



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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

OMB No 1545-0047

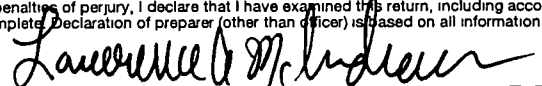
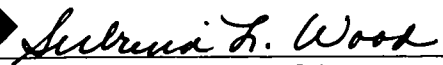
2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 401 WYTHE STREET		E Telephone number (703) 684-1355
		City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314-1926		G Gross receipts \$ 18,777,614.
		F Name and address of principal officer LAWRENCE A MCANDREWS SAME AS C ABOVE		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 Form 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: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	34	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	33	
	5 Total number of employees (Part V, line 2a)	103	
	6 Total number of volunteers (estimate if necessary)	34	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	84,443.	
b Net unrelated business taxable income from Form 990-T, line 34	4,488.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,191,535.	Current Year
	9 Program service revenue (Part VIII, line 2g)	15,973,549.	16,563,774.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	567,043.	392,301.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,682,979.	1,793,967.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,415,106.	18,750,042.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,547,061.	11,746,458.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 511,782.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,689,750.	6,446,578.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	18,236,811.	18,193,036.
19 Revenue less expenses - Subtract line 18 from line 12	1,178,295.	557,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 23,901,628.	End of Year 27,362,379.
	21 Total liabilities (Part X, line 26)	3,894,823.	5,010,650.
	22 Net assets or fund balances - Subtract line 21 from line 20	20,006,805.	22,351,729.

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  LAWRENCE A MCANDREWS, PRESIDENT AND CEO Type or print name and title	Date 5/9/11
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 TATE AND TRYON 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Date 5/4/11 Check if self-employed <input type="checkbox"/> 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)

☒ Yes ☐ No

G/L6

5

SCANNED MAY 31 2011

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2009)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

Page **2**

Part III Statement of Program Service Accomplishments

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 \$ **4,439,042.** including grants of \$) (Revenue \$ **2,630,250.**)

MANAGEMENT INFORMATION SERVICES AND INFORMATION DISSEMINATION - ONE OF NACHRI'S FOUNDING PURPOSES IS THE COLLECTION, DISSEMINATION AND APPLICATION OF INFORMATION ABOUT CHILDREN'S 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 \$ **2,763,907.** including grants of \$) (Revenue \$ **257,003.**)

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 \$ **2,267,188.** including grants of \$) (Revenue \$ **1,412,498.**)

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 \$ **4,563,038.** including grants of \$) (Revenue \$ **12056008.**)

4e Total program service expenses ► \$ **14,033,175.**

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2009)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

Page **3**

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school 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 United States?		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 United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Form **990** (2009)

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2009)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	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>	35	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

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	1a 48	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 103	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	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)?	4a	X
b	If "Yes," enter the name of the foreign country. <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2009)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

Page **6**

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	34	
1b Enter the number of voting members that are independent	33	
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
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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

Form **990** (2009)

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2009)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

Page 7

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 current officer, director, or trustee.

(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			
CHRISTOPHER G. DAWES CHAIR	1.00	X		X				0.	0.	0.
EDWIN ZECHMAN JR., FACHE PAST CHAIR	1.00	X		X				0.	0.	0.
MARGARET PERRYMAN, FACHE TREASURER	1.00	X		X				0.	0.	0.
HERMAN B. GRAY, MD, MBA, 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 MEMBER	1.00	X						0.	0.	0.
JAY E. BERKELHAMER, MD MEMBER	1.00	X						0.	0.	0.
DAVID T. BERRY MEMBER	1.00	X						0.	0.	0.
THOMAS BOJKO, MD, MS 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.
MARCY DODERER, FACHE MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER J. DUROVICH MEMBER	1.00	X						0.	0.	0.
LEE F. FETTER MEMBER	1.00	X						0.	0.	0.

