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	207,575,104	179,315,772	180,559,816	160,913,523	146,550,272
b Contributions	17,303,071	7,297,567	11,551,122	6,908,367	9,011,343
c Net investment earnings, gains, and losses	20,840,075	25,929,041	-7,597,607	18,358,133	9,515,476
d Grants or scholarships					
e Other expenditures for facilities and programs	6,627,566	4,967,276	5,197,559	5,620,207	4,163,568
f Administrative expenses					
g End of year balance	239,090,684	207,575,104	179,315,772	180,559,816	160,913,523

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 21.250 %
 - b** Permanent endowment ▶ 78.750 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	59,699,707	59,699,707	59,699,707
b Buildings		1,656,641,994	483,676,997	1,172,964,997
c Leasehold improvements		22,277,629	9,379,544	12,898,085
d Equipment		389,548,611	230,404,414	159,144,197
e Other		98,551,468	0	98,551,468
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,503,258,454

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	460,867,808

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
SCHEDULE D, PART X, LINE 2	FIN 48(ASC740) Footnote NATIONWIDE CHILDREN'S RECORDS ACCRUALS FOR UNCERTAIN TAX POSITIONS UNDER ASC 740, INCOME TAXES. NATIONWIDE CHILDREN'S HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2020 AND 2019.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

2020

Open to Public Inspection

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean			Program Services	Self Insurance	1,170,691
(2) East Asia and the Pacific			Program services	Healthcare Services	14,428
(3) East Asia and the Pacific			Program services	Research Collaboration	156,526
(4) South Asia			Program services	Research Collaboration	82,883
(5) Europe (Including Iceland and Greenland)			Program services	Healthcare Services	133,568
(6) Europe (Including Iceland and Greenland)			Program services	Research Collaboration	26,278
(7) Middle East and North Africa			Program services	Healthcare Services	34,725
(8) South America			Program services	Research Collaboration	7,560
(9) North America			Program services	Healthcare Services	123,732
(10) North America		1	Program services	Salary	15,833
(11) North America			Program services	Research Collaboration	55,900
(12) Central America and the Caribbean			Investments	Self Insurance	130,000
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		1			1,952,124
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			1,952,124

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2020

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

Part I 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	LEGENDS LUNCH (event type)	MARATHON (event type)	5 (total number)	(add col. (a) through col. (c))	
1 Gross receipts	1,228,294	407,531	572,380	2,208,205	
2 Less: Contributions	1,222,574	407,531	480,651	2,110,756	
3 Gross income (line 1 minus line 2)	5,720		91,729	97,449	
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	0	0	800	
	6 Rent/facility costs	0	0	18,800	
	7 Food and beverages	0	0	29,747	
	8 Entertainment	0	0	2,350	
	9 Other direct expenses	7,012	47,908	68,119	123,039
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				174,736
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-77,287	

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			50,940
Direct Expenses	2 Cash prizes		8,536	8,536
	3 Noncash prizes		6,435	6,435
	4 Rent/facility costs		0	0
	5 Other direct expenses		0	0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000% .. <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				14,971
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				35,969

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 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 ▶ N A

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the
Treasury

Name of the organization

NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			28,215,230	2,419,022	25,796,208	1.300 %
b Medicaid (from Worksheet 3, column a)			789,874,572	596,800,498	193,074,074	9.700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,799,967	1,799,967	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			819,889,769	601,019,487	218,870,282	11.000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			12,319,753	5,626,229	6,693,524	0.340 %
f Health professions education (from Worksheet 5)			41,887,050	3,286,607	38,600,443	1.940 %
g Subsidized health services (from Worksheet 6)			61,867,880	60,148,564	1,719,316	0.090 %
h Research (from Worksheet 7)			58,813,279	0	58,813,279	2.950 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			34,102,679	0	34,102,679	1.710 %
j Total. Other Benefits			208,990,641	69,061,400	139,929,241	7.030 %
k Total. Add lines 7d and 7j			1,028,880,410	670,080,887	358,799,523	18.030 %

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 0 %			32,982		32,982
2 Economic development					
3 Community support 0.040 %			918,204	154,797	763,407
4 Environmental improvements 0.020 %			313,960		313,960
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy 0.020 %			492,178	125,000	367,178
8 Workforce development 0.010 %			261,712		261,712
9 Other			21,500		21,500
10 Total 0.090 %			2,040,536	279,797	1,760,739

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		24,419,729
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	4,484,642
6 Enter Medicare allowable costs of care relating to payments on line 5	6	5,960,052
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,475,410
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b 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?

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)
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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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

Did the hospital facility have in place during the tax year a written financial assistance policy that:
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:

- a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. %
- b** Income level other than the FPG (describe in Section C) Income level other than the FPG (describe in Section C) for discounted care of 400. %
- 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?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a** Described the information the hospital facility may require an individual to provide as part of his or her application
- b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

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):
SEE SECTION C
- 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** Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or
- h** Notified members of the community, and to attract patients' attention
- i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j** Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information (continued)

Billing and Collections

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

NATIONWIDE CHILDREN'S (MAIN CAMPUS)

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA ARE PRESENTED AS A PRIORITIZED DESCRIPTION. PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY REPRESENTATIVES COMMUNITY INPUT FOR THIS REPORT WAS PROVIDED THROUGH A SERIES OF FACILITATED SESSIONS THAT TOOK PLACE THROUGHOUT 2018 TO IDENTIFY AND PRIORITIZE THE HEALTH NEEDS FOR FRANKLIN COUNTY. THESE MEETINGS WERE HELD WITH COMMUNITY REPRESENTATIVES ON THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, LED BY THE CENTRAL OHIO HOSPITAL COUNCIL. CONSISTENT WITH FEDERAL REQUIREMENTS FOR CONDUCTING HEALTH NEEDS ASSESSMENTS, ENTITIES WHICH REPRESENT SPECIFIC POPULATIONS WITHIN THE COMMUNITY WERE INCLUDED AS MEMBERS OF THE STEERING COMMITTEE. AMONG THOSE WHO PARTICIPATED AS MEMBERS OF THE STEERING COMMITTEE WERE: - LYNN DOBB - CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR COMMUNITY) - JODI KELLER - CENTRAL OHIO TRAUMA SYSTEM - KATHY COWEN & MELISSA SEVER - COLUMBUS PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - THERESA SEAGRAVES - FRANKLIN COUNTY PUBLIC HEALTH (SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH) - DAVID ELLSWORTH - OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM (REPRESENTING THE DISABLED COMMUNITY) - JOHN TOLBERT - PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND HOMELESS POPULATIONS) - LISA COURTICE - UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY POPULATIONS) - JOANNE PEARSOL & ANDY WAPNER - THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, CENTER FOR PUBLIC HEALTH PRACTICE FURTHER, NATIONWIDE CHILDREN'S HOSPITAL POSTED ITS NEEDS ASSESSMENT TO ITS WEBSITE AND ALLOWED FOR COMMUNITY MEMBERS TO PROVIDE FEEDBACK ON THE DOCUMENT. NO COMMENTS HAVE BEEN RECEIVED TO DATE.
PART V, SECTION B, LINE 6A - CHNA HOSPITAL FACILITIES	THE CHNA WAS CONDUCTED AS A COLLABORATION LED BY THE CENTRAL OHIO HOSPITAL COUNCIL, INCLUDING NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, MOUNT CARMEL HEALTH SYSTEM, AND THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER.
PART V, SECTION B, LINE 6B - CHNA NON-HOSPITAL FACILITIES	THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO TRAUMA SYSTEM, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, FRANKLIN COUNTY PUBLIC HEALTH, OHIO DEPARTMENT OF HEALTH, DISABILITY AND HEALTH PROGRAM, PRIMARYONE HEALTH, UNITED WAY OF CENTRAL OHIO, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH. PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS POSTED ON THIS WEBSITE: https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/community-health-needs-assessment
PART V, SECTION B, LINE 11 - ADDRESSING NEEDS IDENTIFIED IN THE CHNA	PRIMARY TARGETS FOR NATIONWIDE CHILDREN'S EFFORTS FALL INTO THE CATEGORIES IDENTIFIED BY THE FRANKLIN COUNTY HEALTHMAP 2019. GENERAL STRATEGIES FOR ADDRESSING THESE NEEDS ARE AS FOLLOWS: - Access to Care: Nationwide Children's will expand its presence in the communities it serves, work to advance patient-centered medical home models, and improve coordination of care to ensure community members have access to high-quality primary, dental, specialized, urgent and emergency care in appropriate settings. - Chronic Conditions: Nationwide Children's will continue to reduce asthma and diabetes incidence and complications by optimizing treatment given through primary care visits, school-based programs and, when necessary, through hospitalizations. - Income and Poverty: Nationwide Children's and partners will continue efforts to lift families and children out of poverty by providing affordable housing, job training and antipoverty programs, and to perform research needed to understand and effectively address food insecurity. - Maternal and Infant Health: By participating in the endeavors of Ohio Better Birth Outcomes and providing care for infants in need through the Ohio Fetal Medicine Collaborative, Nationwide Children's will aim to increase the availability of birth control, prenatal care and immunizations to reduce prematurity and to prevent infant morbidity and mortality. - Mental Health and Addiction: Nationwide Children's will maintain and expand inpatient, outpatient and community-based efforts to innovatively prevent, treat and minimize the impact of behavioral health problems in its target population by providing care in the most appropriate setting. For additional details, please see the implementation strategy posted on this website: https://www.nationwidechildrens.org/about-us/advocacy-and-government-relations/community-relations/community-health-needs-assessment .
PART V, SECTION B, LINE 13B	Ohio residents with family income greater than 200% of the FPL but less than 450% of the FPL whose bills from Nationwide Children's exceeds 20% of the family yearly household income will be considered medically indigent for purposes of this policy. Medically indigent families will be eligible for a higher discount in the Patient Responsibility in an amount such that the family's Patient Responsibility for all Nationwide Children's bills equals a percentage (%) of the family's yearly household income as stated below: - Income at 200% or less of the Federal Poverty Level (FPL) will be written off at 100% of the Patient Responsibility. - Income between 201% and 250% of the FPL will be written off to a balance equal to 5% of the family's yearly household income. - Income between 251% and 300% of the FPL will be written off to a balance equal to 7% of the family's yearly household income. - Income between 301% and 450% of the FPL will be written off to a balance equal to 10% of the family's yearly household income. PART V, SECTION B, LINE 13H IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDREN'S HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE: - MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENT'S RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF. - FAMILIES WHO PROVIDE A COMPLETED IRS FORM 4029 TO NCH'S PATIENTS ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR A 40% DISCOUNT OF THE PATIENT'S RESPONSIBILITY. - FAMILIES WITH THE ADDRESS OF A "HOMELESS SHELTER" WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENT'S RESPONSIBILITY.
PART V, SECTION B, LINES 16A, B & C	THE FAP APPLICATION FORM IS WIDELY AVAILABLE ON THIS WEBSITE: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/YOUR-VISIT/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

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 descending order, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 22

Name and address	Type of Facility (describe)
1 HOMECARE AND HOSPICE 255 EAST MAIN STREET COLUMBUS, OH 43215	HOMECARE
2 ONTARIO CLOSE TO HOME 2003 W 4TH STREET ONTARIO, OH 44906	CLINICAL THERAPIES
3 CHILDREN'S COMMUNITY PRACTICES LLC 1264 Hospital Road Chillicothe, OH 45610	Physician Practice
4 SPRINGFIELD LABORATORY SERVICE CENTER 1644 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	LAB
5 CHILDREN'S COMMUNITY PRACTICES LLC 540 S TRIMBLE ROAD MANSFIELD, OH 44906	Physician Practice
6 CHILDREN'S COMMUNITY PRACTICES LLC 110 West Smiley Avenue Shelby, OH 44875	Physician Practice
7 CHILLICOTHE CLOSE TO HOME CENTER 4439 STATE ROUTE 159 CHILLICOTHE, OH 45601	CARDIOLOGY CLINIC & HEM/ONC CLINIC
8 NEWARK CLOSE TO HOME CENTER 75 SOUTH TERRACE AVENUE NEWARK, OH 43055	MEDICAL OFFICES, CHILDLAB, CARDIOLOGY
9 MANSFIELD CLOSE TO HOME CENTER 536 S TRIMBLE ROAD MANSFIELD, OH 44906	MEDICAL OFFICES, CHILDLAB, CARDIOLOGY
10 ZANESVILLE OUTPATIENT SPECIALTY CLINICS 716 ADAIR AVENUE ZANESVILLE, OH 43701	CARDIOLOGY CLINIC
11 MARIETTA OUTPATIENT CARDIOLOGY SERVICES 416 FRONT STREET MARIETTA, OH 45750	CARDIOLOGY CLINIC
12 MARION CLOSE TO HOME CENTER 1069 DELAWARE AVENUE MARION, OH 43302	LAB & CARDIOLOGY
13 CHILDREN'S COMMUNITY PRACTICES LLC 2225 KEITH PARKWAY FINDLAY, OH 45840	Physician Practice
14 NELSONVILLE OUTPATIENT CARDIOLOGY SVCS 11 JOHN LLOYD EVANS MEMORIAL DRIVE NELSONVILLE, OH 45764	CARDIOLOGY CLINIC
15 PORTSMOUTH OUTPATIENT SPECIALTY CLINICS 8930 OHIO RIVER ROAD WHEELERSBURGH, OH 45694	HEM/ONC, UROLOGY
16 DAYTON OUTPATIENT CARDIOLOGY SERVICES 1 CHILDRENS PLAZA DAYTON, OH 45404	CARDIOLOGY CLINIC
17 PORTSMOUTH CARDIOLOGY SERVICES 1711 27th Street Braulin Bldg Sui Portsmouth, OH 45662	CARDIOLOGY CLINIC
18 FINDLAY OUTPATIENT CARDIOLOGY SERVICES 1818 CHAPEL DRIVE SUITE D FINDLAY, OH 45840	CARDIOLOGY CLINIC
19 ZANESVILLE LABORATORY SERVICE CENTER 1166 MILITARY ROAD SUITE 2B ZANESVILLE, OH 43701	LAB
20 LIMA LABORATORY SERVICE CENTER 830 WEST HIGH STREET SUITE 375 LIMA, OH 45801	LAB
21 ADULT CONGENITAL CARDIOLOGY SERVICES 955 BETHESDA DRIVE 1ST FLOOR ZANESVILLE, OH 43701	CARDIOLOGY CLINIC
22 FINDLAY NEUROLOGY CLINIC 3949 NORTH MAIN STREET FINDLAY, OH 45840	NEUROLOGY CLINIC



Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY IN ADDITION TO USING THE FPG IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, NATIONWIDE CHILDREN'S HOSPITAL (NCH) USES THE FOLLOWING GUIDELINES WITHOUT REQUIRING AN APPLICATION FOR FINANCIAL ASSISTANCE: *MEDICAID RECIPIENTS WHO RECEIVE MEDICALLY NECESSARY CARE NOT COVERED BY MEDICAID WILL HAVE 100% OF THE PATIENT'S RESPONSIBILITY FOR SUCH MEDICALLY NECESSARY CARE AUTOMATICALLY WRITTEN OFF. *FAMILIES WHO PROVIDE A COMPLETED IRS FORM 4029 TO NCH'S PATIENTS ACCOUNTS DEPARTMENT WILL BE ELIGIBLE FOR A 40% DISCOUNT OF THE PATIENT'S RESPONSIBILITY. *FAMILIES WITH THE ADDRESS OF A "HOMELESS SHELTER" WILL BE ELIGIBLE FOR A 100% DISCOUNT OF THE PATIENT'S RESPONSIBILITY. 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. PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES NATIONWIDE CHILDREN'S HOSPITAL HAS NOT INCLUDED ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC. PART I, LINE 7 - COSTING METHODOLOGY THE COST TO CHARGE RATIO USED IN LINE 7 WAS DERIVED FROM WORKSHEET 2.
SCHEDULE H, PART II, LINE 10	Community Building Activities NATIONWIDE CHILDREN'S HOSPITAL (NCH) IMPACTS THE COMMUNITY IN MANY WAYS. IN 2008, THE CITY OF COLUMBUS, NATIONWIDE CHILDREN'S HOSPITAL, COMMUNITY DEVELOPMENT FOR ALL PEOPLE, COLUMBUS PUBLIC HEALTH, COLUMBUS CITY SCHOOLS AND A NUMBER OF OTHER LOCAL PARTNERS CAME TOGETHER TO FORM HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES (HNHF) AIMING TO DEVELOP REVITALIZATION PROGRAMS THAT WERE RESPONSIVE TO THE NEEDS AND DESIRES OF THE COMMUNITY. THE GOAL OF HNHF IS TO CREATE THRIVING SUSTAINABLE NEIGHBORHOODS THAT NURTURE CHILDREN AND FAMILIES IN THE SOUTHSIDE OF COLUMBUS SURROUNDING NCH. PROGRAMS OFFERED INCLUDE AFFORDABLE HOUSING, HEALTH AND WELLNESS, EDUCATION, WORKFORCE AND ECONOMIC DEVELOPMENT, AND SAFE AND ACCESSIBLE NEIGHBORHOODS. TO ADDRESS THE AFFORDABLE HOUSING COMPONENT, NCH PARTNERED WITH COMMUNITY DEVELOPMENT FOR ALL PEOPLE AND INVESTED SEVERAL MILLION DOLLARS IN SEED MONEY TO ALLOW THE PURCHASE OF DILAPIDATED HOUSING STOCK FOR RENOVATION AND SALE, AS WELL PROVIDING GRANTS TO EXISTING HOMEOWNERS FOR REPAIR. IN THE PAST 13 YEARS, HNHF IMPACTED MORE THAN 400 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. - REACH OUT AND READ PROGRAM, A PEDIATRIC PROGRAM DEDICATED TO INCREASING FAMILY LITERACY ACTIVITIES IN THE HOME PRIOR TO A CHILD'S ENTRANCE INTO THE SCHOOL SYSTEM. SPECIAL FOCUS IS GIVEN TO CHILDREN GROWING UP IN POVERTY. - LIVINGSTON PARK MAINTENANCE, A CITY OWNED PARK THAT NCH ASSISTS IN MAINTAINING. THE NCH ENGINEERING DEPARTMENT PROVIDES SNOW/ICE REMOVAL, LAWN CARE AND WASTE REMOVAL SERVICES FOR THE UPKEEP OF THE PARK. - NUTRITION SERVICES INITIATIVE - AN INTERNAL PROGRAM TO REPLACE OUR FOOD PACKAGING MATERIALS WITH THOSE THAT ARE THAT ARE MORE ENVIRONMENTALLY FRIENDLY. ALSO INSTALLED RECYCLING CONTAINERS THROUGHOUT THE CAMPUS TO ENCOURAGE RECYCLING. - VARIOUS WORKFORCE DEVELOPMENT PROGRAMS: 1) 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; AND 2) 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. - SPARK PROGRAM, AN EVIDENCE BASED PROGRAM PREPARING CHILDREN FOR KINDERGARTEN BY HAVING A SPARK PARENT PROGRAM PARTNER COME IN YOUR HOME ONCE A MONTH AND WORK WITH PARENT AND CHILD TO DEVELOP SKILLS THAT WILL ENHANCE PREPAREDNESS FOR KINDERGARTEN. THIS NCH PROGRAM TAKES PLACE IN THE FOLLOWING ZIP CODES: 43205, 43206 AND 43207. - COMMUNITY DEVELOPMENT FOR ALL PEOPLE HEALTHY EATING AND LIVING INITIATIVE, A CONTRIBUTION TO COMMUNITY DEVELOPMENT FOR ALL PEOPLE TO SET UP PROGRAMS TO POSITIVELY IMPACT INFANT MORTALITY AND KINDERGARTEN READINESS FOR CHILDREN AND EMPLOYMENT FOR ADULT RESIDING IN ZIP CODES: 43205, 43206 AND 43207. PROGRAMS WERE ESTABLISHED TO MEET THE FOLLOWING GOALS: RECRUIT AND ASSIST THE ENROLLMENT OF CHILDREN INTO NCH'S SPARK LITERACY PROGRAM; PROVIDE VARIOUS HEALTH EDUCATION CLASSES AND MATERIALS, INCLUDING COOKING CLASSES WITH A COORDINATION OF VARIOUS HEALTHY LIVING EXERCISE AND MOVEMENT GROUPS; RECRUIT UNEMPLOYED AND UNDER-EMPLOYED ADULTS FOR EMPLOYMENT TRAINING INTERVENTIONS; AND RECRUIT AND ASSIST WITH THE DEVELOPMENT OF A NEIGHBORHOOD LEADERSHIP ACADEMY FOR RESIDENTS OF THE

Form and Line Reference	Explanation
	<p>TARGET ZIP CODES. - PARSONS AVENUE REDEVELOPMENT PROGRAM, A CONTRIBUTION TO THE PARSONS AVENUE REDEVELOPMENT CORPORATION TO SUPPORT THE REDEVELOPMENT OF PARSONS AVENUE BY FACILITATING A SUSTAINABLE CENTER OF COMMERCIAL ACTIVITY THAT CREATES A SENSE OF PLACE SERVING ALL SOUTH SIDE NEIGHBORHOODS. - MEDICAL LEGAL PARTNERSHIP (MLP), IS AN INITIATIVE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH BY PARTNERING THE HEALTHCARE PROVIDERS WITH LAWYERS TO HELP ACHIEVE BETTER HEALTH OUTCOMES FOR THE CHILDREN NCH SERVES. TO ACCOMPLISH THIS, NCH HAS ENTERED INTO A CONTRACT WITH THE LEGAL AID SOCIETY OF COLUMBUS TO PROVIDE FREE AND CONFIDENTIAL LEGAL SERVICES TO ELIGIBLE LOW-INCOME PATIENTS TO IMPROVE THEIR HEALTH AND WELL-BEING. - CITY YEAR OF COLUMBUS, A CONTRIBUTION TO SUPPORT ACADEMIC, ATTENDANCE, AND BEHAVIOR INTERVENTION PROGRAMMING AT LIVINGSTON AVENUE ELEMENTARY SCHOOL. - EQUITY NOW COALITION, A CONTRIBUTION TO SUPPORT GRASSROOTS, NOT-PROFIT EFFORT TO ADDRESS RACE EQUITY ISSUES IN COLUMBUS. - LOCAL MATTERS, A CONTRIBUTION TO SUPPORT FOOD EDUCATION, FOOD ACCESS AND FOOD ADVOCACY IN CENTRAL OHIO.</p>
<p>SCHEDULE H, PART III, LINE 2</p>	<p>Bad Debt Expense IN 2011, NATIONWIDE CHILDREN'S HOSPITAL BEGAN REPORTING BAD DEBT EXPENSE IN TOTAL. PRIOR TO 2011, BAD DEBT EXPENSE WAS REPORTED AT COST. PART III, LINE 3 - BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FAP FOR SELF-PAY PATIENTS, NATIONWIDE CHILDREN'S HOSPITAL MAKES ALL REASONABLE EFFORTS TO QUALIFY FINANCIAL ASSISTANCE ELIGIBLE PATIENTS FOR CHARITY. PRIOR TO AN ACCOUNT BEING WRITTEN OFF TO BAD DEBT, ACCOUNT REVIEWS TAKE PLACE TO ENSURE THE PATIENT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE. THUS WE FEEL THAT NCH'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS LIKELY \$0. 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 20 OF THE AUDITED FINANCIAL STATEMENTS.</p>
<p>SCHEDULE H, PART III, LINE 8</p>	<p>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.</p>
<p>SCHEDULE H, PART III, LINE 9B</p>	<p>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.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>NATIONWIDE CHILDREN'S HOSPITAL (NCH), ALONG WITH OTHER CENTRAL OHIO HOSPITALS AND COMMUNITY PARTNERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, PARTICIPATED IN THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE, WHICH WAS A COLLABORATIVE EFFORT COORDINATED BY CENTRAL OHIO HOSPITAL COUNCIL TO IDENTIFY THE COMMUNITY HEALTH NEEDS AND PRIORITIES OF FRANKLIN COUNTY. THE STEERING COMMITTEE PUBLISHED THE FRANKLIN COUNTY HEALTHMAP 2019, WHICH RECOGNIZED THREE HEALTH AREAS AS BEING A LOCAL, PRIORITY HEALTH NEED FOR THE COMMUNITY. NCH'S COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE ADDED TWO ADDITIONAL PRIORITIES TO ADDRESS NEEDS PARTICULARLY RELEVANT TO PEDIATRIC HEALTH CARE BASED ON PRIORITIES DETAILED IN THE FRANKLIN COUNTY HEALTHMAP 2019. NCH ADOPTED THE FRANKLIN COUNTY HEALTHMAP 2019 AS ITS COMMUNITY HEALTH NEEDS ASSESSMENT. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH INCLUDES THE 2019 FRANKLIN COUNTY HEALTHMAP REPORT, CAN BE FOUND ON THE HOSPITAL'S WEBSITE: HTTPS://WWW.NATIONWIDECHILDRENS.ORG/ABOUT-US/ADVOCACY-AND-GOVERNMENT-RELATIONS/COMMUNITY-RELATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT. IN ORDER TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE STEERING COMMITTEE CONSIDERED POTENTIAL HEALTH INDICATORS FOR INCLUSION IN THEIR REPORT BY OBTAINING A FULL UNDERSTANDING OF THE HEALTH ISSUES IDENTIFIED AND THEN VOTE ON THE DISCRETE HEALTH ISSUES THAT THEY THOUGHT WERE SIGNIFICANT HEALTH NEEDS FOR FRANKLIN COUNTY RESIDENTS. THE FOLLOWING CRITERIA WAS CONSIDERED WHEN VOTING ON THE SIGNIFICANT HEALTH NEEDS AND PRIORITIZING THE SIGNIFICANT HEALTH NEEDS: - SERIOUSNESS: DEGREE TO WHICH THE HEALTH ISSUE LEADS TO DEATH, DISABILITY, AND IMPAIRS ONE'S QUALITY OF LIFE. - SEVERITY OF THE CONSEQUENCES OF INACTION: RISKS ASSOCIATED WITH EXACERBATION OF HEALTH ISSUE IF NOT ADDRESSED AT THE EARLIEST OPPORTUNITY. - SIZE: NUMBER OF PERSONS AFFECTED. - EQUITY: DEGREE TO WHICH DIFFERENT GROUPS IN THE COUNTY ARE AFFECTED BY THE HEALTH ISSUE. - FEASIBILITY: ABILITY OF AN ORGANIZATION OR INDIVIDUALS TO REASONABLY COMBAT THE HEALTH ISSUE GIVEN AVAILABLE RESOURCES, INCLUDING THE AMOUNT OF CONTROL, KNOWLEDGE, AND INFLUENCE THE ORGANIZATION(S) HAVE ON THE ISSUE. - CHANGE: DEGREE TO WHICH THE HEALTH ISSUE HAS BECOME MORE OR LESS PREVALENT OVER TIME, OR HOW IT COMPARES TO STATE/NATIONAL INDICATORS. FROM THESE EXERCISES, THE STEERING COMMITTEE WAS ABLE TO COMPLETE ITS CHARGE TO IDENTIFY AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS OF FRANKLIN COUNTY. NCH'S FIVE PRIORITIZED HEALTH NEEDS OF FRANKLIN COUNTY AS IDENTIFIED BY NCH'S COLLABORATIVE EFFORT AS A MEMBER OF THE FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE INCLUDE: 1) ACCESS TO CARE, 2) CHRONIC CONDITIONS, 3) INCOME AND POVERTY, 4) MATERNAL AND INFANT HEALTH, AND 5) MENTAL HEALTH AND ADDICTION.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST.</p>	<p>NATIONWIDE CHILDREN'S HOSPITAL INFORMS AND EDUCATES PATIENTS, AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE, ABOUT THEIR ELIGIBILITY FOR ASSISTANCE IN A VARIETY OF WAYS. SIGNAGE REGARDING SUCH ELIGIBILITY IS VISIBLY LOCATED THROUGHOUT THE HOSPITAL, INCLUDING MAJOR POINTS OF PATIENT ENTRY SUCH AS ADMISSIONS AREAS, CLINIC REGISTRATION DESKS, THE EMERGENCY DEPARTMENT AND URGENT CARE. ADDITIONALLY, FINANCIAL COUNSELORS VISIT PATIENTS WITHOUT INSURANCE DURING THEIR STAY. LETTERS AND FINANCIAL ASSISTANCE APPLICATIONS ARE MAILED TO PATIENTS. BILLING STATEMENTS CONTAIN PRINTED INFORMATION REGARDING VARIOUS TYPES OF ASSISTANCE THAT IS AVAILABLE, AUTOMATED TELEPHONE CALLS</p>

