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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.		D Employer identification number 51-0120256
		Doing Business As		E Telephone number (703) 684-1355
		Number and street (or P O box if mail is not delivered to street address) Room/suite 401 WYTHE STREET		G Gross receipts \$ 22,278,314.
		City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314-1926		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CHILDRENSHOSPITALS.NET				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation 1970 M State of legal domicile GA				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES THROUGH SUPPORT OF	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Revenue	3	Number of voting members of the governing body (Part VI, line 1a)	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	34
	5	Total number of employees (Part V, line 2a)	100
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	68,928.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 300,000. Current Year 1,191,535.
	9	Program service revenue (Part VIII, line 2g)	15,910,105. 15,973,549.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,545,293. 567,043.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,412. 1,682,979.
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,756,810. 19,415,106.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,852,461. 10,547,061.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 526,804.	
	17	Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)	5,570,517. 7,689,750.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,422,978. 18,236,811.
	19	Revenue less expenses. Subtract line 18 from line 12	2,333,832. 1,178,295.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	4,721,570. 3,894,823.
22		Net assets or fund balances. Subtract line 21 from line 20	22,799,118. 20,006,805.

Part II Signature Block

Sign Here	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.			
	Signature of officer <i>Lawrence A. McAndrews</i>		Date 4/2/10	
Paid Preparer's Use Only	Signature of preparer <i>Juliana L. Wood</i>		Date 4/1/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 TATE AND TRYON 805 15TH STREET, NW SUITE 900 WASHINGTON, DC 20005		Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (202) 293-2200	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES
THROUGH SUPPORT OF CHILDREN'S HOSPITALS AND HEALTH SYSTEMS THAT ARE
COMMITTED TO EXCELLENCE IN PROVIDING HEALTH CARE TO CHILDREN.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 4,268,250. including grants of \$) (Revenue \$)

MANAGEMENT INFORMATION SERVICES AND INFORMATION DISSEMINATION ONE OF NACHRI'S FOUNDING PURPOSES IS THE COLLECTION, DISSEMINATION AND APPLICATION OF INFORMATION ABOUT CHILDRENS HEALTH AND HOSPITALS FOR THE PURPOSE OF IMPROVING CARE TO PEDIATRIC PATIENTS. THE ASSOCIATION UNDERTAKES A NUMBER OF ACTIVITIES IN MEETING THIS STATED PURPOSE, INCLUDING ONGOING OPERATION OF SEVERAL. COMPARATIVE DATA PROGRAMS AND THEIR RELATED SOFTWARE PRODUCTS, AS WELL AS SPECIALIZED (FOCUS) GROUP MEETINGS TO IMPROVE CLINICAL SERVICES AND PATIENT OUTCOMES. THE APPLICATION OF OUR COMPARATIVE DATA PROGRAMS ASSISTS MEMBER HOSPITALS WITH OPERATIONAL BENCHMARKING AND CLINICAL DECISION SUPPORT, AS WELL AS SERVING AS A SOURCE FOR HEALTH SERVICES RESEARCH AND POLICY MAKING ACTIVITIES IN SUPPORT OF ADVOCACY EFFORTS ON BEHALF OF CHILDREN'S

4b (Code:) (Expenses \$ 3,797,954. including grants of \$) (Revenue \$)

PUBLIC AFFAIRS -- NACHRI PROVIDES IMPORTANT INFORMATION AND LEARNING OPPORTUNITIES DESIGNED FOR THE PUBLIC AS WELL AS CHILDREN'S HOSPITALS AND OTHER HEALTH CARE PROVIDERS THAT ADVANCE THE PRACTICE OF MEDICINE AND HELP CONSUMERS MAKE INFORMED DECISIONS. FOR HEALTH CARE PROFESSIONALS, NACHRI DELIVERS NETWORKING OPPORTUNITIES, BEST PRACTICES CASE STUDIES, AND COMMUNICATIONS TECHNICAL AND INDUSTRY ADVANCES IN THE FIELDS OF HOSPITAL PUBLIC RELATIONS, CHILDREN'S HEALTH ADVOCACY AND COMMUNITY HEALTH. NACHRI COMMUNICATIONS VEHICLES INCLUDE THE QUARTERLY MAGAZINE, "CHILDREN'S HOSPITALS TODAY", NUMEROUS "HOW-TO" WEB AND CONFERENCE CALL PROGRAMS FOR HEALTH CARE PROFESSIONALS. NACHRI STAFF ALSO MAKE FREQUENT VISITS TO MEMBER HOSPITALS, AND ARE ACTIVE IN COALITIONS ON MANY CHILDREN'S HEALTH ISSUES INCLUDING OBESITY, INJURY