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

Form 990 (2009)

51-0120256 Page **8**

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 FISHER, MD MEMBER	1.00	X						0.	0.	0.
ALAN L. GOLDBLOOM, MD MEMBER	1.00	X						0.	0.	0.
DAVID KINSAUL, FACHE 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.
KERRI RUPPERT SCHILLER 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								2,608,084.	0.	372,231.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

- | | | |
|---|------------|-----------|
| 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 | Yes | No |
| 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 | X | |
| 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 | | 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
QUANTROS, 690 N. MCCARTHY BLVD, SUITE 200, MILPITAS, CA 95035	DATABASE CONSULTANT	508,083.
THOMPSON REUTERS 39353 TREASURY CENTER, CHICAGO, IL 60694	DATABASE ADMINISTRATOR	326,908.
BOOZ ALLEN HAMILTON INC. 8283 GREENSBORO DRIVE, MCLEAN, VA 20102	DATABASE ANALYSIS	201,003.
JOHNS HOPKINS UNIVERSITY, 12529 COLLECTIONS CENTER DRIVE, CHICAGO, IL	RESEARCH CONSULTANT	195,498.
HELP TECH GROUP 1123 CYPRESS TREE PLACE, HERNDON, VA 20170	COMPUTER CONSULTANT	150,920.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **9**

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

Form **990** (2009)

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

Form 990 (2009)

51-0120256 Page **9**

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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a <u>MEMBERSHIP DUES</u>	Business Code 900099	8437227.	8437227.		
	b <u>PROJECT PARTICIPATION</u>	900099	3836422.	3836422.		
	c <u>REIMBURSED EXPENSES</u>	900099	2924670.	2924670.		
	d <u>MEETINGS AND CONFERENC</u>	900099	1275992.	1275992.		
	e <u>PUBLICATIONS</u>	541800	65,430.	5,020.	60,410.	
	f All other program service revenue	541800	24,033.		24,033.	
	g Total. Add lines 2a-2f		16,563,774.			
	3 Investment income (including dividends, interest, and other similar amounts)		419,873.			419,873.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties		1784459.			1,784,459.	
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		27,572.			
	c Gain or (loss)		<27572.>			
	d Net gain or (loss)		<27,572.>	<27,572.>		
	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 <u>MISCELLANEOUS</u>	900099	9,508.			9,508.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		9,508.				
12 Total revenue. See instructions.		18,750,042.	16,451,759.	84,443.	2,213,840.	

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

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 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	2,090,168.	1,479,389.	545,537.	65,242.
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	7,829,768.	5,395,506.	2,193,458.	240,804.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,805,931.	1,511,757.	232,065.	62,109.
10 Payroll taxes	20,591.		20,591.	
11 Fees for services (non-employees).				
a Management	2,375,635.	1,970,793.	385,342.	19,500.
b Legal	58,391.	2,452.	55,939.	
c Accounting	40,521.		40,521.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	65,685.		65,685.	
g Other	114,208.	107,353.	6,855.	
12 Advertising and promotion	6,920.	6,920.		
13 Office expenses	411,163.	240,234.	158,384.	12,545.
14 Information technology	586,452.	112,322.	473,551.	579.
15 Royalties				
16 Occupancy	267,376.	18,657.	248,719.	
17 Travel	486,626.	363,363.	106,390.	16,873.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	802,954.	656,753.	137,625.	8,576.
20 Interest	21,609.		21,609.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	860,766.		860,766.	
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 DUES AND SUBSCRIPTIONS	84,923.	26,828.	57,995.	100.
b TAXES	78,326.	61.	78,265.	
c EQUIP RENT AND MAINT	78,253.	46.	78,207.	
d REGISTRATION FEES	55,055.	27,089.	27,030.	936.
e MISCELLANEOUS	49,396.	34,356.	15,040.	
f All other expenses	2,319.	2,079,296.	<2,161,495.>	84,518.
25 Total functional expenses. Add lines 1 through 24f	18,193,036.	14,033,175.	3,648,079.	511,782.
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 (2009)