Form and Line Reference	Explanation
	OFFERING FINANCIAL ASSISTANCE ARE ALSO MADE, AND THE APPLICATION IS MADE AVAILABLE ON OUR WEBSITE: https://www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance .
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	NATIONWIDE CHILDREN'S HOSPITAL IS LOCATED IN COLUMBUS, OHIO, WHICH IS GEOGRAPHICALLY CENTRAL IN THE STATE OF OHIO. WHILE THE MAJORITY OF PATIENTS SERVED RESIDE IN FRANKLIN COUNTY, NCH PROVIDES CARE TO PATIENTS REPRESENTING EACH OF OHIO'S 88 COUNTIES, IN ADDITION TO 49 STATES AND 54 FOREIGN COUNTRIES. THE MEDIAN HOUSEHOLD INCOME IN FRANKLIN COUNTY IS \$61,305 AND 13.5% OF FAMILIES ARE BELOW THE POVERTY LEVEL. APPROXIMATELY 6.6% OF THE POPULATION OF OHIO IS UNINSURED.
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	BEYOND THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RELATED IMPLEMENTATION STRATEGY, NATIONWIDE CHILDREN'S HOSPITAL PROMOTES COMMUNITY HEALTH IN MANY WAYS. THE MAJORITY OF THE BOARDS OF NATIONWIDE CHILDREN'S HOSPITAL, THE RESEARCH INSTITUTE, NCH FOUNDATION AND THE CENTER FOR FAMILY SAFETY AND HEALING ARE COMPRISED OF INDEPENDENT COMMUNITY LEADERS, MOST OF WHICH RESIDE IN OUR CENTRAL OHIO SERVICE AREA. NATIONWIDE CHILDREN'S ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE EDUCATION INSTITUTE DEPARTMENT OF NCH PROVIDES A WIDE ARRAY OF COMMUNITY EDUCATION CLASSES SUCH AS: BABYSITTING, CPR, PARENTING, CONFERENCES FOR FAMILIES CARING FOR A PATIENT WITH A SPECIFIC DISEASE OR DISORDER, AUTISM AND BEHAVIOR MANAGEMENT AND MORE. THESE CLASSES ARE GEARED TOWARD LAY-PUBLIC AND INCLUDE LECTURES, PRESENTATIONS, AND OTHER GROUP PROGRAMS AND ACTIVITIES APART FROM CLINICAL OR DIAGNOSTIC SERVICES. THIS SAME DEPARTMENT MAINTAINS THE 'FAMILY HEALTH INFORMATION CENTER', A CONSUMER LIBRARY WHICH CAN BE USED BY PATIENT FAMILIES TO EXPLORE NEWLY DIAGNOSED MEDICAL ISSUES. 'CHILDCARE HEALTH CONSULTANTS' IS A PROGRAM THAT OFFERS TRAINING AND PROFESSIONAL DEVELOPMENT TO EARLY CHILDHOOD PROFESSIONALS VIA ON-SITE CONSULTING, LIVE EDUCATIONAL CLASSES, AND EDUCATIONAL TOOLS. NCH HAS MULTIPLE PROGRAMS SURROUNDING THE TOPIC OF NUTRITION AND CHILDHOOD OBESITY. ONE DEPARTMENT, 'THE CENTER FOR HEALTHY WEIGHT AND NUTRITION' OFFERS A COMPREHENSIVE APPROACH TO WEIGHT MANAGEMENT. ITS OBESITY PREVENTION PROGRAM PROVIDES SIMPLE TOOLS TO EDUCATE PARENTS ABOUT GOOD NUTRITION AND PHYSICAL ACTIVITY FOR THEIR CHILDREN. 'COMMUNITY HEALTH' IS AN ARM OF THE HEALTHY NEIGHBORHOODS, HEALTHY FAMILIES PROGRAM WHICH AIMS TO IMPROVE OUR COMMUNITY RESIDENTS' ACCESS TO HEALTH CARE COVERAGE, PRIMARY CARE, AND FRUITS AND VEGETABLES. NATIONWIDE CHILDREN'S ALSO SPONSORS AND HOSPITAL STAFF VOLUNTEER, AT NUMEROUS FESTIVALS AND HEALTH FAIRS TO PROVIDE HEALTH SCREENINGS AND HAND OUT LITERATURE AND PROMOTIONAL GIVEAWAYS TO EDUCATE AND DISCUSS MANY OF THE SERVICES WE PROVIDE. NATIONWIDE CHILDREN'S APPLIES SURPLUS FUNDS TO FURTHER ITS EXEMPT PURPOSE IN PROMOTING THE HEALTH OF THE COMMUNITY BY REINVESTING IN THE FACILITIES AND OPERATIONS OF PATIENT CARE, MEDICAL EDUCATION AND PEDIATRIC RESEARCH.
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES	NATIONWIDE CHILDREN'S HOSPITAL, INC. EXCLUSIVELY CONTROLS THE ACTIVITIES OF ITS SUBSIDIARIES IN CENTRAL OHIO INCLUDING: 1) NATIONWIDE CHILDREN'S HOSPITAL (NCH) IS A 549 INPATIENT BED NOT-FOR-PROFIT TERTIARY CARE HOSPITAL PROVIDING, INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES. IN ADDITION, THE HOSPITAL LEASES 130 NEONATAL INTENSIVE AND SPECIAL CARE NURSERY BEDS LOCATED WITHIN SIX OTHER AREA HOST HOSPITALS. SUBSIDIARIES OF THE HOSPITAL INCLUDE THE FOLLOWING ENTITIES: A) CHILDREN'S RADIOLOGICAL INSTITUTE (CRI) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES RADIOLOGICAL SERVICES AT THE HOSPITAL. B) NCH HOMECARE (HOMECARE SERVICES) IS A NOT-FOR-PROFIT HOME HEALTH COMPANY OWNED BY THE HOSPITAL AND PROVIDES INTERMITTENT AND PRIVATE-DUTY NURSING, SKILLED THERAPY, INFUSION THERAPY, DURABLE MEDICAL EQUIPMENT, HOSPICE, AND PALLIATIVE CARE SERVICES. C) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS (PPAC) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES PATHOLOGICAL SERVICES AT THE HOSPITAL. D) CHILDREN'S SURGICAL ASSOCIATES (CSA) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN OWNED BY THE HOSPITAL, WHICH PROVIDES SURGICAL SERVICES AT THE HOSPITAL. E) PEDIATRIC ACADEMIC ASSOCIATES (PAA), A FACULTY PRACTICE PLAN OF THE OHIO STATE UNIVERSITY, IS A NOT-FOR-PROFIT PRACTICE OF WHICH THE HOSPITAL HOLDS 51% OF THE BENEFICIAL INTEREST OF THE PAA SHARE THAT IS HELD IN TRUST. THE PAA IS A GROUP OF APPROXIMATELY 500 MEDICAL, PEDIATRIC SUB-SPECIALISTS, WHICH PROVIDES SUCH SERVICES AT THE HOSPITAL. F) CHILDREN'S ANESTHESIA ASSOCIATES, INC. (CAA) IS A NOT-FOR-PROFIT PROFESSIONAL PRACTICE PLAN IN WHICH THE HOSPITAL OWN 100% OF EFFECTIVE AS OF AUGUST 1, 2004. CAA PROVIDES ANESTHESIOLOGY SERVICES AT THE HOSPITAL. 2) NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION (FOUNDATION) IS A NOT-FOR-PROFIT CHARITABLE FOUNDATION. 3) THE RESEARCH INSTITUTE AT NCH (RESEARCH INSTITUTE) IS A NOT-FOR-PROFIT PEDIATRIC MEDICAL RESEARCH INSTITUTE. 4) THE CENTER FOR CHILD AND FAMILY ADVOCACY AT NATIONWIDE CHILDREN'S HOSPITAL (CCFA) IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES ADVOCACY, EDUCATION, COUNSELING AND OTHER PROGRAMMATIC SERVICES TO CHILDREN AND FAMILIES SUFFERING FROM CHILD ABUSE AND NEGLECT.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	N/A

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

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

Name of the organization NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN Employer identification number 01-0782751

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include RESEARCH INSTITUTE AT NCH, NATIONWIDE CHILDREN'S HOSPITAL HOME CARE, CENTER FOR CHILD & FAMILY ADVOCACY AT NCH, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 35
3 Enter total number of other organizations listed in the line 1 table 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ASSISTANCE TO PATIENT FAMILIES (PAID BY NCH)	56542	1,721,397			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	Procedures for Monitoring the Use of Grants For the majority of grants issued, documentation of the specific expenses that these funds would be covering is submitted to the NCH entity providing the funds. A significant portion of the grant provided are used to support program services and research, conducted within the NCH, Inc. affiliated group.
Schedule I, Part III	Assistance to Patient Families NCH's social work department has a 'Compassion Fund'. This is help the hospital provides to families who have a child in the hospital, and are undergoing a strong need for meals, gas money, bus fare, special formula, and similar hardships. This also includes occasional support for families with more extraordinary needs, such as utility bill assistance, or assistance with temporary housing where a patient will be discharged to, or to provide costly medication.