4c (Code:) (Expenses \$ 2,649,155. including grants of \$) (Revenue \$)

CONTRACTORS SERVICES -- AMOUNTS RELATED TO SERVICES ARRANGEMENTS WITH THE NATIONAL ASSOCIATION FOR CHILDREN'S HOSPITALS (N.A.C.H.), A RELATED EXEMPT ORGANIZATION WITH A SIMILAR EXEMPT PURPOSE AND VIRTUAL PICU SYSTEMS, LLC (VPS), A LIMITED LIABILITY COMPANY ORGANIZED FOR THE PURPOSE OF CREATING A NETWORK OF CHILDREN'S HOSPITALS AND OTHER FACILITIES OFFERING PICU CARE TO IMPROVE THE QUALITY OF CRITICAL CARE FOR CHILDREN WORLDWIDE.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,061,135. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 14,776,494. (Must equal Part IX, Line 25, column (B))

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	35	
b Enter the number of voting members that are independent	34	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **CAROL CITRON, DIRECTOR OF FINANCE - (703) 797-6010**
401 WYTHE STREET, ALEXANDRIA, VA 22314-1926

832006
12-18-08

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
EDWIN ZECHMAN JR., FACHE CHAIR	1.00	X		X				0.	0.	0.
CHRISTOPHER G. DAWES CHAIR-ELECT	1.00	X		X				0.	0.	0.
MARGARET PERRYMAN, FACHE TREASURER	1.00	X		X				0.	0.	0.
LEE F. FETTER SECRETARY	1.00	X		X				0.	0.	0.
STEVE J. ALLEN, MD MEMBER	1.00	X						0.	0.	0.
MERI ARMOUR MEMBER	1.00	X						0.	0.	0.
MADELINE BELL, BSN, MS MEMBER	1.00	X						0.	0.	0.
JAY E. BERKELHAMER, MD MEMBER	1.00	X						0.	0.	0.
KEVIN CHURCHWELL, MD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. CONSIDINE, FA MEMBER	1.00	X						0.	0.	0.
RICHARD D. CORDOVA, FACH MEMBER	1.00	X						0.	0.	0.
SUSAN M. DISTEFANO, MSN, MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER J. DUROVICH MEMBER	1.00	X						0.	0.	0.
ROXANNE FERNANDES, RN, M MEMBER	1.00	X						0.	0.	0.
DAVID FISHER, MD MEMBER	1.00	X						0.	0.	0.
ALAN L. GOLDBLOOM, MD MEMBER	1.00	X						0.	0.	0.
HERMAN B. GRAY, MD, MBA, MEMBER	1.00	X						0.	0.	0.

NATIONAL ASSOCIATION OF CHILDREN'S

HOSPITALS AND RELATED INSTITUTIONS, INC.

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Form 990 (2008)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID KINSAUL, FACHE MEMBER	1.00	X						0.	0.	0.
JAMES MANDELL, MD MEMBER	1.00	X						0.	0.	0.
AMY B. MANSUE MEMBER	1.00	X						0.	0.	0.
RICK W. MERRILL MEMBER	1.00	X						0.	0.	0.
RANDALL L. O'DONNELL, PH MEMBER	1.00	X						0.	0.	0.
ROGER A. OXENDALE MEMBER	1.00	X						0.	0.	0.
ORA H. PESCOVITZ, MD MEMBER	1.00	X						0.	0.	0.
KERRI RUPPERT MEMBER	1.00	X						0.	0.	0.
KATHLEEN ANN SELICK MEMBER	1.00	X						0.	0.	0.
STEVEN P. SHELOV, MD, MS MEMBER	1.00	X						0.	0.	0.
1b Total								2,324,069.	0.	314,929.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