51-0120256 Page **11**

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 ..		445,062.	2	136,658.
	3	Pledges and grants receivable, net ..			3	
	4	Accounts receivable, net ..		545,541.	4	711,543.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 ..		159,198.	9	162,809.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,942,297.		
	b	Less: accumulated depreciation	10b	6,663,517.		
	11	Investments - publicly traded securities ..		5,770,326.	10c	5,278,780.
	12	Investments - other securities See Part IV, line 11 ..		649,355.	11	2,606,918.
	13	Investments - program-related See Part IV, line 11 ..		15,957,443.	12	18,214,753.
	14	Intangible assets ..			13	
	15	Other assets See Part IV, line 11 ..			14	
16	Total assets. Add lines 1 through 15 (must equal line 34)		374,503.	15	250,718.	
Liabilities	17	Accounts payable and accrued expenses ..		23,901,628.	16	27,362,379.
	18	Grants payable ..		1,907,383.	17	2,437,533.
	19	Deferred revenue ..			18	
	20	Tax-exempt bond liabilities ..		936,864.	19	1,102,741.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ..			20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			21	
	23	Secured mortgages and notes payable to unrelated third parties ..		527,396.	22	
	24	Unsecured notes and loans payable to unrelated third parties ..			23	405,751.
	25	Other liabilities. Complete Part X of Schedule D ..		523,180.	24	
	26	Total liabilities. Add lines 17 through 25		3,894,823.	25	1,064,625.
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 ..		19,984,615.	26	5,010,650.
	28	Temporarily restricted net assets ..		22,329,539.	27	22,329,539.
	29	Permanently restricted net assets ..		22,190.	28	22,190.
	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 ..			29	
	31	Paid-in or capital surplus, or land, building, or equipment fund ..			30	
	32	Retained earnings, endowment, accumulated income, or other funds ..			31	
	33	Total net assets or fund balances ..		20,006,805.	32	
	34	Total liabilities and net assets/fund balances ..		23,901,628.	33	22,351,729.
			23,901,628.	34	27,362,379.	

Form **990** (2009)

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2009)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256 Page 12

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2009

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2009 **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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,935,083.	6,415,331.	7,359,424.	8,978,205.	8,437,227.	38,125,270.
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	6,997,880.	7,556,325.	8,251,948.	8,117,951.	8,042,104.	38,966,208.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	13,932,963.	13,971,656.	15,611,372.	17,096,156.	16,479,331.	77,091,478.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						77,091,478.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	13,932,963.	13,971,656.	15,611,372.	17,096,156.	16,479,331.	77,091,478.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	621,715.	1,055,321.	1,238,196.	2,539,631.	2,204,332.	7,659,195.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	621,715.	1,055,321.	1,238,196.	2,539,631.	2,204,332.	7,659,195.
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.	4,488.	133,831.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,163.	957.	1,412.	27,589.	9,508.	43,629.
13 Total support (Add lines 9, 10c, 11, and 12)	14,558,841.	15,027,934.	16,911,395.	19,732,304.	18,697,659.	84,928,133.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	90.77 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	92.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9.02 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	7.48 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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) 2009

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

OMB No 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

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

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
----------------------	--	--------------------------------	-------------------

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

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

LHA

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule C (Form 990 or 990-EZ) 2009 **HOSPITALS AND RELATED INSTITUTIONS, INC** 51-0120256 Page 2

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

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures		17649881.													
e Total exempt purpose expenditures (add lines 1c and 1d)		17649881.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	779,324.	922,491.	1,000,000.	1,000,000.	3,701,815.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,552,723.
c Total lobbying expenditures					
d Grassroots nontaxable amount	194,831.	230,623.	250,000.	250,000.	925,454.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,388,181.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 **HOSPITALS AND RELATED INSTITUTIONS, INC** 51-0120256 Page 3

		(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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add 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?			

		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?		

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

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 1. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 tax year ▶ _____

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ 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 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 the 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 Net investment earnings, gains, and 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(i), 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) Accumulated depreciation	(d) Book value
1a Land		327,425.		327,425.
b Buildings		7,567,112.	3,287,009.	4,280,103.
c Leasehold improvements				
d Equipment		4,047,760.	3,376,508.	671,252.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 5,278,780.

Schedule D (Form 990) 2009

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule D (Form 990) 2009

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,750,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,193,036.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	557,006.
4	Net unrealized gains (losses) on investments	4	1,765,856.
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	<1,338.>
9	Total adjustments (net). Add lines 4 through 8	9	1,787,918.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,344,924.

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	20,509,653.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,765,856.
b	Donated services and use of facilities	2b	23,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	36,040.
e	Add lines 2a through 2d	2e	1,825,296.
3	Subtract line 2e from line 1	3	18,684,357.
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	65,685.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	65,685.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,750,042.