Additional Data

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Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	Yes	
2		
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b		No
7		No
8		No
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				
1 MEREDITH MERZ LIND MD DIRECTOR - NCH	(i)	391,611	92,842	19,500	38,475	27,473	569,901	0
	(ii)	0	0	0	0	0	0	0
2 TIMOTHY C ROBINSON DIRECTOR / CEO - NCH	(i)	295,152	240,626	1,019,500	38,475	23,620	1,617,373	0
	(ii)	0	0	0	0	0	0	0
3 JANET BERRY CHAIR / DIR - NCH HOMECARE	(i)	336,888	101,926	0	25,890	22,980	487,684	0
	(ii)	0	0	0	0	0	0	0
4 STEVEN SMITH MD MEDICAL DIR - NCH HOMECARE	(i)	193,456	8,431	0	10,898	21,639	234,424	0
	(ii)	0	0	0	0	0	0	0
5 RAJESH KRISHNAMURTHY MD DIRECTOR - CRI	(i)	568,883	93,170	19,500	38,475	30,006	750,034	0
	(ii)	0	0	0	0	0	0	0
6 SHAMLAL MANGRAY MD DIRECTOR - PPAC (AS OF 12/20)	(i)	363,915	60,750	5,400	38,250	29,956	498,271	0
	(ii)	0	0	0	0	0	0	0
7 OLUYINKA OLUTOYE MD DIRECTOR - CSA	(i)	836,991	128,268	0	38,475	27,963	1,031,697	0
	(ii)	0	0	0	0	0	0	0
8 JOSEPH TOBIAS MD SECRETARY / DIRECTOR - CAA	(i)	559,973	125,000	19,500	38,475	27,256	770,204	0
	(ii)	0	0	0	0	0	0	0
9 STEPHEN TESTA PRES - NCH FOUNDATION	(i)	455,000	249,214	136,610	83,475	27,256	951,555	120,000
	(ii)	0	0	0	0	0	0	0
10 LYNN ROSENTHAL PRES / DIRECTOR - CCFA	(i)	309,059	35,926	3,475	38,475	12,108	399,043	0
	(ii)	0	0	0	0	0	0	0
11 LUKE BROWN TREASURER / SR VP / CFO - NCH	(i)	434,805	236,935	0	88,475	24,321	784,536	0
	(ii)	0	0	0	0	0	0	0
12 RICHARD MILLER COO - NCH	(i)	1,026,077	403,569	19,500	38,475	31,061	1,518,682	0
	(ii)	0	0	0	0	0	0	0
13 LINDA STOVEROCK RN SR VP / CNO - NCH (TO 3/20)	(i)	156,680	196,118	205,632	0	18,120	576,550	0
	(ii)	0	0	0	0	0	0	0
14 WANDA STACKPOLE VP/EXEC DIRECTOR - NCH HOME CR	(i)	210,420	64,141	0	24,873	11,857	311,291	0
	(ii)	0	0	0	0	0	0	0
15 JOHN A BARNARD MD PRESIDENT - RINCH	(i)	336,681	757,015	0	84,200	22,307	1,200,203	0
	(ii)	0	0	0	0	0	0	0
16 RHONDA COMER SECRETARY/SVP/LEGAL SVCS - NCH	(i)	574,921	210,977	0	188,475	26,299	1,000,672	0
	(ii)	0	0	0	0	0	0	0
17 SARA EVANS ASST SECRETARY - FOUNDATION	(i)	237,714	75,597	0	25,890	28,931	368,132	0
	(ii)	0	0	0	0	0	0	0
18 LAURA HILLOCK ASST SECRETARY - RINCH	(i)	252,727	75,944	0	21,567	1,190	351,428	0
	(ii)	0	0	0	0	0	0	0
19 ANDREW LENOBEL ASST SECRETARY - CSA	(i)	156,493	41,797	0	14,707	31,672	244,669	0
	(ii)	0	0	0	0	0	0	0
20 KRISTEN MAIORINO ASST SEC - PPAC (AS OF 12/20)	(i)	122,168	22,305	0	8,200	577	153,250	0
	(ii)	0	0	0	0	0	0	0

(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)	554,328	203,975	19,000	138,475	27,561	943,339	0
	(ii)	- 0	0	0	0	- 0	- 0	0
22RICHARD BRILLI MD CMO - NCH (TO 6/20)	(i)	343,038	336,474	157,239	100,890	22,131	959,772	86,111
	(ii)	- 0	0	0	0	- 0	- 0	0
23RUSTIN MORSE MD CMO - NCH (AS OF 8/20)	(i)	261,669	125,000	0	0	28,261	414,930	0
	(ii)	- 0	0	0	0	- 0	- 0	0
24DENISE ZABAWSKI VP / CIO - NCH	(i)	460,543	171,043	0	25,890	19,049	676,525	0
	(ii)	- 0	0	0	0	- 0	- 0	0
25LORINA WISE VP / HR - NCH	(i)	414,173	199,175	19,500	38,475	12,586	683,909	0
	(ii)	- 0	0	0	0	- 0	- 0	0
26DENNIS MINZLER VICE PRESIDENT - NCH	(i)	306,007	93,344	0	25,890	17,803	443,044	0
	(ii)	- 0	0	0	0	- 0	- 0	0
27AMY ROSCOE VICE PRESIDENT - RINCH	(i)	270,282	79,526	0	25,890	1,231	376,929	0
	(ii)	- 0	0	0	0	- 0	- 0	0
28LEE ANN WALLACE SR VP & CNO - NCH	(i)	373,530	41,760	0	38,475	21,449	475,214	0
	(ii)	- 0	0	0	0	- 0	- 0	0
29MARISSA LAROUERE VP CLINICAL SERVICES - NCH	(i)	178,760	46,267	0	20,412	27,961	273,400	0
	(ii)	- 0	0	0	0	- 0	- 0	0
30MARK GALANTOWICZ MD CHIEF OF CT SURGERY - CSA	(i)	1,356,085	589,034	19,500	38,475	28,111	2,031,205	0
	(ii)	- 0	0	0	0	- 0	- 0	0
31ELIZABETH HINGSBERGEN MD RADIOLOGIST - CRI	(i)	293,102	202,550	772,541	55,890	24,528	1,348,611	0
	(ii)	- 0	0	0	0	- 0	- 0	0
32KEVIN KLINGELE MD ORTHOPEDIC SURGEON - CSA	(i)	514,921	411,519	0	38,475	27,256	992,171	0
	(ii)	- 0	0	0	0	- 0	- 0	0
33RICHARD KIRSCHNER MD PLASTIC SURGEON - CSA	(i)	814,931	293,583	19,500	38,475	27,256	1,193,745	0
	(ii)	- 0	0	0	0	- 0	- 0	0
34JEFFREY LEONARD MD NEUROSURGEON - CSA	(i)	824,104	134,369	19,500	38,475	27,111	1,043,559	0
	(ii)	- 0	0	0	0	- 0	- 0	0
35STEVE ALLEN MD FORMER DIRECTOR / CEO	(i)	1,373,583	225,500	0	0	31,503	1,630,586	0
	(ii)	- 0	0	0	0	- 0	- 0	0
36KAREN DAYS FORMER PRES / DIRECTOR - CCFA	(i)	295,529	65,094	0	25,890	13,768	400,281	0
	(ii)	- 0	0	0	0	- 0	- 0	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A - EXPLANATION FOR HEALTH OR SOCIAL CLUB DUES	NATIONWIDE CHILDREN'S HOSPITAL PROVIDED HEALTH OR SOCIAL CLUB DUES FOR KAREN DAYS, TIMOTHY ROBINSON AND STEVE ALLEN, M.D. THESE WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE. NATIONWIDE CHILDREN'S HOSPITAL ALSO PROVIDED HEALTH OR SOCIAL CLUB DUES FOR STEVE ALLEN, M.D.; KAREN DAYS; TIMOTHY ROBINSON AND STEPHEN TESTA. THESE WERE DETERMINED TO BE BUSINESS EXPENSES AND WERE NOT TREATED AS COMPENSATION TO THE EMPLOYEE.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: ELIZABETH Hingsbergen, M.D., RICHARD BRILLI, M.D., LINDA STOVEROCK, RN, STEPHEN TESTA, PATRICIA MCCLIMON, LUKE BROWN, RHONDA COMER, AND JOHN BARNARD, M.D. PAYOUT OF SRP AMOUNT THAT HAD BEEN PREVIOUSLY FUNDED, OCCURRED FOR THE FOLLOWING EMPLOYEES: ELIZABETH HINGSBERGEN, M.D. \$753,041 RICHARD BRILLI, M.D. \$157,239 (\$86,111 PREVIOUSLY REPORTED ON A 990) LINDA STOVEROCK, RN \$186,132 STEPHEN TESTA \$136,610 (\$120,000 PREVIOUSLY REPORTED ON A 990) CONTRIBUTIONS WERE MADE ON BEHALF OF THE FOLLOWING EMPLOYEES: ELIZABETH HINGSBERGEN, M.D. \$30,000 RICHARD BRILLI, M.D. \$75,000 RHONDA COMER \$150,000 JOHN BARNARD, M.D. \$50,000 LUKE BROWN \$50,000 STEPHEN TESTA \$45,000 PATRICIA MCCLIMON \$100,000 EFFECTIVE FOR PLAN YEAR 2010, NATIONWIDE CHILDREN'S HOSPITAL CHOSE TO ELIMINATE FUTURE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. CURRENT BALANCES OF THIS PLAN ARE MAINTAINED IN THE ACCOUNTS. FOR CHILDREN'S RADIOLOGICAL INSTITUTE, INC., CONTRIBUTIONS ARE STILL BEING MAINTAINED, BUT THERE WAS A PLAN DESIGN CHANGE ALLOWING ANNUAL CONTRIBUTIONS TO BE VESTED AFTER 5 YEARS. STILL BEING MAINTAINED, BUT THERE WAS A PLAN DESIGN CHANGE ALLOWING ANNUAL CONTRIBUTIONS TO BE VESTED AFTER 5 YEARS.
SCHEDULE J, PART I, LINE 6A - COMPENSATION CONTINGENT ON NET EARNINGS	A PORTION OF NATIONWIDE CHILDREN'S HOSPITAL'S MANAGEMENT'S COMPENSATION CONTAINS A VARIABLE PIECE THAT IS BASED ON THE HOSPITAL'S INCENTIVE PROGRAM. THIS VARIABLE COMPENSATION IS BASED IN PART ON THE FINANCIAL PERFORMANCE OF THE ORGANIZATION, RELATIVE TO BUDGETED FINANCIAL PERFORMANCE. THE INCENTIVE PROGRAM ALSO INCLUDES PERFORMANCE MEASURES RELATED TO QUALITY OF CARE AND PATIENT SATISFACTION.

Additional Data

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353187EL7	10-30-2019	75,326,125	2019A BONDS (SCHED K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	353187ED5	11-16-2017	147,565,600	2017 A&B BONDS (SCHED K, PART VI)		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	04-28-2016	47,670,000	2016 A&B BONDS (SCHED K, PART VI)		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	353187DN4	11-15-2016	143,485,390	2016C BONDS (SCHED K, PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0	1,080,000	17,775,000	5,765,000				
2	Amount of bonds legally defeased	0	0	0	0				
3	Total proceeds of issue	75,326,606	147,898,824	47,670,000	143,737,373				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	0	0	0	31,902				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	324,063	1,350,446	0	1,430,009				
8	Credit enhancement from proceeds	0	0	0	0				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	75,002,544	100,380,929	0	0				
11	Other spent proceeds	0	46,167,448	47,670,000	0				
12	Other unspent proceeds	0	0	0	142,275,462				
13	Year of substantial completion	2019		2018		2016		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN [F] DESCRIPTION OF PURPOSE OF BONDS	PART I, LINE A reports THE 2019 SERIES A HOSPITAL IMPROVEMENT REVENUE BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B reports THE 2017 SERIES A&B HOSPITAL REVENUE REFUNDING AND IMPROVEMENT BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES, AND FOR THE CURRENT REFUNDING OF A PORTION OF THE 2008D BONDS. PART I, LINE C reports THE 2016 SERIES A&B HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING THE 2008C AND 2008F BONDS. PART I, LINE D reports THE 2016 SERIES C HOSPITAL REVENUE REFUNDING BONDS. THESE BONDS WERE ISSUED FOR THE PURPOSE OF ADVANCE REFUNDING THE 2008A AND 2009 BONDS. PART I, LINE A (2) REPORTS THE 2015 SERIES A&B HOSPITAL IMPROVEMENT REVENUE BONDS. THE PURPOSE OF THESE BONDS IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B (2) REPORTS THE 2014 SERIES A BONDS. THE 2014A BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C SERIAL BONDS. PART I, LINE C (2) REPORTS THE 2014 SERIES B BONDS. THE 2014B BONDS WERE HOSPITAL REVENUE REFUNDING BONDS OF THE 2005C TERM BONDS. PART I, LINE D (2) REPORTS THE 2013 BONDS, SERIES A & B. THE 2013A BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008E BONDS. THE 2013B BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING OF THE REMAINING PRINCIPAL AMOUNT OF THE 2008G BONDS. PART I, LINE A (3) REPORTS THE 2012 HOSPITAL IMPROVEMENT REVENUE BOND, SERIES A. ITS PURPOSE IS TO FINANCE A PORTION OF THE COST OF ACQUIRING, CONSTRUCTING, EQUIPPING, INSTALLING AND IMPROVING CERTAIN HOSPITAL FACILITIES. PART I, LINE B (3) REPORTS THE 2008 BONDS, SERIES B, C, D & E. THE PURPOSE OF THE 2008B VARIABLE RATE DEMAND HOSPITAL IMPROVEMENT REVENUE BONDS IS TO FINANCE A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, AND EQUIPMENT THE NEW PATIENT TOWER AND POWER PLANT. THE PURPOSE OF THE 2008C VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2002. THE PURPOSE OF THE 2008D VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS, SERIES 2003. THE PURPOSE OF THE 2008E VARIABLE RATE DEMAND HOSPITAL REVENUE REFUNDING BONDS IS THE CURRENT REFUNDING OF ALL OF THE ISSUER'S OUTSTANDING HOSPITAL REFUNDING & IMPROVEMENT REVENUE BONDS, SERIES 2006.
SCHEDULE K, PART II, LINE 3 TOTAL PROCEEDS OF ISSUE	Any difference between the issue price reported on Part I, Column (e) and the total proceeds of the bond issue reported on Part II, Line 3 is due to investment earnings.
SCHEDULE K, PART II, LINE 5, COLUMN D CAPITALIZED INTEREST FROM PROCEEDS	THE COLUMN D AMOUNT REPRESENTS BOND PROCEEDS IN THE AMOUNT OF \$31,902 THAT WERE USED TO PAY INTEREST ON THE BOND.
SCHED K, PART II, LINE 11 COLUMNS A(2)& A(3) - OTHER SPENT PROCEEDS	THIS AMOUNT REPRESENTS AN INTEREST RATE HEDGE TERMINATION PAYMENT OF \$4,500,000 (COLUMN A2) AND \$823,513 (COLUMN A3).
SCHED K, PART II, LINE 11 - OTHER SPENT PROCEEDS	THE AMOUNT REPORTED REPRESENTS REFUNDINGS OF THE FOLLOWING OUTSTANDING REVENUE BONDS: 2002, 2003, 2005C, 2008C, 2008D, 2008E, 2008F, 2008G AND 2009 BONDS.
SCHED K, PART IV, LINE 3, COLUMNS B, C, B(2), C(2), D(2) & B(3) - HEDGE	THE PROVIDERS AND TERMS OF INTEREST RATE HEDGES ARE AS FOLLOWS: COLUMN B: 2017 BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS NOVEMBER 1, 2033. COLUMN C: 2016 A BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS NOVEMBER 1, 2025. 2016 B BONDS - PROVIDER IS JP MORGAN CHASE AND TERMINATION DATE IS MAY 1, 2031. COLUMN B(2): 2014 BONDS - PROVIDER IS PNC BANK AND TERMINATION DATE IS MAY 1, 2025. COLUMN C(2): 2014B BONDS - PROVIDER IS DEUTSCHE BANK AG, NEW YORK BRANCH AND TERMINATION DATE IS MAY 1, 2035. COLUMN D(2): 2013A BONDS - PROVIDER IS GOLDMAN SACHS GROUP, INC. AND TERMINATION DATE IS NOVEMBER 1, 2025. 2013B BONDS - PROVIDER IS BANK OF AMERICA AND TERMINATION DATE IS MAY 1, 2029. COLUMN B(3): 2008B BONDS - PROVIDER IS MORGAN STANLEY AND TERMINATION DATE IS NOVEMBER 1, 2040.
SCHEDULE K, PART IV, LINE 6 - TEMPORARY AVAILABLE PERIOD	SPEND DOWN REQUIREMENTS HAVE BEEN MET WHERE APPLICABLE ON ALL OUTSTANDING BONDS.