25

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CYPRESS CONTRACTING 23465 ROCK HAVEN WAY, DULLES, VA 20166	BUILDING RENOVATION	1,668,329.
VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303, ATLANTA, GA 31192	PHYSICIAN CONSULTANT	148,188.
NAVIGATION ARTS 7901 JONES BRANCH DRIVE, MCLEAN, VA 22102	NEW WEB SITE CREATION	122,000.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

3

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

**NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.**

Form 990 (2008)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	903,197.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	288,338.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,191,535.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	7,786,670.	7,786,670.		
	b REIMBURSED EXPENSES		900099	3,385,756.	3,385,756.		
	c PROJECT PARTICIPATION		900099	3,314,198.	3,314,198.		
	d MEETINGS AND CONFERENC		900099	1,406,550.	1,406,550.		
	e PUBLICATIONS		541800	62,532.	11,447.	51,085.	
	f All other program service revenue		541800	17,843.		17,843.	
	g Total. Add lines 2a-2f			15973549.			
	3 Investment income (including dividends, interest, and other similar amounts)			884,241.			884,241.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			1,655,390.			1655390.	
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-317,198.	-317,198.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a MISCELLANEOUS		900099	27,589.			27,589.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			27,589.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			19415106.	15587423.	68,928.	2567220.	

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Form **990** (2008)

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 8b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,118,832.	1,416,258.	640,362.	62,212.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,543,407.	4,782,516.	1,551,772.	209,119.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,858,892.	1,482,984.	303,641.	72,267.
10 Payroll taxes	25,930.		25,930.	
11 Fees for services (non-employees):				
a Management	2,850,008.	2,446,032.	378,355.	25,621.
b Legal	93,579.	9,677.	83,902.	
c Accounting	45,100.	4,000.	41,100.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	64,993.		64,993.	
g Other	293,920.	154,740.	139,180.	
12 Advertising and promotion	50,961.	50,961.		
13 Office expenses	450,362.	234,477.	205,855.	10,030.
14 Information technology	671,420.	143,080.	527,965.	375.
15 Royalties				
16 Occupancy	660,013.	303,032.	356,981.	
17 Travel	536,307.	449,977.	76,003.	10,327.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	858,505.	723,235.	111,260.	24,010.
20 Interest	27,041.		27,041.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	899,203.		899,203.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	93,347.	15,985.	77,362.	
b TAXES	75,864.		75,864.	
c BANK CHARGES	19,127.		19,127.	
d OVERHEAD ALLOCATIONS	0.	2,559,540.	-2,672,383.	112,843.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	18,236,811.	14,776,494.	2,933,513.	526,804.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	719,459.	2	445,062.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	675,711.	4	545,541.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	133,521.	9	159,198.
	10a Land, buildings, and equipment: cost basis	11,664,606.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	5,894,280.		
		6,003,310.	10c	5,770,326.
	11 Investments - publicly traded securities	2,099,092.	11	649,355.
	12 Investments - other securities. See Part IV, line 11	17,587,559.	12	15,957,443.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	301,836.	15	374,503.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,520,688.	16	23,901,628.	
Liabilities	17 Accounts payable and accrued expenses	1,994,330.	17	1,907,383.
	18 Grants payable		18	
	19 Deferred revenue	1,559,607.	19	936,864.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	643,608.	23	527,396.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	524,025.	25	523,180.
	26 Total liabilities. Add lines 17 through 25	4,721,570.	26	3,894,823.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,776,968.	27	19,984,615.
	28 Temporarily restricted net assets	22,150.	28	22,190.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	22,799,118.	33	20,006,805.
	34 Total liabilities and net assets/fund balances	27,520,688.	34	23,901,628.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
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Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
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The organization is not a private foundation because it is: (Please check only one organization.)