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

1	Total expenses and losses per audited financial statements	1	17,728,338.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	<399,013.>
e	Add lines 2a through 2d	2e	<399,013.>
3	Subtract line 2e from line 1	3	18,127,351.
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	65,685.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	65,685.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,193,036.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: THE MANAGEMENT OF NACHRI HAS IDENTIFIED THE FOLLOWING

INCOME TAX POSITIONS (ITP) TAKEN BY NACHRI. EACH ITP HAS BEEN EVALUATED

ASSUMING THAT IT WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITIES.

FURTHERMORE, IT HAS BEEN ASSUMED THAT THE TAXING AUTHORITIES WILL POSSESS

COMPLETE KNOWLEDGE OF THE FACTS AND CIRCUMSTANCES RELATED TO EACH ITP.

MANAGEMENT HAS EVALUATED EACH ITP FOR THE TAX YEARS ENDING JUNE 30, 2007,

2008, 2009 AND 2010 - THESE ARE THE RETURNS CONSIDERED TO BE "OPEN" FOR

EXAMINATION BY THE IRS (AND STATE TAXING AUTHORITIES).

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN LOSS OF VPS: -1428.

LOSS ON DISPOSAL OF FIXED ASSETS: 90.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BENEFIT PLAN CHANGE OTHER THAN NET PERIODIC COST: 36040.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS: -90.

LOSS IN EQUITY IN VPS: 1427.

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN: -400350.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LAWRENCE A. MCANDREWS, F	(i) 514,987.	87,528.	18,343.	75,195.	31,406.	727,459.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CAROL CITRON	(i) 136,521.	10,538.	2,728.	11,397.	6,891.	168,075.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARY GORMAN	(i) 255,172.	33,724.	1,414.	23,223.	8,994.	322,527.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CHARLES BAIN	(i) 188,953.	26,308.	24,920.	18,215.	16,378.	274,774.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN MULDOON	(i) 218,327.	33,701.	744.	20,113.	25,728.	298,613.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MILTON KAUFMAN	(i) 211,732.	27,962.	32,719.	1,500.	24,807.	298,720.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MUKUL CHOPRA	(i) 150,839.	10,724.	285.	12,275.	9,529.	183,652.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SHARON LADIN	(i) 129,379.	13,227.	143.	10,690.	7,917.	161,356.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MARK RILEY	(i) 141,403.	11,446.	496.	11,801.	12,993.	178,139.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ELLEN SCHWALENSTOCKER	(i) 158,227.	21,867.	525.	13,554.	8,090.	202,263.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SALLIE STRANG	(i) 132,217.	10,374.	611.	10,904.	10,631.	164,737.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

DISTRIBUTIONS IN CALENDAR 2010.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

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 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, M MEMBER	1.00	X						0.	0.	0.
JAMES A. STOCKMAN III, M MEMBER	1.00	X						0.	0.	0.
PEGGY TROY, RN, MSN MEMBER	1.00	X						0.	0.	0.
KAREN R. WOLFSON MEMBER	1.00	X						0.	0.	0.
ROXANNE FERNANDES, RN, M MEMBER AT LARGE	1.00	X						0.	0.	0.
VIRGINIA MCFARLAND HONORARY LIFETIME TRUSTE	1.00	X						0.	0.	0.
DENNIS M. BARRY, ESQ LEGAL COUNSEL	1.00	X						0.	0.	0.
DON C. BLACK COUNCIL LIAISON	1.00	X						0.	0.	0.
LAWRENCE A. MCANDREWS, F EX OFFICIO	37.50	X		X				620,858.	0.	106,601.
CAROL CITRON DIRECTOR, FINANCE	37.50			X				149,787.	0.	18,288.
MARY GORMAN VICE PRESIDENT	37.50				X			290,310.	0.	32,217.
CHARLES BAIN VICE PRESIDENT	37.50				X			240,181.	0.	34,593.
JOHN MULDOON VICE PRESIDENT	37.50				X			252,772.	0.	45,841.
MILTON KAUFMAN VICE PRESIDENT	37.50				X			272,413.	0.	26,307.
MUKUL CHOPRA DIRECTOR, IT	37.50					X		161,848.	0.	21,804.
SHARON LADIN DIRECTOR, LEGISLATIVE	37.50					X		142,749.	0.	18,607.
MARK RILEY DIRECTOR, HR	37.50					X		153,345.	0.	24,794.
ELLEN SCHWALENSTOCKER INTERIM VP, QUALITY	37.50					X		180,619.	0.	21,644.
SALLIE STRANG DIRECTOR, COMMUNICATIONS	37.50					X		143,202.	0.	21,535.