Additional Data

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353187BT3	05-19-2015	97,434,250	2015 A&B BONDS (SCHED K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2014	17,225,000	2014A BONDS (SCHED K, PART VI)		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	11-20-2014	45,580,000	2014B BONDS (SCHED K, PART VI)		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	000000000	06-04-2013	66,985,000	2013 A&B BONDS (SCHED K, PART VI)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0	9,935,000	0	23,205,000				
2	Amount of bonds legally defeased	0	0	0	0				
3	Total proceeds of issue	101,702,675	17,225,000	45,580,000	66,985,000				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	0	0	0	0				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	1,299,700	50,001	50,001	0				
8	Credit enhancement from proceeds	0	0	0	0				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	95,902,975	0	0	0				
11	Other spent proceeds	4,500,000	17,174,999	45,529,999	66,985,000				
12	Other unspent proceeds	0	0	0	0				
13	Year of substantial completion	2019		2015		2015		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		1.100 %		1.100 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 %		0 %			
6 Total of lines 4 and 5			1.100 %		1.100 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Additional Data

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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF FRANKLIN OHIO	31-6400067	353187AR8	05-15-2012	83,291,333	2012A BONDS (SCHED K, PART VI)		X		X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	3531865S4	05-07-2008	176,675,000	2008B-E BONDS (SCHED K, PART VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	14,155,000	134,030,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	88,860,416	195,350,778		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	976,231	865,761		
8	Credit enhancement from proceeds	0	84,500		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	87,060,672	63,456,878		
11	Other spent proceeds	823,513	130,943,639		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2012	2012		
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X	
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference

Explanation

Additional Data

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Software ID:

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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number
01-0782751

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Timothy c Robinson	Director/CEO - NCH	FUND Life insurance		X	1,500,000	1,500,000		No	Yes		Yes	
Total						\$	1,500,000					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANGELA MARBLEY	SEE SCHEDULE L, PART V	74,201	Wages: Proj Coord, NCH-IS Dept		No
(2) JUNG SUN MILLER	SEE SCHEDULE L, PART V	67,674	Wages: Proj Mgr, NCH-IS Dept		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: ANGELA MARBLEY RELATIONSHIP: FAMILY MEMBER OF HONORABLE ALGENON MARBLEY (DIRECTOR - NCH) AMOUNT: \$74,201 DESCRIPTION: WAGES (Project Coordinator, NCH - IS Dept) SHARING OF ORGANIZATION'S REVENUES: NO NAME OF INTERESTED PERSON: JUNG SUN MILLER RELATIONSHIP: FAMILY MEMBER OF RICHARD MILLER (COO-NCH) AMOUNT: \$67,674 DESCRIPTION: WAGES (Project Manager, NCH - IS Dept) SHARING OF ORGANIZATION'S REVENUES: NO

Additional Data

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Software ID:

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Noncash Contributions

2020

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	17	712,706	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 isn't required to be used for exempt purposes for the entire holding period?			
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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

Additional Data

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Software ID:

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SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.**2020****Open to Public
Inspection**

Department of the Treasury

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: 721	VOLUNTEERS PLAY A MAJOR ROLE IN CARRYING OUT OUR MISSION. THE NUMBER REPORTED ON LINE 6 RELATES TO [A] VOLUNTEERS WITH SERVICE HOURS AT OUR MAIN CAMPUS, WHICH IS SPECIFICALLY TRACKED, PLUS [B] VOLUNTEERS AT OUR FACILITIES LOCATED THROUGHOUT THE COMMUNITY, THESE ARE ESTIMATED BASED ON KNOWN NUMBER OF HOURS AT ALL LOCATIONS. OUR VOLUNTEERS ARE A MIXTURE OF BOTH FULL AND PART TIME. IN 2020, NATIONWIDE CHILDREN'S HOSPITAL RECEIVED 12,577 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 2020 SPENT A TOTAL OF 12,461 HOURS CREATING ITEMS FOR OUR PATIENTS AND VISITING THE HOSPITAL TO PROVIDE ACTIVITIES FOR BOTH PATIENTS AND FAMILIES. NCH onsite volunteer service was stopped on March 13, 2020 due to the COVID-19 pandemic and did not resume the rest of 2020. As a result, the total number of volunteers decreased in 2020 from prior years. FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION NATIONWIDE CHILDREN'S HOSPITAL (NCH) BELIEVES THAT NO CHILD SHOULD BE REFUSED NECESSARY CARE AND ATTENTION FOR LACK OF ABILITY TO PAY. UPON THIS FUNDAMENTAL BELIEF, NCH IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE, ADVOCACY FOR CHILDREN AND FAMILIES, PEDIATRIC RESEARCH, EDUCATION OF PATIENTS, FAMILIES AND FUTURE PROVIDERS, AND OUTSTANDING SERVICE TO ACCOMMODATE THE NEEDS OF PATIENTS AND FAMILIES.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACTIVITY #1	Patient care Nationwide Children's Hospital is one of the country's largest freestanding pediatric health care systems, providing wellness, preventive, diagnostic, treatment and rehabilitative care for infants, children, adolescents and adult patients with congenital disease. Nationwide Children's main campus is located near downtown Columbus, Ohio, and houses a 549-bed inpatient facility, emergency department and outpatient clinics. Patient care services are also available in various locations throughout central Ohio via urgent care locations, outpatient clinics, primary care centers and mobile clinics. Nationwide Children's also brings expertise to other central Ohio hospitals by leasing and operating another 130 neonatal intensive and special care nursery beds. In 2020, Nationwide Children's had more than 1.3 million visits from 49 states and 43 countries. Nationwide Children's discharged approximately 13,889 patients during 2020 for a total of 141,504 inpatient days. Patient care was provided by 1,563 medical staff, and the total hospital staff grew to 13,207 employees. Nationwide Children's is nationally ranked in all 10 specialties by U.S. News and World Report and is on the honor roll list of "America's Best Children's Hospitals." Specialized services that draw patients nationally and internationally include: Cardiology and Cardiothoracic Surgery (The Heart Center); Hematology, Oncology & Blood and Marrow Transplant; Gastroenterology, Hepatology, and Nutrition; Neonatal Medicine; Pediatric Intensive Care; Burn/Trauma; Infectious Diseases; Neurosciences; Center for Colorectal and Pelvic Reconstruction; and Pediatric Rehabilitation. Other services include inpatient and outpatient surgical services including Urology, Neurosurgery, Plastic Surgery, Orthopedics, Otolaryngology, Dentistry; Pulmonary Medicine; Nephrology and Endocrinology; as well as General Medicine. At the cornerstone of Nationwide Children's mission is the commitment to provide high quality services to patients regardless of their ability to pay. In fact, Nationwide Children's provides more than \$260 million in charity care and community benefit services annually. In 2020, Nationwide Children's accomplished this principal by providing approximately \$25.6 million in Charity Care assistance and \$188 million of unreimbursed Medicaid for a total of over \$213.8 million in uncompensated care. Approximately 52% of Nationwide Children's patient population is covered by Medicaid. Additionally, Nationwide Children's subsidized losses on its Behavioral Health and Homecare Programs in 2020. Outpatient Behavioral Health services are provided in Close-to-Home centers, and as community-based mental health services provided in schools, child welfare, juvenile court, community centers and patient homes. Nationwide Children's provides Behavioral Health services among 10 crisis stabilization beds in an attempt to avoid an inpatient admission. Inpatient Behavioral Health services are provided in a 56-bed inpatient psychiatric unit. In 2020, Nationwide Children's continued the construction of the Big Lots Behavioral Health Pavilion dedicated exclusively to child and adolescent mental health. The building, which opened March 10, 2020, features inpatient services, intensive outpatient services and research all under one roof. The Pavilion will ramp up to 48 inpatient beds and has a 16-bed Youth Crisis Stabilization Unit, a Psychiatric Crisis Department with a 10-bed Extended Observation Suite, teaching and conference space. Nationwide Children's Hospital Homecare is the only pediatric hospital-based home health agency in central Ohio providing home health care to patients, birth through age 21. Contracted with all major payors, including Medicaid managed care plans, the Homecare team provides pediatric patients with skilled pediatric nursing support at home, as well as answering many other clinical needs such as occupational therapy, physical therapy and speech therapy. Homecare has an onsite pharmacy for compounded sterile and specialty medications, home medical equipment and supplies. Social workers and a chaplain round out the support available for patients. There were 5,738 home nursing visits in 2020. The depth and breadth of services offered at Nationwide Children's spans the depth and breadth of child health. From looking for evidence-based ways to effectively address social determinants of health and health equity to providing daily care for patients with chronic or life-threatening conditions, the experts and specialists at Nationwide Children's are supported by a programmatic infrastructure that enables them to meet the needs of various patient populations. Two programs of note include the Ohio Better Birth Outcomes (OBBO) collaborative and the Central Ohio Poison Control Center. Nationwide Children's is a lead partner in the OBBO collaborative, which is a partnership of four hospital health systems in Franklin County, Ohio, as well as the Columbus Public Health Department and PrimaryOne Health. Through the partnership, OBBO is devoted to using evidence-based interventions to reduce infant mortality rates. The group's key initiatives include improving reproductive health, expanding access to prenatal care and enhancing clinical quality initiatives to reduce prematurity. The Central Ohio Poison Center at Nationwide Children's provides Ohio residents with state-of-the-art poison prevention, assessment and treatment. Services are available to the public, medical professionals, industry and human services agencies. The poison center handled more than 54,000 poison exposure calls in 2020. Experts in the center provide confidential, free emergency poisoning treatment advice 24/7. Patient safety is an organizational priority and cornerstone of Nationwide Children's Hospital's commitment to children. Our quality and safety efforts are organized into the nationally recognized Zero Hero program. Current initiatives include: 1. Leading national pediatric quality and safety efforts BY TRAINING THE NEXT GENERATION OF QUALITY IMPROVEMENT (QI) LEADERS through our QI fellowship and disseminating QI knowledge and