- 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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 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 the Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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"/>		

Schedule A (Form 990 or 990-EZ) 2008

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2008 **HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256** Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5596925.	6935083.	6415331.	7359424.	8978205.	35284968.
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	6676175.	6997880.	7556325.	8251948.	8117951.	37600279.
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 - 5	12273100.	13932963.	13971656.	15611372.	17096156.	72885247.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						72885247.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	12273100.	13932963.	13971656.	15611372.	17096156.	72885247.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	449,055.	621,715.	1055321.	1238196.	2539631.	5903918.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	449,055.	621,715.	1055321.	1238196.	2539631.	5903918.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				60,415.	68,928.	129,343.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,708.	4,163.	957.	1,412.	27,589.	36,829.
13 Total support. (Add lines 9, 10c, 11, and 12)						78955337.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	92.31 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	7.48 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.81 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008
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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number	51-0120256
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____
☐ Yes ☐ No
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

- A Check ☐ if the filing organization belongs to an affiliated group.
 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 (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	18,064,113.													
e Total exempt purpose expenditures (add lines 1c and 1d)	18,064,113.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <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> </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)	250,000.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c	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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	715,501.	779,324.	922,491.	1,000,000.	3,417,316.
b Lobbying ceiling amount (150% of line 2a, column (e))					5,125,974.
c Total lobbying expenditures	0.				
d Grassroots non-taxable amount	178,875.	194,831.	230,623.	250,000.	854,329.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,281,494.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule C (Form 990 or 990-EZ) 2008 **HOSPITALS AND RELATED INSTITUTIONS, INC51-0120256** Page 3**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization **NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.** Employer identification number **51-0120256**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in 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 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		327,425.		327,425.
b Buildings		7,567,112.	2,818,008.	4,749,104.
c Leasehold improvements				
d Equipment		3,770,069.	3,076,272.	693,797.
e Other				0.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,770,326.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
MUTUAL FUNDS	13,326,062.	END-OF-YEAR MARKET VALUE
ALTERNATIVES FUNDS	1,151,054.	END-OF-YEAR MARKET VALUE
LIMITED PARTNERSIHPS	575,890.	END-OF-YEAR MARKET VALUE
DEFERRED COMPENSATION PLAN	310,161.	END-OF-YEAR MARKET VALUE
VPS, LLC INVESTMENTS	594,276.	COST
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ►	15,957,443.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.[illegible]**Part IX Other Assets.** See Form 990, Part X, line 15.

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION	310,163.
POST RETIRMENT BENEFIT OBLIGATION	213,017.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	523,180.

In Part XIV, 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.

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule D (Form 990) 2008

HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,415,106.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,236,811.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,178,295.
4	Net unrealized gains (losses) on investments	4	-3,979,458.
5	Donated services and use of facilities	5	23,400.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,550.
9	Total adjustments (net). Add lines 4-8	9	-3,970,608.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,792,313.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,428,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,979,458.
b	Donated services and use of facilities	2b	23,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	34,876.
e	Add lines 2a through 2d	2e	-3,921,182.
3	Subtract line 2e from line 1	3	19,350,113.
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	64,993.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	64,993.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	19,415,106.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	18,221,244.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	49,426.
e	Add lines 2a through 2d	2e	49,426.
3	Subtract line 2e from line 1	3	18,171,818.
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	64,993.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	64,993.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	18,236,811.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN LOSS OF VPS: -23210.

LOSS ON DISPOSAL OF FIXED ASSETS: -26216.

BENEFIT PLAN CHANGE OTHER THAN NET PERIODIC COST: 34876.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BENEFIT PLAN CHANGE OTHER THAN NET PERIODIC COST: 34876.

Schedule D (Form 990) 2008

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NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256

Schedule D (Form 990) 2008

Page 5

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS: 26216.

LOSS IN EQUITY IN VPS: 23210.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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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 in 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 checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input 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 line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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 in Form 990, Part VII, Section A, line 1a:

- 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) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
---------	--

For each individual whose compensation must be reported in 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)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Part III Supplemental Information