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

Schedule J-2 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open 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:

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. 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 THREE AREAS OF CLINICAL
SERVICES (EMERGENCY SERVICES, ONCOLOGY/BONE MARROW TRANSPLANT SERVICES
AND PEDIATRIC INTENSIVE CARE) TO EXAMINE AND IMPROVE PATIENT CARE. THE
2010 FOCUS GROUP ACTIVITIES CONCLUDED IN JANUARY 2011. INITIATIVES IN
THESE THREE AREAS WILL CONTINUE IN 2011, WITH INITIAL MEETINGS OF THESE
GROUPS ANTICIPATED TO OCCUR IN MARCH OF 2011. THE ADDITION OF ONE
GROUP, GENERAL INPATIENT, WILL LAUNCH IN APRIL 2011.

IN 2010, NACHRI MOVED TO A NEW TECHNOLOGY PLATFORM FOR ITS CASE MIX
DATABASE WHICH WILL ALLOW MORE DATA ELEMENTS COLLECTED AND THUS PROVIDE
BETTER DATA FOR HOSPITALS TO USE IN THEIR QUALITY AND PROCESS
IMPROVEMENT EFFORTS.

NACHRI IS AN APPROVED PROVIDER FOR THE JOINT COMMISSION'S CHILDREN'S
ASTHMA CORE MEASURE SET AND THE HOSPITAL BASED INPATIENT PSYCHIATRIC
SERVICES CORE MEASURE SET THROUGH THE OPERATIONS OF THE PEDIATRIC

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

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

Employer identification number

51-0120256

QUALITY MEASUREMENT SYSTEM (POMS). SINCE THE INCEPTION OF POMS, 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 OVER 80% (2010) IN THREE
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.

NACHRI WORKED WITH MEMBERS TO BUILD UNDERSTANDING AND READINESS FOR NEW
501(R) COMMUNITY HEALTH NEEDS ASSESSMENT AND FORM 990 SCHEDULE H
REPORTING REQUIREMENTS FOR TAX-EXEMPT HOSPITALS.

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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

WEBSITES.

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

QUALITY -- NACHRI CONTINUES TO DEVELOP, EXPAND, AND DISSEMINATE ITS ONGOING QUALITY TRANSFORMATION EFFORTS. PRESENTLY NACHRI IS SUPPORTING 2 EFFORTS, ONE IN PEDIATRIC INTENSIVE CARE UNITS AND ONE IN PEDIATRIC HEMATOLOGY/ONCOLOGY UNITS, WITH BOTH EFFORTS FOCUSED ON REDUCING CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS. THE PEDIATRIC INTENSIVE CARE UNIT EFFORT STARTED IN OCTOBER 2006 AND HAS EXPANDED 3 TIMES TO ITS PRESENT SIZE INVOLVING 74 TEAMS REPRESENTING 54 HOSPITALS. THE PEDIATRIC HEMATOLOGY/ONCOLOGY EFFORT STARTED IN OCTOBER 2009 AND HAS EXPANDED 1 TIME TO ITS PRESENT SIZE INVOLVING 41 TEAMS REPRESENTING 34 HOSPITALS. THE GOALS OF THESE QUALITY TRANSFORMATION EFFORTS CONTINUES TO BE: 1. TO DEVELOP AND TEST STRATEGIES TO REDUCE THE RATE OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS IN CHILDREN; 2. TO SPREAD ESTABLISHED IMPROVEMENTS THAT HAVE BEEN SHOWN TO BE EFFECTIVE TO ALL HOSPITALS; 3. TO PROVIDE A FORUM FOR PARTICIPATING PHYSICIANS TO FULFILL REQUIREMENTS SET FORTH BY THE AMERICAN BOARD OF PEDIATRICS FOR MAINTENANCE OF CERTIFICATION; AND 4. TO DEVELOP A SUSTAINABLE MODEL FOR NATIONAL PEDIATRIC QUALITY TRANSFORMATION EFFORTS. THE RESULTS OF BOTH OF THESE EFFORTS TO DATE ARE AS FOLLOWS: 1. PEDIATRIC INTENSIVE CARE UNITS HAVE DECREASED THEIR AVERAGE CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION RATE FROM 5.4 PER 1,000 CENTRAL LINE DAYS TO APPROXIMATELY 1.8 PER 1,000 CENTRAL LINE DAYS; THIS TRANSLATES INTO 2,445 INFECTIONS PREVENTED, 293 DEATHS DUE TO INFECTION PREVENTED, AND A HEALTHCARE SYSTEM COST SAVINGS OF OVER \$85 MILLION; 2. PEDIATRIC