Return Reference	Explanation
	<p>science through the Pediatric Quality and Safety Journal, established at Nationwide Children's Hospital. 2. Expanding a focus on communication in interdisciplinary health teams. 3. Establishing the first health care focused "Safety II" program emphasizing what goes right and how to replicate it throughout the institution. 4. Developing a diagnostic error program to reduce missed or unidentified health issues. 5. Focusing our Quality, Safety and Service Strategic Plan on Simulation, Communication, Big Data Analytics, Antibiotic Stewardship and Clinical Pathways.</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2</p>	<p>Research The Abigail Wexner Research Institute (AWRI) at Nationwide Children's Hospital is one of the largest and top-ten most NIH-funded freestanding pediatric research facilities in the United States. It is housed in three buildings on the Nationwide Children's campus, occupying over 500,000 square feet of dedicated research space. A fourth research building, under construction and slated to open in 2023, will add approximately 285,000 square feet of space to seamlessly integrate clinical care and research. As a dynamic, collaborative, state-of-the-art environment for world-class child health research, AWRI brings together more than 1,308 research institute employees and 195 faculty with \$50,000 or more in research funding support across campus. In 2020, 12 new research-focused faculty joined AWRI, including Maryam Fouladi, MD, a renowned brain tumor expert. With her arrival as co-executive director of the Neuro-Oncology Program, CONNECT, the international consortium for neuro-oncology clinical trials, is now based at Nationwide Children's. Jerry Mendell, MD, principal investigator in the Center for Gene Therapy and one of the lead scientists behind the first systemic gene therapy approved by the Food and Drug Administration (FDA), was also elected to the National Academy of Medicine. To signify the hospital and research institute's commitment to diversity, inclusion and health equity from the lab to the clinic and beyond, AWRI's Center for Innovation in Pediatric Practice was also rededicated in 2020. Now named the Center for Child Health Equity and Outcomes Research and led by Deena Chisolm, PhD, the center aims to reduce health disparities and achieve best outcomes for all children and families. Another AWRI center, the Center for Injury Research and Policy (CIRP), is one of only nine centers in the United States currently designated as an Injury Control Research Center (ICRC) by the Centers for Disease Control and Prevention. ICRCs are funded for five-year cycles through an externally reviewed, competitive process. CIRP is the only ICRC focusing on research and prevention of injuries to children and adolescents and has been continually funded by the CDC since 1999. In 2020, AWRI was one of four institutions that received a \$1 million Innovation Fund from nonprofit foundation Additional Ventures to form a large-scale research collaboration centered on identifying new avenues to functionally cure patients with single ventricle heart defects (SVDs). Additionally, the Nationwide Foundation's 2020 gift of \$10 million to the Nationwide Foundation Pediatric Innovation Fund at Nationwide Children's Hospital provides funding for Nationwide Children's proven Healthy Neighborhoods Healthy Families (HNHF) community health and economic improvement program concentrated on Columbus' Linden neighborhood. The 2020 gift also supported the creation and funding of the Nationwide Foundation Endowed Research Chair of Health Equity Research, awarded to Dr. Chisolm, and the Nationwide Foundation Chair of Innovation in Behavioral Health Research, awarded to Jeff Bridge, PhD, director of the Center for Suicide Prevention and Research at Nationwide Children's Hospital, recognizing his pioneering work in suicide prevention, the epidemiology of suicidal behavior in young people and improving the quality of care for suicidal youth and adolescents who have attempted suicide. The 2020 funding was also used to acquire additional equipment and technology to advance genomic research in the hospital's Steve and Cindy Rasmussen Institute for Genomic Medicine, which remains one of the few programs in pediatric personalized genomic medicine in the United States and focuses on genomics as the root cause of many childhood diseases. Facioscapulohumeral muscular dystrophy (FSHD), which affects up to 870,000 individuals worldwide, is a progressive, life-long disease with no treatments available to alter its course. It arises from genetic and epigenetic changes that result in expression of the DUX4 gene, which is normally "off" in healthy muscle. When expressed, DUX4 activates pathways associated with cell death, oxidative stress, impaired muscle differentiation and muscle atrophy. Scott Harper, PhD, principal investigator in the Center for Gene Therapy, and his lab team have been dedicated to understanding the role of DUX4 in FSHD and developing potential therapies that can target it. In 2020, they identified a way to silence DUX4 expression in human cells, including those derived from FSHD patient muscles, and published a proof-of-concept study in Molecular Therapy: Nucleic Acids. To translate this approach to clinical care, safety and efficacy studies in the Harper Lab's TIC-DUX4 mouse model are ongoing. In 2020, researchers also made several advancements in understanding biofilms and the components that stabilize them and transferred those basic science discoveries to a novel platform technology. Biofilms are "slimy" matrices of extracellular DNA (eDNA) that connect and protect colonies of bacteria from the immune system and antibiotics. These colonies adhere to each other or to surfaces in the body, such as the inner ear, respiratory tract, oral cavity, gastrointestinal tract or urinary tract, and serve as a reservoir to fuel chronic and recurrent infections. In fact, according to the Centers for Disease Control and Prevention (CDC), bacteria in biofilms are responsible for approximately 80% of human bacterial infections and can be up to 1,000 times more resistant to antibiotics than those that are "free-living." Steve Goodman, PhD, a principal investigator in the Center for Microbial Pathogenesis in the Abigail Wexner Research Institute at Nationwide Children's Hospital, and his colleagues, Lauren Bakaletz, PhD, the center's director, and Santiago Partida-Sanchez, PhD, also a principal investigator in the center, have identified several elements key to stabilizing biofilms' structures and developed novel therapies that can dismantle and remove them. In a report published in Proceedings of the National Academy of Sciences the investigators showed Holliday junction (HJ)-like structures form the vertices where strands of eDNA cross in the lattice structure of biofilms. DNABII, a key bacterial DNA-binding protein, fortifies these structures by binding to these HJs and locking them in place. In another 2020 paper, published in EBioMedicine, they demonstrated how DNABII-directed antibodies can rapidly disrupt existing biofilms and prevent new ones from forming. The platform technology described in the study has the potential to transform clinical management of a multitude of biofilm-mediated diseases that evade effective intervention. Through the support of the Office of Technology Commercialization, this biofilm-disrupting technology has been licensed to Clarametx Biosciences, Inc., a preclinical stage biotechnology company developing targeted, immune-enabling biologic therapies to counter persistent infections associated with biofilms, to support the first-in-human clinical trial. Drs. Bakaletz and Goodman are co-inventors of the technology and co-chairs of the Clarametx scientific advisory board.</p>
<p>FORM 990, PART III, LINE 4B - CONTINUED</p>	<p>Inflammation of the lower respiratory tract caused by respiratory syncytial virus (RSV) is the leading cause of hospitalizations for children younger than 2 years old around the world - yet RSV is so common that almost everyone becomes infected with it during their first three years of life and many more children are not hospitalized. Researchers at Nationwide Children's compared the immune profiles of infants with mild RSV disease to those with severe infections to understand why some infants became sicker than others - with the ultimate goal of designing vaccine candidates that stimulate the more protective response found in some patients. In 2015, a research team led by Octavio Ramilo, MD, chief of Infectious Diseases, Asuncion Mejias, MD, PhD, attending physician in Infectious Diseases, and Mark Peeples, PhD, all principal investigators in the Center for Vaccines and Immunity at Nationwide Children's, received a \$6.75 million grant from the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health, to study these immune responses. The team has published more than 35 peer reviewed publications and greatly added to the knowledge about RSV and immune responses in infants. In a 2020 study published in Science Translational Medicine, the researchers used a</p>

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	<p>systems analysis approach to integrate blood transcriptional profiling and immune cell phenotyping with measurement of viral loads and clinical data from children with RSV infection and found children with mild disease (managed as outpatients) actually had higher RSV loads measured in the upper respiratory tract than those who were hospitalized for their infections. Patients who had larger amounts of virus in nasal secretions during acute infections had a more robust mucosal immune response that was associated with better outcomes, rather than with more severe disease. These findings have led to clinical insights - among babies who were hospitalized, those that received systemic steroids, which reduce the activity of the immune system, had worse outcomes, indicating that for children with severe RSV infection, treatment with steroids should be avoided - and have now informed the design and evaluation of new RSV vaccine candidates and research into other infectious diseases, including COVID-19. The insights revealed by this research into the forms of a virus that induce a better immune response has informed COVID-19 vaccine development. Another 2020 study expanded on 2015 research to demonstrate that nonoperative management of uncomplicated appendicitis is a safe and effective option in a variety of healthcare systems. Appendicitis the most common cause for emergency abdominal surgery in childhood, affecting 80,000 children in the United States each year. Research published in JAMA by the Midwest Pediatric Surgery Consortium (led by Peter Minneci, MD, and Katherine Deans, MD, co-founders and directors of the Center for Surgical Outcomes Research at Nationwide Children's Hospital), however, found that the condition can be treated successfully with antibiotics alone. Of 1,068 patients from 10 health centers enrolled in the study, 67.1% of those who elected to initially manage their care through antibiotics alone experienced no harmful side effects and did not later require an appendectomy by their one-year follow-up. Patients in the nonoperative group experienced an average of 6.6 disability days (days of missed activities such as school, athletics and vacations), compared to the 10.9 days in the surgery group. Nonoperative management was also associated with fewer disability days for caregivers. Both the patients who elected to undergo surgery and those who chose nonoperative management with antibiotics alone reported similar health care satisfaction at 30 days and quality of life at 1 year. While appendectomies are well-tested and trusted procedures, offering a non-operative option to patients and their families allows clinical care teams to move away from a one-size-fits-all model of appendicitis care and offer treatment options based on a child or family's values and preferences. Researchers from the Center for Injury Research and Policy and the Sleep Disorders Center at Nationwide Children's Hospital have conducted a series of studies to identify smoke alarm signals that would more effectively awaken children and other members of the household in the event of a fire, when there is a narrow window of time for everyone to safely evacuate a burning building without injury. In 2020, the fifth study in this series, published in Pediatric Research, found that alarms with a male voice, female voice, or hybrid voice-tone alarms woke 85-89% of children and prompted 84-89% to "escape," compared with 56% woken and 55% escaped for the high-frequency tone alarm. The median time to escape for the male voice, female voice, and hybrid voice-tone alarms was 12-13 seconds, compared to more than a minute and a half - 96.5 seconds - for the high-frequency tone alarm. The study authors concluded that there were no significant differences in the effectiveness of the male voice, female voice or hybrid alarms when compared with each other, but they all significantly out-performed the high-frequency tone alarm. Children sleep longer and deeper and require louder sounds to awaken than adults, so a smoke alarm that reduces the amount of time it takes for them to wake up and escape could reduce residential fire-related injuries and deaths among children old enough to perform self-rescue. Overall, approximately 2,266 Institutional Review Board (IRB) approved protocols were in progress during 2020, ranging from small studies designed to collect information about a disease to those that investigate potential new treatments or procedures at the forefront of clinical innovation and discovery. More than 1,600 papers were published in 2020 by Nationwide Children's scientists in peer-reviewed medical and scientific journals.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACTIVITY #3</p>	<p>Education As an academic medical center, the Hospital's mission includes preparing the next generation of pediatric healthcare providers. In 2020, 600 Ohio State University ("OSU") faculty members trained 375 medical students, 150 dental students, 300 Hospital-sponsored medical, surgical and dental residents, and nearly 600 physician and dental trainees from other institutions. The Hospital has been the primary pediatric teaching site of the OSU College of Medicine for more than 50 years. In 2020, the Hospital sponsored 36 accredited medical/dental residency and fellowship programs, 31 accredited by the Accreditation Council for Graduate Medical Education; 5 accredited by other organizations. The Hospital has 34 additional fellowships for which no national accreditation currently exists. These programs train pediatric specialists to meet 21st century healthcare needs in such diverse pediatric programs as neuromuscular genetics, epilepsy surgery, bone marrow transplant, colorectal surgery, advanced heart failure and cardiac transplant, and quality and safety leadership. Given the accelerating national shortage of pediatric subspecialists, recruitment is an important outcome for the Hospital's education investment. In 2020, 7 physician specialties recruited 8 fellows to open junior faculty positions. 100% of graduating residents seeking pediatric fellowships successfully secured positions to continue their academic career. Education also helps fill national gaps in midlevel providers who are essential to safe, high quality, 24/7 team-based care. For over 30 years, the Hospital has educated neonatal nurse practitioners and advanced practice nurses. Increased demand has resulted in acute national shortages and, in 2018, led the Hospital to start two new programs: (1) a neonatal physician assistant program; and (2) a pediatric child psychiatry nurse residency, the first such program in the country. The Children's Hospitals Graduate Medical Education Payment Program ("CHGME") is a federal program that underwrites some of the expenses freestanding children's hospitals incur to train physician and dental residents in accredited programs. The Hospital received approximately \$8 million in 2020, for a total of over \$23 million in expenses underwritten over the past three years, from CHGME. In 2020, approximately 1,500 nursing students, 176 paramedic students, and over 520 other students from allied health disciplines such as pharmacy, speech and language pathology, occupational therapy, psychology, child life, and social work received their pediatric education at the Hospital. In addition to OSU, the Hospital has affiliations with over 400 other universities, hospitals, and institutions. The Hospital also offers mentoring, shadowing, young scientist, STEM (science, technology, engineering, mathematics and medicine), and/or minority recruitment programs within 160 school districts. The Hospital offers professional education programs to improve and sustain delivery of high quality pediatric care to all children. In 2020, it awarded continuing medical education credits to approximately 25,500 physicians and 16,100 nurses/allied health professionals; offered 806 contact hours of continuing nursing education, awarding 16,236 nursing contact hours; and organized 44 local, regional, national and international conferences. In 2020, the Hospital taught 6,900 multidisciplinary participants in over 700 simulation sessions. The Hospital works closely with local healthcare providers, including 19 affiliate hospitals, to standardize pediatric care throughout Ohio. In 2020, the Hospital provided 85 outreach education sessions for 1,200 participants. Another 1,500 health care providers received Pediatric Advanced Life Support training from the Hospital. Since 2012, the Hospital's PREP (Personal Responsibility Education Program) trained staff in over 50 agencies to educate very high risk adolescents in juvenile justice and foster care. Patient, family, and community education are very important to health and wellbeing. In 2020, approximately 40,000 children and adults participated in Hospital-sponsored education, specialty camps, health fairs, and other education events. The Hospital distributed over 500,000 patient education teaching tools for children and families. The Family Health Information Center provided multimedia health education materials to more than 1,200 families. The Hospital is working to improve population health. One initiative, called "SPARK," is an evidence-</p>