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

PART I, LINE 4B: THE CEO AND ALL VICE PRESIDENTS PARTICIPATE IN THE 457 PLAN
AND HAVE MONEY CONTRIBUTED FOR THEM. LAWRENCE MCANDREWS AND PETERS WILLSON
HAD 457F DISTRIBUTIONS IN CALENDAR 2008.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.** Employer Identification number **51-0120256**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES E. SHMERLING, DRHA MEMBER	1.00	X						0.	0.	0.
STEPHEN R. STEPHENSON MEMBER	1.00	X						0.	0.	0.
JAMES A. STOCKMAN III, M MEMBER	1.00	X						0.	0.	0.
TERESA A. STROUD, RN, MN MEMBER	1.00	X						0.	0.	0.
FRANK TIEDERMANN MEMBER	1.00	X						0.	0.	0.
KAREN R. WOLFSON MEMBER	1.00	X						0.	0.	0.
VIRGINIA MCFARLAND HONORARY LIFETIME TRUSTE	1.00	X						0.	0.	0.
LAWRENCE A. MCANDREWS, F EX OFFICIO	37.50	X		X				582,888.	0.	95,683.
CAROL CITRON DIRECTOR, FINANCE	37.50			X				143,077.	0.	13,036.
MARY GORMAN VICE PRESIDENT	37.50				X			280,759.	0.	41,223.
CHARLES BAIN VICE PRESIDENT	37.50				X			223,186.	0.	26,717.
JOHN MULDOON VICE PRESIDENT	37.50				X			228,243.	0.	47,019.
MARLENE MILLER VICE PRESIDENT	37.50				X			158,843.	0.	8,750.
PETERS WILLSON VICE PRESIDENT	37.50					X		108,057.	0.	13,204.
MILTON KAUFMAN VICE PRESIDENT	37.50					X		134,769.	0.	13,378.
MUKUL CHOPRA DIRECTOR, IT	37.50					X		160,360.	0.	19,678.
SHARON LADIN DIRECTOR, LEGISLATIVE	37.50					X		155,100.	0.	18,874.
MARK RILEY DIRECTOR, HR	37.50					X		148,787.	0.	17,367.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.Employer identification number
51-0120256

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN'S HOSPITALS AND HEALTH SYSTEMS THAT ARE COMMITTED TO
EXCELLENCE IN PROVIDING HEALTH CARE TO CHILDREN. THIS IS ACCOMPLISHED
THROUGH EDUCATION, RESEARCH, HEALTH PROMOTION AND ADVOCACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

HOSPITALS AT NATIONAL AND STATE LEVELS. FOR EXAMPLE, THIS PAST YEAR,
NACHRI FACILITATED THREE FOCUS GROUPS CONSISTING OF JUST UNDER 130
PROVIDERS AND ADMINISTRATORS, WORKING ACROSS FOUR AREAS OF CLINICAL
SERVICES (EMERGENCY SERVICES, ONCOLOGY/BONE MARROW TRANSPLANT SERVICES
AND PEDIATRIC INTENSIVE CARE) TO EXAMINE AND IMPROVE PATIENT CARE. THE
2009 FOCUS GROUP ACTIVITIES WILL CONCLUDE IN JANUARY 2010. INITIATIVES
IN THESE THREE AREAS WILL CONTINUE IN 2010, WITH INITIAL MEETINGS OF
THESE GROUPS ANTICIPATED TO OCCUR IN FEBRUARY 2010.

NACHRI RELEASED ITS 2008 CASE MIX DATABASE AGENCY HEALTHCARE RESEARCH
AND QUALITY (AHRQ) PEDIATRIC QUALITY INDICATORS (PDIS) REPORT,
CONTINUING ITS WORK EXAMINING THESE NQF-ENDORSED, PUBLICLY AVAILABLE
INDICATORS. THE REPORT PROVIDES HOSPITAL SPECIFIC INFORMATION ON THE
PROVIDER-LEVEL AHRQ PDIS, ALLOWING MEMBERS TO IDENTIFY BEST PRACTICES
AND AREAS FOR POTENTIAL IMPROVEMENT. NACHRI ALSO PROVIDED MULTIPLE
PRESENTATIONS ON HOW TO USE THE REPORT TO FACILITATE REVIEWS OF THOSE
CASES WITH POTENTIALLY PREVENTABLE EVENTS.