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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

HEMATOLOGY/ONCOLOGY UNITS HAVE DECREASED THEIR AVERAGE CENTRAL LINE
ASSOCIATED BLOOD STREAM INFECTION RATE FROM 2.9 PER 1,000 CENTRAL LINE
DAYS TO 2.4 PER 1,000 CENTRAL LINE DAYS; THIS TRANSLATES INTO 63
INFECTIONS PREVENTED, 8 DEATHS DUE TO INFECTION PREVENTED AND A
HEALTHCARE SYSTEM COST SAVINGS OF OVER \$2 MILLION. UNDER THE AIM OF
EXPANSION NACHRI IS GOING TO LAUNCH A NEW QUALITY TRANSFORMATION EFFORT
IN JUNE 2011 FOCUSED ON PEDIATRIC NEPHROLOGY UNITS AND FOCUSED ON
REDUCING PERITONEAL DIALYSIS CATHETER INFECTIONS AND EXIT SITE
INFECTIONS. APPROXIMATELY 20 UNITS HAVE AGREED TO PARTICIPATE IN THIS
NEW EFFORT TO DATE AND RECRUITMENT IS ONGOING. THE PEDIATRIC
HEMATOLOGY/ONCOLOGY UNITS ARE ALSO LAUNCHING AN EXPANSION IN 2011 TO
INCLUDE PREVENTING CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS IN
AMBULATORY PATIENTS, NOT JUST HOSPITALIZED PATIENTS. BOTH THE
PEDIATRIC NEPHROLOGY AND PEDIATRIC HEMATOLOGY/ONCOLOGY EFFORTS THEREBY
WILL BEGIN SPREADING QUALITY TRANSFORMATION TO PATIENTS AND THEIR
CAREGIVERS OUTSIDE THE HOSPITAL SETTING.
EXPENSES \$ 2247059. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1038000.

EDUCATION: IN OCTOBER 2009, THE ASSOCIATION CONDUCTED ITS ANNUAL
CONFERENCE WITH THE MEETING THEME BOLD LEADERS TO ADDRESS CHAMPIONING
THE MISSION, MAXIMIZING EFFICIENCY AND EFFECTIVENESS AND UNLEASHING
STAFF GREATNESS. THE CONFERENCE WAS DESIGNED TO MEET THE NEEDS OF CHIEF
EXECUTIVE OFFICERS, HOSPITAL BOARD TRUSTEES, SENIOR MEDICAL LEADERS,
PATIENT CARE EXECUTIVES, CHIEF OPERATING OFFICERS AND OTHER SENIOR
CHILDREN'S HOSPITAL LEADERS. THE CONFERENCE ATTRACTED ALMOST 500
INDIVIDUALS IN ATTENDANCE INCLUDING MEMBERS, SPEAKERS, SPONSORS AND

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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

STAFF. SESSION TOPICS INCLUDED: "BETTER - LOWERING COSTS AND IMPROVING
HEALTH CARE" "OPTIMIZING PATIENT FLOW THROUGH INITIATIVES THAT REALLY
WORK," AND "CREATING A HIGH PERFORMANCE ORGANIZATION THROUGH SAFETY
CULTURE TRANSFORMATION" IN ORDER TO RESPOND TO MEMBERS' MOST IMPORTANT
ISSUES SO THAT THEY CAN CONTINUE THEIR MISSIONS TO SERVE CHILDREN.

NACHRI HELD ITS FIFTH ANNUAL SPRING CONFERENCE, CREATING CONNECTIONS,
WITH TRACKS DIRECTED TOWARDS SPECIFIC DISCIPLINES RELATED TO PEDIATRIC
HEALTHCARE INFORMATION TECHNOLOGY, QUALITY AND PATIENT SAFETY, CHILD
ADVOCACY, FACILITIES DESIGN, 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 OVER 550 MEMBERS, SPEAKERS, SPONSORS AND STAFF.