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	<p>based, no-cost kindergarten readiness program for families living near the Hospital. On a monthly basis, children receive a new book, lesson activities customized to their needs, and educational supplies, along with home or group-based which switched to a virtual model during COVID. Ninety-six percent of the children in the program demonstrate kindergarten readiness at program completion vs. 33% pre-program. The Hospital continues to educate every hospital and medical staff member on quality tools. The Hospital's Quality Improvement Essentials course is nationally recognized for training the next generation of quality improvement ("QI") leaders. Since 2010, the Hospital has trained nearly 500 healthcare professionals from the Hospital as well as Children's National Medical Center (Washington DC), Children's Hospital King's Daughter's (Norfolk), Children's Healthcare of Atlanta, University Hospitals Rainbow Babies & Children's Hospital (Cleveland) and Oschner Medical Center (New Orleans), and Driscoll Children's Hospital (Corpus Christi). The Hospital was the first children's hospital designated by the American Board of Medical Specialties as a Multi-specialty Portfolio Program Sponsor. Since 2012, over 800 physicians (and hundreds of other team members) have engaged in 245 different QI projects for credit at no charge to physicians.</p>
<p>FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES</p>	<p>Child Advocacy: Nationwide Children's Hospital is committed to serving our community. Through advocacy and volunteering efforts across the organization, employees work in the community to improve health outcomes for all children, not just those who are patients here. Because of our commitment to health equity and best outcomes for every child, we are naturally inclined to advocate in diverse ways in support of children everywhere. Advocacy efforts to achieve this goal are multifaceted. From working with legislators to ensure health care coverage for children to working with community partners to advance community wellness, efforts include but are not limited to: Pediatric Health Care Legislation and Policies: Nationwide Children's actively promotes legislation and policies that support pediatric health care locally and nationally. Nationwide Children's, in conjunction with the Children's Hospital Association, advocates for protecting access to health care for children through Medicaid and the Children's Health Insurance Program (CHIP). Additionally, through the Child Health Patient Safety Organization, Nationwide Children's is working to improve hospital and national patient, family and employee safety efforts. Nationwide Children's also trains the next generation of child health advocates by offering a Government Relations "rotation" to the hospital's residents. Educational sessions and events, including the annual Resident Advocacy Day at the Ohio Statehouse, introduce future pediatricians to policy issues surrounding child health. In 2020, Nationwide Children's made special efforts to urge for increased federal funding for the Children's Hospital Graduate Medical Education Program, supporting the training of residents and fellows. Research Advocacy Efforts: While over-the-counter analgesic medications like ibuprofen and acetaminophen are widely considered safe and are easily accessible, a 2020 study from Nationwide Children's Hospital found a sharp increase in the number and rate of suicide-related calls to U.S. Poison Control Centers over a nearly two-decade period involving those medications. The increase was driven particularly by females, ages 6 to 19. The findings from the hospital's Center for Injury Research and Policy and Central Ohio Poison Center led experts to call for changes in packaging, so that large doses of over-the-counter analgesics would be less accessible. It also led to recommendations from suicide prevention experts that could help parents and pediatricians mitigate the risk for young people. Another crucial piece of research advocacy from Nationwide Children's led the Centers for Medicare and Medicaid to create a new official billing code for adult congenital heart disease (ACHD) in March of 2020. The code allows board-certified ACHD subspecialists to bill for the distinctive care they give. An analysis from The Heart Center at Nationwide Children's and other institutions helped show the importance of board-certified ACHD specialists and clinical care teams. The new code is expected to help the subspecialty grown and result in improved patient care. Child Safety: The work of The Center for Family Safety and Healing (TCFSH) is dedicated to reducing the occurrence of child abuse and all aspects of family violence, including child abuse and neglect, teen dating abuse, domestic violence and elder abuse. The center has a one-stop, coordinated response to family violence for individuals and families through its collaboration with key community agencies. TCFSH offers a continuum of research-based prevention, assessment, intervention and treatment programs for individuals who have experienced family violence. In 2020, TCFSH had 1,463 visits to the Child Assessment Center and 501 Nationwide Children's inpatient consults. The center's Training and Advocacy Department (TAD) provides educational and training opportunities regarding family violence to individuals and organizations in the community. The goal is to help community members recognize the warning signs of family violence, respond appropriately to someone who may be experiencing family violence, and make a referral to provide support. In 2020, TAD served 58 organizations throughout the community and conducted 381 trainings. TCFSH also created a Direct Assistance Fund in April 2020 to help families at increased risk as a result of the COVID-19 pandemic. The fund addresses food insecurity, emergency housing, utilities and immediate safety needs. The fund served 428 families in its first nine months. Telehealth: When COVID-19 ignited stay-at-home orders, public and private insurers quickly relaxed the rules for covering telehealth visits. Nationwide Children's responded in kind by rapidly expanding their telehealth capacity and training. Nationwide Children's was a few months into a two-to-three-year plan to expand telehealth access across the institution. That plan was immediately fast tracked to bring providers in every outpatient service online for telehealth. Between mid-March and mid-June, more than 100,000 telehealth visits had been completed. In post-visit surveys, 96% of families said telehealth improves their access to care. They experienced a number of savings as a result of telehealth expansion, including fewer days taken off work and fewer hours spent traveling. Throughout the implementation process, continuing through the pandemic and beyond, researchers at Nationwide Children's are looking at how telehealth impacts care and access to care. Publications about telehealth from experts in many service lines show the broad impact and possible future uses for this important health care tool. Neighborhood Revitalization: Employees, faculty and staff at Nationwide Children's are all invested in the community surrounding the hospital's main campus. From volunteering to clean up local parks to spending time at the area's food bank or free store, employees are most engaged in the community through the Healthy Neighborhoods Healthy Families (HNHF) initiative. HNHF at Nationwide Children's collaborates with community partners to focus on five key areas: Education, Affordable Housing, Economic Development, Community Enrichment, and Health and Wellness. Education - One of the neighborhood challenges uncovered by the Health Care Needs Assessment, performed in collaboration with Franklin County, was access to preschool education for kindergarten readiness. The HNHF initiative at Nationwide Children's offers a kindergarten readiness program, called SPARK, where staff worked with caregivers and children to learn appropriate tools for working toward kindergarten readiness together. In 2020, 98% of children were kindergarten-ready based on pre-and post-test scores. Nationwide Children's educational focus led to more than 60 employees from across the hospital, including research, clinical and hospital employees, participating as mentors virtually through neighborhood schools and organizations in 2020. Mentors spend one hour weekly with their mentee in deliberate activities and discussion. In addition, 51 local high school students participated in the Upward Bound Math and Science program in 2020. All participants graduated from high school and 76% of those students went on to become first-generation college attendees. Housing Projects - Housing is a vital part of a healthy community. The vacancy rate experienced by the neighborhood surrounding the hospital was a concern for many residents. HNHF, working in tandem with community partners, has made an impact in this area. In 2020, 3 homes were completed for ownership through the Central Ohio Community Land Trust, 11 units were created for rental</p>

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	<p>occupancy and 12 homeowners were provided with grants for exterior improvements. In addition, six homes were constructed as part of the newly formed Central Ohio Community Land Trust. Since 2008, more than 400 homes have been impacted through rehabilitations, home improvement grants and new builds. The hospital's continued financial commitment to HNHF has helped to support the construction of safe, decent, and affordable housing. Economic Development - More than 150 residents of the zip codes surrounding the hospital were employed by Nationwide Children's Hospital in 2020 as a result of workforce development and strategic recruitment efforts by the hospital. More than 1,000 Nationwide Children's Hospital residents retain employment from the HNHF zip codes. Nationwide Children's also started free IRS/VITA tax clinics for residents making under \$65,000 to help them access tax credits and refunds. A total of 54 families were served, resulting in more than \$77,000 in federal and state refunds.</p>
<p>FORM 990, PART III, LINE 4D - CONTINUED</p>	<p>Community Enrichment - Since 2015, more than 75 leaders have graduated from the South Side Neighborhood Leadership Academy, which supports residents in their continued growth as change agents in the community. A total of 11 leaders graduated in 2020. In addition, over 50 non-profits, businesses, and neighborhood organizations convened as the South Side Thrive Collaborative (SSTC). SSTC partners aim to improve economic mobility, housing stability and health for all. Health and Wellness - School-based Nationwide Children's health clinics and the Mobile Care Centers had nearly 5,300 patients in 2020, despite COVID-19 shutting down schools, while school-based behavioral health had more than 9,600 visits during 2020. In addition, approximately 45 caregivers (teen and adults) attended Positive Parenting Program (Triple P) workshops from the South Side and Linden neighborhoods. HNHF Expansion - Along with its transformational efforts in the communities surrounding the hospital, Nationwide Children's announced in 2020 a large expansion to another traditionally at-risk Columbus neighborhood, Linden. The HNHF expansion will leverage lessons learned on the South Side of Columbus to expand housing options, develop business and improve health in the Linden community. One house in Linden was a recipient of the home repair grant program in 2020 and the tax clinic opportunity was offered in the Linden neighborhood.</p>
<p>FORM 990, PART VI, LINE 2 - DESCRIPTION OF RELATIONSHIPS</p>	<p>A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL: C. ROBERT KIDDER, JOSEPH A. CHLAPATY, AND ALEX FISCHER. A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF NATIONWIDE CHILDREN'S HOSPITAL: ALEX FISCHER, C. ROBERT KIDDER, AND TIMOTHY C. ROBINSON. A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS OF RINCH: THOMAS WALKER AND TIMOTHY C. ROBINSON. A BUSINESS RELATIONSHIP EXISTS BETWEEN THE FOLLOWING DIRECTORS/OFFICERS OF NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION: THOMAS N. BRIGDON, TIMOTHY C. ROBINSON, RHONDA COMER, LUKE BROWN, AND STEPHEN TESTA. FORM 990, PART VI, LINE 6 - DESCRIPTION OF CLASSES OF MEMBERS NATIONWIDE CHILDREN'S HOSPITAL, INC. (THE PARENT ORGANIZATION OF THE GROUP) IS THE SOLE MEMBER OF THE MAJORITY OF THE SUBORDINATE ORGANIZATIONS IN THE GROUP EXEMPTION. SOME OF THE SUBORDINATE ORGANIZATIONS ARE NON-PROFIT SUBSIDIARIES OF THE LARGEST SUBORDINATE ORGANIZATION, NATIONWIDE CHILDREN'S HOSPITAL. 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. FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS NATIONWIDE CHILDREN'S HOSPITAL, INC. WILL OVERSEE THE OPERATIONS OF AND WILL PERFORM CERTAIN SERVICES FOR ITS SUBORDINATE ORGANIZATIONS. NCH INC. WILL COORDINATE EXPANSION OF THE GROUP PROGRAMS AND ASSETS AND WILL DETERMINE IF ADDITIONAL ENTITIES WILL BE NEEDED WITHIN THE GROUP.</p>
<p>FORM 990, PART VI, LINE 11B - PROCESS USED TO REVIEW 990</p>	<p>THIS FORM 990 WAS REVIEWED PRIOR TO FILING BY NATIONWIDE CHILDREN'S HOSPITAL CHIEF EXECUTIVE OFFICER/BOARD DIRECTOR; CHIEF FINANCIAL OFFICER/BOARD TREASURER; SENIOR VICE PRESIDENT OF LEGAL SERVICES / BOARD SECRETARY; AND THE FINANCE COMMITTEE CHAIR. IN ADDITION, THIS RETURN WAS MADE AVAILABLE TO THE ENTIRE FINANCE COMMITTEE OF THE BOARD AND MADE AVAILABLE UPON REQUEST TO THE BOARD. FORM 990, PART VI, LINE 12C - PROCESS TO MONITOR FOR CONFLICTS OF INTEREST NCH POLICY REQUIRES THAT STAFF MEMBERS, MANAGEMENT AND BOARD MEMBERS REPORT CONFLICTS OF INTEREST OR COMMITMENT AT THE TIME THE CONFLICT ARISES. MANAGEMENT AND BOARD MEMBERS ARE ALSO REQUIRED TO COMPLETE DISCLOSURE FORMS ANNUALLY, REGARDLESS OF THE EXISTENCE OF CONFLICT. ALL DISCLOSURES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER OR THE BOARD SECRETARY. IF A CONFLICT EXISTS, A CONFLICT MANAGEMENT PLAN MAY BE PUT IN PLACE TO MITIGATE THE CONFLICT. STAFF, MANAGEMENT AND BOARD MEMBERS ARE PROHIBITED FROM VOTING ON ANY MATTERS WITH RESPECT TO WHICH THE INDIVIDUAL HAS DISCLOSED A POTENTIAL CONFLICT OF INTEREST. FORM 990, PART VI, LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF CEO IN THE FIRST QUARTER OF 2020, NCH HELD ITS ANNUAL MEETING FOR THE PURPOSE OF COMPENSATION REVIEW. FOR THE CEO, THERE IS A MEETING OF THE MANAGEMENT DEVELOPMENT/COMPENSATION COMMITTEE WHERE THE MEMBERS REVIEW MARKET DATA PROVIDED BY OUTSIDE CONSULTANTS AND DECIDE ON A RECOMMENDED SALARY ADJUSTMENT THAT INCLUDES CONSIDERATION OF THE CEO'S PERFORMANCE. THEN, THIS RECOMMENDATION IS BROUGHT TO THE FULL BOARD AND THE BOARD TAKES INTO ACCOUNT THIS RECOMMENDATION, THE CEO'S PERFORMANCE, AND APPROVALS ARE MADE. CONTEMPORANEOUS MINUTES ARE KEPT AT ALL BOARD MEETINGS AND COMMITTEE MEETING ACTIVITIES AND DECISIONS ARE ALSO DOCUMENTED. FORM 990, PART VI, LINE 15B - DETERMINING COMP OF OFFICERS & KEY EMPLOYEES IN THE FIRST QUARTER OF 2020, 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. FORM 990, PART VI, LINE 19 - AVAIL OF GOV DOCS, COI POLICY, & FIN STMTS NATIONWIDE CHILDREN'S HOSPITAL'S (NCH) FINANCIAL STATEMENTS ARE DISCLOSED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBPAGE AND THE ARTICLES OF INCORPORATION ARE ON THE OHIO SECRETARY OF STATE'S WEBPAGE. CURRENTLY, NCH DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B)- AVERAGE HOURS PER WEEK FOR NATIONWIDE CHILDREN'S HOSPITAL EMPLOYEES THAT ARE MEMBERS OF VARIOUS BOARDS AND HOLD SEVERAL POSITIONS WITHIN THE ORGANIZATION, THE HOURS LISTED REPRESENT THE NUMBER OF HOURS THAT INDIVIDUAL DEVOTES TO ALL THE ENTITIES INCLUDED WITHIN THE NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN. THE GOVERNING BOARD OF NATIONWIDE CHILDREN'S HOSPITAL, INC. AND NATIONWIDE CHILDREN'S HOSPITAL IS A JOINT BOARD AND MEMBERS SERVE ON THESE BOARDS CONCURRENTLY.</p>
<p>FORM 990,</p>	<p>Effect of Adoption of SFAS No. 158 (363,726) NET CHANGE IN INTEREST RATE SWAP AGREEMENTS (11,893,368)</p>