NACHRI IS AN APPROVED PROVIDER FOR THE JOINT COMMISSION'S CHILDRENS

ASTHMA CORE MEASURE SET AND THE HOSPITAL BASED INPATIENT PSYCHIATRIC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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12-18-08

Schedule O (Form 990) 2008

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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SERVICES CORE MEASURE SET THROUGH THE OPERATIONS OF THE PEDIATRIC QUALITY MEASUREMENT SYSTEM (PQMS). SINCE THE INCEPTION OF PQMS, THE HOME MANAGEMENT PLAN OF CARE (HMPC) CORE MEASURE (PART OF THE CHILDREN'S ASTHMA CARE CORE MEASURE SET) HAS SEEN AN IMPROVEMENT IN COMPLIANCE FROM 10% (2007) COMPLIANCE RATE TO 100% (2009) IN SLIGHTLY OVER TWO YEARS.

NACHRI IS EVALUATING OPTIONS AND DEVELOPING AN IMPLEMENTATION PLAN WHEREBY NACHRI WILL ADOPT THE LATEST TECHNOLOGIES AND HEALTH DATA INTEROPERABILITY STANDARDS IN THE COLLECTION AND PROCESSING OF ITS DIFFERENT DATA PROGRAMS INTO A COMMON INTEGRATED DATA WAREHOUSE, ALLOWING FOR IMPROVED REPORTING AND ANALYTICS FOR OUR MEMBERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS PREVENTION AND CHILD ABUSE TREATMENT AND PREVENTION. NACHRI ACTIVELY DISTRIBUTES MATERIAL FROM THESE ALLIED ORGANIZATIONS SUCH AS KIDS COUNT IN THE FORM OF BOOKS, OTHER PRINTED MATERIAL AND VIDEOS.

NACHRI PROVIDES HEALTH CARE PROFESSIONALS AND THE PUBLIC WITH A RESOURCE OF INFORMATION ON CHILDREN'S HEALTH NEWS AND INFORMATION THROUGH THE NACHRI WEBSITE, WWW.CHILDRENSHOSPITALS.NET. THE WEBSITE PROVIDES CURRENT DATA ON SUCH TOPICS AS CHILD ABUSE PREVENTION AND CHILD HEALTH MONTH, AND LINKS TO CHILDREN'S HOSPITALS AND OTHER RELATED WEBSITES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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2008
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QUALITY -- NACHRI CONTINUES WORK WITH ITS ONGOING 62-PEDIATRIC INTENSIVE CARE UNIT RESEARCH COLLABORATIVE (INVOLVING 51 HOSPITALS) TO DESIGN, IMPLEMENT AND DISSEMINATE METHODS OF QUALITY IMPROVEMENT PROTOCOLS AND MEASURES FOR PEDIATRIC CARE. THE LEARNING COLLABORATIVE CONTINUES WITH THE PRIMARY GOALS OF: 1) DEVELOP AND TEST STRATEGIES TO REDUCE THE RATE OF CA-BSI IN CHILDREN HOSPITALIZED IN THE PEDIATRIC INTENSIVE CARE UNITS (PICU) AND TO SPREAD ESTABLISHED IMPROVEMENTS THAT HAVE BEEN SHOWN TO BE EFFECTIVE ACROSS THE PICU COMMUNITY. 2) TO ENABLE CRITICAL CARE PEDIATRICIANS, THROUGH COLLABORATIVE WORK, TO FULFILL REQUIREMENTS SET FORTH BY THE AMERICAN BOARD OF PEDIATRICS FOR MAINTENANCE OF SUBSPECIALTY CERTIFICATION. 3) TO DEVELOP A SUSTAINABLE MODEL FOR A NATIONAL COLLABORATIVE FOR RESEARCH ACROSS PICU'S. THE RESULTS OF THIS WORK HAVE SHOWN A DECREASE IN CA-BSI RATE FROM 5.1/1000 CATHETER DAYS (AT THE START OF THE COLLABORATIVE) TO A RATE OF 1.8 IN JANUARY 2009. THIS TRANSLATES TO OVER 600 INFECTIONS BEING PREVENTED AT A SAVINGS OF OVER \$22 MILLION AND OVER 70 LIVES. THIS MODEL HAS NOW BEEN SPREAD TO HEMATOLOGY-ONCOLOGY SUBSPECIALTY AND PLANS ARE UNDERWAY TO ALSO SPREAD TO PEDIATRIC EMERGENCY CARE AND PEDIATRIC NEPHROLOGY AS WELL AS EVEN BROADER EXPANSION WITH THE PEDIATRIC INTENSIVE CARE COMMUNITY.