PRECONFERENCE PROGRAMS WERE HELD PRIOR TO THE CREATING CONNECTIONS
CONFERENCE DIRECTED TOWARDS THE NEEDS OF SPECIALTY HOSPITAL MEMBERS AND
ON THE TOPIC OF COMMUNITY BENEFITS. EACH PROGRAM ATTRACTED OVER 40 IN
ATTENDANCE TO INCLUDE MEMBERS AND STAFF.

EXPENSES \$ 1404465. INCLUDING GRANTS OF \$ 0. REVENUE \$ 671642.

CLASSIFICATION RESEARCH -- NACHRI'S ACTIVITIES IN THE AREA OF
CLASSIFICATION RESEARCH ARE INTENDED TO ADVANCE THE DEVELOPMENT OF
ACUTE HOSPITALIZATION CLASSIFICATION SYSTEMS AND POPULATION BASED
CHRONIC DISEASE ORIENTED CLASSIFICATION SYSTEMS. THEY ARE FOCUSED ON
DEVELOPING ICD-9-CM/UB-04 (I.E., ADMINISTRATIVE DATA) BASED SYSTEMS
THAT ARE APPROPRIATE FOR CHILDREN AND USEFUL FOR CHARACTERIZING THEIR
HEALTH CONDITIONS, SERVICE UTILIZATION, COSTS, AND TO THE EXTENT

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

Schedule O (Form 990) 2009

32211
2-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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

POSSIBLE, OUTCOMES OF CARE. THEY ARE INTENDED TO BE USED BY CHILDREN'S
HOSPITALS, BY NACHRI IN ITS COMPARATIVE REPORTING, BENCHMARKING AND
POLICY ANALYSIS WORK, AND THROUGHOUT THE HEALTHCARE FIELD.

IN THE PAST YEAR, NACHRI CLASSIFICATION RESEARCH CONTRIBUTED TO THE
RESEARCH FOR UPDATES AND IMPROVEMENTS TO THE ALL PATIENT REFINED
DIAGNOSES RELATED GROUPS (APR-DRGS), AN ACUTE HOSPITALIZATION SYSTEM;
THE POTENTIAL PREVENTABLE READMISSIONS (PPRS), ANOTHER ACUTE
HOSPITALIZATION SYSTEM; AND THE CLINICAL RISK GROUPS (CRGS), A
POPULATION BASED CHRONIC DISEASE ORIENTED SYSTEM. CLASSIFICATION
RESEARCH ALSO PROVIDED ONGOING TECHNICAL ASSISTANCE TO OTHER NACHRI
PROGRAM AREAS AND DEVELOPED SEVERAL PUBLICATIONS INCLUDING "ROLE OF
CHILDREN'S HOSPITALS IN THE PEDIATRIC SAFETY NET" AND "ISSUES FOR
CHILDREN'S HOSPITALS IN DRG BASED PROSPECTIVE PAYMENT SYSTEMS".
EXPENSES \$ 911514. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1765278.

OTHER PROGRAMS

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8581088.

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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

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 B, LINE 11: 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 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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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

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.

FORM 990, PART XI, LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

Page 2

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

932162 07-21-10
41
Schedule R (Form 990) 2009

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

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

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 or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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	M	1,043,772.
(2) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, INC	N	1,412,498.
(3) VIRTUAL PICU SYSTEMS, LLC	P	468,402.
(4)		
(5)		
(6)		

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	51-0120256
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	401 WYTHE STREET	
	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):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CAROL CITRON, DIRECTOR OF FINANCE

- The books are in the care of ► **401 WYTHE STREET - ALEXANDRIA, VA 22314-1926**

Telephone No ► **(703) 797-6010**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

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

3a 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.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- 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 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.**CAROL CITRON, DIRECTOR OF FINANCE**

- The books are in the care of **▶ 401 WYTHE STREET - ALEXANDRIA, VA 22314-1926**

Telephone No. **▶ (703) 797-6010**FAX No. **▶**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year **2009**, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 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

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

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 **▶***Carol Citron*Title **▶** CPADate **▶***2/7/2011*

Form 8868 (Rev. 4-2009)