Return Reference	Explanation
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	TECHNOLOGY INVESTMENTS 107,438 TRANSFER FROM PARTNERS FOR KIDS 56,803,257 SWAP TERMINATION PAYMENT 1,874,638 OTHER (8,723,615) _____ TOTAL OTHER CHANGES IN NET ASSETS 37,804,624
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL SERVICES TOTAL FEES:90318152
FORM 990 PART IX LINE 11G	DESCRIPTION:NICU LEASED SALARIES & MED SVC TOTAL FEES:49705148
FORM 990 PART IX LINE 11G	DESCRIPTION:RESEARCH SUBCONTRACT EXPENSE TOTAL FEES:9340209
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTATION FEES TOTAL FEES:4901228
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PURCHASED SERVICES TOTAL FEES:46513618

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONWIDE CHILDREN'S HOSPITAL GROUP RETURN

Employer identification number

01-0782751

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S COMMUNITY PRACTICES LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-2998916	PHYSICIAN SVC	OH	4,693,926	2,044,538	NCH
(2) NEAR EAST SIDE HOLDINGS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 83-2817371	REAL ESTATE	OH	26,912	5,773,314	NCH
(3) PEDIATRIC ROTOR WING LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2042425	AIR TRANSPORT	OH	2,460,277	4,985,275	NCH
(4) CHILDREN'S PHYSICAL MED & REHAB PHYS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 47-1425306	PHYSICIAN SVC	OH	1,359,327	0	NCH
(5) CHILDREN'S PSYCHIATRISTS LLC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 46-2603371	PHYSICIAN SVC	OH	5,431,157	50,900	nch

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COLLIERS PROFESSIONAL LIABILITY CORP 23 LIME TREE BAY AVENUE GRAND CAYMAN KY1-1102 CJ 98-0457066	INS CONTRACTING	CJ	NCH	C Corp	0	2,689,382	100.000 %	Yes	
(2) NE CLOSE TO HOME CONDO ASSOCIATION 433 NORTH CLEVELAND AVENUE WESTERVILLE, OH 43082 20-5540381	CONDO ASSOCIATION	OH	NCH	C Corp	43,376	3,560	90.750 %	Yes	
(3) CHILDREN'S NW MOB CONDO ASSOCIATION 5675 VENTURE DRIVE DUBLIN, OH 43017 20-5540559	CONDO ASSOCIATION	OH	NCH	C Corp	45,638	2,444	74.400 %	Yes	
(4) Andelyn Biosciences Inc 575 Childrens Crossroad COLUMBUS, OH 43215 31-1609283	Gene Therapy	OH	NCH	C Corp	1,093,307	15,178,109	100.000 %	Yes	
(5) PEDIATRIC ACADEMIC ASSOCIATION INC TRUST 555 SOUTH 18TH STREET COLUMBUS, OH 43205	TRUST	OH	NCH	Trust	0	0	51.000 %	Yes	
(6) NCH REALTY INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205 82-1052739	REALTY	OH	NCH	C Corp	0	234,261	100.000 %	Yes	

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

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

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

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

(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	356,424	ACTUAL AMOUNT
(2) NATIONWIDE CHILDREN'S HOSPITAL	B	100,547	ACTUAL AMOUNT
(3) NCH HOMECARE	B	207,560	ACTUAL AMOUNT
(4) CHILDREN'S RADIOLOGICAL INSTITUTE	B	232,188	ACTUAL AMOUNT
(5) CENTER FOR CHILD & FAMILY ADVOCACY	B	344,406	ACTUAL AMOUNT
(6) CENTER FOR CHILD & FAMILY ADVOCACY	B	2,164,322	ACTUAL AMOUNT
(7) RESEARCH Institute AT NCH	B	11,563,582	ACTUAL AMOUNT
(8) NATIONWIDE CHILDREN'S HOSPITAL	B	13,946,051	ACTUAL AMOUNT
(9) RESEARCH Institute AT NCH	B	59,031,478	ACTUAL AMOUNT
(10) RESEARCH Institute AT NCH	B	53,000	ACTUAL AMOUNT
(11) NCH FOUNDATION	C	356,424	ACTUAL AMOUNT
(12) NCH FOUNDATION	C	100,547	ACTUAL AMOUNT
(13) NCH FOUNDATION	C	207,560	ACTUAL AMOUNT
(14) NCH FOUNDATION	C	232,188	ACTUAL AMOUNT
(15) CENTER FOR CHILD & FAMILY ADVOCACY	C	53,000	ACTUAL AMOUNT
(16) NATIONWIDE CHILDREN'S HOSPITAL	C	344,406	ACTUAL AMOUNT
(17) NCH FOUNDATION	C	2,164,322	ACTUAL AMOUNT
(18) NCH FOUNDATION	C	11,563,582	ACTUAL AMOUNT
(19) NCH FOUNDATION	C	13,946,051	ACTUAL AMOUNT
(20) NATIONWIDE CHILDREN'S HOSPITAL	C	59,031,478	ACTUAL AMOUNT
(21) Partners for Kids	J	341,829	ACTUAL AMOUNT
(22) Andelyn Biosciences Inc	J	736,468	ACTUAL AMOUNT
(23) RESEARCH Institute AT NCH	L	467,390	ACTUAL AMOUNT
(24) NATIONWIDE CHILDREN'S HOSPITAL	L	1,313,302	ACTUAL AMOUNT
(25) RESEARCH Institute AT NCH	L	157,743	ACTUAL AMOUNT
(26) RESEARCH Institute AT NCH	L	58,755	ACTUAL AMOUNT
(27) CHILDREN'S ANESTHESIA ASSOCIATES	L	656,246	ACTUAL AMOUNT
(28) CHILDREN'S ANESTHESIA ASSOCIATES	L	250,702	ACTUAL AMOUNT
(29) CHILDREN'S SURGICAL ASSOCIATES	L	541,032	ACTUAL AMOUNT
(30) NATIONWIDE CHILDREN'S HOSPITAL	L	5,616,175	ACTUAL AMOUNT
(31) NATIONWIDE CHILDREN'S HOSPITAL	L	1,708,079	ACTUAL AMOUNT
(32) NATIONWIDE CHILDREN'S HOSPITAL	L	8,358,447	ACTUAL AMOUNT
(33) NATIONWIDE CHILDREN'S HOSPITAL	L	15,756,384	ACTUAL AMOUNT
(34) NCH HOMECARE	L	117,769	ACTUAL AMOUNT
(35) Partners for Kids	L	2,915,035	ACTUAL AMOUNT
(36) Partners for Kids	L	371,744,414	ACTUAL AMOUNT
(37) Partners for Kids	L	406,762	ACTUAL AMOUNT
(38) Partners for Kids	L	154,836	ACTUAL AMOUNT
(39) Partners for Kids	L	227,687	ACTUAL AMOUNT
(40) Andelyn Biosciences Inc	L	1,061,566	ACTUAL AMOUNT
(41) NATIONWIDE CHILDREN'S HOSPITAL	M	467,390	ACTUAL AMOUNT
(42) NATIONWIDE CHILDREN'S HOSPITAL	M	906,948	ACTUAL AMOUNT
(43) CHILDREN'S RADIOLOGICAL INSTITUTE	M	157,743	ACTUAL AMOUNT
(44) CHILDREN'S ANESTHESIA ASSOCIATES	M	58,755	ACTUAL AMOUNT
(45) NCH HOMECARE	M	1,313,302	ACTUAL AMOUNT
(46) NATIONWIDE CHILDREN'S HOSPITAL	M	541,032	ACTUAL AMOUNT
(47) CHILDREN'S ANESTHESIA ASSOCIATES	M	1,708,079	ACTUAL AMOUNT
(48) CHILDREN'S RADIOLOGICAL INSTITUTE	M	5,616,175	ACTUAL AMOUNT
(49) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	M	8,358,447	ACTUAL AMOUNT
(50) CHILDREN'S SURGICAL ASSOCIATES	M	15,756,384	ACTUAL AMOUNT
(51) NATIONWIDE CHILDREN'S HOSPITAL	M	117,769	ACTUAL AMOUNT
(52) CENTER FOR CHILD & FAMILY ADVOCACY	O	1,113,628	ACTUAL AMOUNT
(53) NCH FOUNDATION	O	4,946,647	ACTUAL AMOUNT
(54) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	O	5,485,115	ACTUAL AMOUNT
(55) NCH HOMECARE	O	9,668,046	ACTUAL AMOUNT
(56) CHILDREN'S RADIOLOGICAL INSTITUTE	O	15,200,298	ACTUAL AMOUNT
(57) CHILDREN'S ANESTHESIA ASSOCIATES	O	26,731,960	ACTUAL AMOUNT
(58) CHILDREN'S SURGICAL ASSOCIATES	O	39,534,033	ACTUAL AMOUNT
(59) RESEARCH Institute AT NCH	O	94,387,391	ACTUAL AMOUNT
(60) Partners for Kids	O	13,264,451	ACTUAL AMOUNT
(61) CHILDREN'S NW MOB CONDO ASSOC'N	P	61,342	ACTUAL AMOUNT
(62) RESEARCH Institute AT NCH	P	4,472,057	ACTUAL AMOUNT
(63) CENTER FOR CHILD & FAMILY ADVOCACY	Q	1,126,683	ACTUAL AMOUNT
(64) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	Q	1,054,157	ACTUAL AMOUNT
(65) NCH FOUNDATION	Q	4,746,194	ACTUAL AMOUNT
(66) CHILDREN'S SURGICAL ASSOCIATES	Q	6,152,971	ACTUAL AMOUNT
(67) CHILDREN'S ANESTHESIA ASSOCIATES	Q	438,729	ACTUAL AMOUNT
(68) NCH HOMECARE	Q	22,136,382	ACTUAL AMOUNT
(69) CHILDREN'S RADIOLOGICAL INSTITUTE	Q	1,577,679	ACTUAL AMOUNT
(70) Partners for Kids	Q	1,922,708	ACTUAL AMOUNT
(71) NATIONWIDE CHILDREN'S HOSPITAL	R	187,460,213	ACTUAL AMOUNT
(72) RESEARCH Institute AT NCH	R	144,410,539	ACTUAL AMOUNT
(73) NCH FOUNDATION	R	1,500,000	ACTUAL AMOUNT
(74) NCH HOMECARE	R	1,899,929	ACTUAL AMOUNT
(75) NCH INC	R	8,434,550	ACTUAL AMOUNT
(76) CHILDREN'S RADIOLOGICAL INSTITUTE	S	8,907,354	ACTUAL AMOUNT
(77) PEDIATRIC PATHOLOGY ASSOCIATES OF COLUMBUS	S	2,000,000	ACTUAL AMOUNT
(78) CHILDREN'S SURGICAL ASSOCIATES	S	18,198,723	ACTUAL AMOUNT
(79) CHILDREN'S ANESTHESIA ASSOCIATES	S	15,767,141	ACTUAL AMOUNT
(80) NCH HOMECARE	S	32,653,766	ACTUAL AMOUNT
(81) NCH FOUNDATION	S	25,500,000	ACTUAL AMOUNT
(82) NATIONWIDE CHILDREN'S HOSPITAL	S	144,410,539	ACTUAL AMOUNT
(83) RESEARCH Institute AT NCH	S	84,433,229	ACTUAL AMOUNT
(84) Partners for Kids	S	18,123,402	ACTUAL AMOUNT
(85) NATIONWIDE CHILDREN'S HOSPITAL	S	1,500,000	ACTUAL AMOUNT
(86) NATIONWIDE CHILDREN'S HOSPITAL	S	1,899,929	ACTUAL AMOUNT
(87) Partners for Kids	S	56,803,257	ACTUAL AMOUNT

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2020

Additional Data[Return to Form](#)**Software ID:****Software Version:**