EXPENSES \$ 1708608. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EDUCATION: IN OCTOBER 2008, THE ASSOCIATION CONDUCTED ITS ANNUAL CONFERENCE WITH THE MEETING THEME CHANGE: ADAPT, EMBRACE, LEAD TO ADDRESS QUALITY AND PATIENT SAFETY, THE CONTINUUM OF CARE AND WORKFORCE ISSUES. THE CONFERENCE WAS DESIGNED TO MEET THE NEEDS OF CHIEF

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(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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Name of the organization

NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.

Employer identification number

51-0120256

EXECUTIVE OFFICERS, HOSPITAL BOARD TRUSTEES, SENIOR MEDICAL LEADERS,
PATIENT CARE EXECUTIVES, CHIEF OPERATING OFFICERS AND OTHER SENIOR
CHILDREN'S HOSPITAL LEADERS. THE CONFERENCE ATTRACTED 550 INDIVIDUALS
IN ATTENDANCE INCLUDING MEMBERS, SPEAKERS, SPONSORS AND STAFF. SESSION
TOPICS INCLUDED: EXPAND THE DIVERSITY AND SIZE OF YOUR NURSING
WORKFORCE, IMPROVING QUALITY AND SAFETY BY IMPLEMENTING A VISUAL
WORKPLACE, AND PARTNERING WITH FAMILIES FOR A SAFE HAND-OFF IN ORDER TO
RESPOND TO MEMBERS' MOST IMPORTANT ISSUES SO THAT THEY CAN CONTINUE
THEIR MISSIONS TO SERVE CHILDREN.

NACHRI HELD ITS FOURTH ANNUAL SPRING CONFERENCE, CREATING CONNECTIONS,
WITH TRACKS DIRECTED TOWARDS SPECIFIC DISCIPLINES RELATED TO PEDIATRIC
HEALTHCARE INFORMATION TECHNOLOGY, QUALITY AND PATIENT SAFETY, CHILD
ADVOCACY, FINANCIAL MANAGEMENT AND PLANNING, COMMUNICATIONS AND PUBLIC
RELATIONS, AND GRANTS AND DEVELOPMENT. THE PURPOSE OF THE CONFERENCE IS
TO CONNECT THE MOST EDUCATION PROGRAMS IN ONE EXCITING
INTERDISCIPLINARY EDUCATION PROGRAM THAT OFFERS FLEXIBILITY AND
VARIETY. THE PROGRAM SUCCESSFULLY ATTRACTED ALMOST 450 MEMBERS,
SPEAKERS, SPONSORS AND STAFF.

PRECONFERENCE PROGRAMS WERE HELD PRIOR TO THE SPRING CONFERENCE
DIRECTED TOWARDS THE NEEDS OF THE CHILDREN'S HOSPITAL WITHIN HOSPITAL
AND SPECIALTY HOSPITALS MEMBERS. THE CHILDREN'S HOSPITAL WITHIN
HOSPITAL PROGRAM ATTRACTED OVER 40 IN ATTENDANCE. THE SPECIALTY
HOSPITAL PROGRAM HAD OVER 30 MEMBERS AND STAFF IN ATTENDANCE.

EXPENSES \$ 1513908. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CLASSIFICATION RESEARCHLHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule O (Form 990) 2008

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.

Employer identification number
51-0120256

EXPENSES \$ 838619. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IS COMPOSED OF TWO CATEGORIES, VOTING AND NONVOTING, AND MAY BE GRANTED UPON APPLICATION TO THE BOARD OF TRUSTEES, WHICH SHALL ESTABLISH MEMBERSHIP CRITERIA, GRANT OR DENY MEMBERSHIP AND ASSIGN APPLICANTS TO MEMBERSHIP CATEGORIES AT ITS PLEASURE.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE BOARD OF TRUSTEES ARE ELECTED BY THE VOTING MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING, WITH THE EXCEPTION OF THE PRESIDENT, WHO IS AN EX-OFFICIO TRUSTEE.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP MAY APPROVE VARIOUS DECISIONS OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION A, LINE 10: ONE WEEK BEFORE FILING, THE ENTIRE RETURN IS PROVIDED TO THE FULL BOARD OF TRUSTEES. CAROL CITRON RECEIVES COMMENTS BACK AND CLEARS THESE UP PRIOR TO FILING A FINAL RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: 100% OF THE ORGANIZATION'S STAFF AND BOARD OF TRUSTEES MUST FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE AND ALSO SUBMIT TO BACKGROUND CHECKS OF VARYING DEGREES. THE BOARD OF TRUSTEE RESULTS ARE REVIEWED BY THE CHAIR, EXECUTIVE ASSISTANT TO THE PRESIDENT AND THE TATE & TRYON AUDITORS. THE STAFF QUESTIONNAIRES AND BACKGROUND CHECKS ARE REVIEWED BY THE DIRECTOR, HR, PRESIDENT AND TATE & TRYON AUDITORS. CONFLICTS WILL BE DEALT WITH ON A CASE BY CASE BASIS

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INVOLVING LEGAL COUNSEL. NO CONFLICTS HAVE ARISEN AT THIS TIME THAT NEEDED ANY FURTHER ACTION AND THIS WAS CONFIRMED BY THE TATE & TRYON AUDITORS.

FORM 990, PART VI, SECTION B, LINE 15: NACHRI HAS A COMPENSATION COMMITTEE IN PLACE AND A COMPENSATION COMMITTEE CHARTER. THEY HAVE HIRED THE INDEPENDENT FIRM OF INTEGRATED HEALTHCARE STRATEGIES (IHS) FOR COMPARABILITY DATA AND OTHER COMPENSATION STUDIES. THE CEO AND VICE PRESIDENT SALARIES AND BONUSES ARE DISCUSSED WITH THE IHS REPRESENTATIVES AND THE COMPENSATION COMMITTEE MEMBERS IN PERSON IN A CLOSED SESSION MEETING WITH NO STAFF MEMBERS PRESENT. ALL COMPARATIVE SALARY DATA IS WELL DOCUMENTED AND THERE ARE MINUTES FROM THESE MEETINGS. THE RESULTS ARE SHARED IN A CLOSED SESSION WITH THE BOARD OF TRUSTEES AS WELL.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR.

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

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Part V Transactions With Related Organizations

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	
n Sharing of paid employees	<input checked="" type="checkbox"/>	
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, INC	K	1,133,834.
(2) VIRTUAL PICU SYSTEMS, LLC	K	898,157.
(3) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, INC	P	1,353,765.
(4)		
(5)		
(6)		

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
	1 LAND	VARI	ESSL	.000	16	327,425.			327,425.			0.
	2 IMPROVEMENTS	VARI	ESSL	.000	16	7567112.			7567112.	2382255.		435,753.
	3 FURNITURE, FIXTURES	VARI	ESSL	.000	16	3770069.			3770069.	2612822.		463,450.
	4 EQUIPMENT	VARI	ESSL	.000	16	11664606.		0.	11664606.	4995077.	0.	899,203.
	* 990 PAGE 10 TOTAL					11664606.		0.	11664606.	4995077.	0.	899,203.
	MANAGEMENT AND GENERAL											
	* GRAND TOTAL 990 PAGE 10 DEPR											

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization NATIONAL ASSOCIATION OF CHILDREN'S HOSPI HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
	Number, street, and room or suite no. If a P.O. box, see instructions 401 WYTHE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALEXANDRIA, VA 22314-1926	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ASSOCIATION

• The books are in the care of **▶ 401 WYTHE STREET - ALEXANDRIA, VA 22314-1926**
 Telephone No. **▶ (703) 684-1355** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box ☐ **X**

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** ☐ and attach a list with the names and EINs of all members the extension is for **▶** ☐. If it is for part of the group, check this box ☐ **X**

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year **2008**, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
**ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION
 NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ [Signature]** Title **▶ CPA** Date **▶ 5/12/2010**

Form 8868 (Rev 4-2009)