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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Doing Business As
NACHRI

Number and street (or P O box if mail is not delivered to street address) 401 WYTHE STREET

Room/suite

City or town, state or country, and ZIP + 4
ALEXANDRIA, VA 223141926

D Employer identification number
51-0120256

E Telephone number
(703)684-1355

G Gross receipts $ 21,588,689

F Name and address of principal officer
MARK WIETECHA
401 WYTHE STREET
ALEXANDRIA, VA 223141926

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHILDRENSHOSPITALS NET

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

L Year of formation 1970

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES THROUGH SUPPORT OF 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

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	104
	6 Total number of volunteers (estimate if necessary)	**6**	34
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	73,303
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	20,133

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	130,000
	9 Program service revenue (Part VIII, line 2g)	16,563,774	16,831,675
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	392,301	718,542
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,793,967	2,124,512
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,750,042	19,804,729
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,746,458	11,781,691
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 531,027		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,446,578	7,274,589
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,193,036	19,056,280
	19 Revenue less expenses Subtract line 18 from line 12	557,006	748,449

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	27,362,379	31,144,443
	21 Total liabilities (Part X, line 26)	5,010,650	4,848,917
	22 Net assets or fund balances Subtract line 21 from line 20	22,351,729	26,295,526

Part II Signature Block

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

Sign Here

****** 2012-05-11
Signature of officer Date

MARK WIETECHA PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SUBRINA L WOOD	Preparer's signature SUBRINA L WOOD	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ TATE AND TRYON				Firm's EIN ▶
Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036				Phone no ▶ (202) 293-2200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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

4a (Code) (Expenses $ 4,533,313 including grants of $) (Revenue $ 2,521,775)

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 HOSPITALS AT NATIONAL AND STATE LEVELS FOR EXAMPLE, THIS PAST YEAR, NACHRI FACILITATED FOUR FOCUS GROUPS CONSISTING OF JUST OVER 200 PROVIDERS AND ADMINISTRATORS, WORKING ACROSS FOUR AREAS OF CLINICAL SERVICES (EMERGENCY SERVICES, ONCOLOGY/BONE MARROW TRANSPLANT SERVICES AND PEDIATRIC INTENSIVE CARE AND GENERAL INPATIENT) TO EXAMINE AND IMPROVE PATIENT CARE THE 2011 FOCUS GROUP ACTIVITIES CONCLUDED IN THE FIRST QUARTER (BECAUSE INPATIENT CONCLUDES IN FEBRUARY) 2012 INITIATIVES IN THESE FOUR AREAS WILL BE OFFERED AGAIN IN 2012, WITH INITIAL MEETINGS OF THESE GROUPS ANTICIPATED TO OCCUR IN MARCH OF 2011 IN 2011, NACHRI FULLY TRANSITIONED TO A NEW TECHNOLOGY PLATFORM FOR ITS CASE MIX DATABASE WHICH ALLOWS FOR 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 QUALITY MEASUREMENT SYSTEM (PQMS) SINCE THE INCEPTION OF PQMS, THE HOME MANAGEMENT PLAN OF CARE (HMPC) CORE MEASURE (PART OF THE CHILDREN'S ASTHMA CARE CORE MEASURE SET) HAS SEEN AN IMPROVEMENT IN COMPLIANCE FROM 10% (2007) COMPLIANCE RATE TO OVER 80% (2011) IN FOUR YEARS DUE TO ITS MERGER WITH CHCA, NACHRI IS EVALUATING OPTIONS FOR ITS PROGRAM DELIVERABLES IN ORDER TO COME UP WITH THE BEST OF BOTH ORGANIZATIONS AND OFFER BEST OF BREED PEDIATRIC COMPARATIVE DATA 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

4b (Code) (Expenses $ 3,172,514 including grants of $) (Revenue $ 586,237)

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 PREVENTION AND CHILD ABUSE TREATMENT AND PREVENTION NACHRI ACTIVELY DISTRIBUTES MATERIAL FROM THESE ALLIED ORGANIZATIONS SUCH AS KIDS COUNT IN THE FORM OF BOOKS, OTHER PRINTED MATERIAL AND VIDEOS NACHRI PROVIDES HEALTH CARE PROFESSIONALS AND THE PUBLIC WITH A RESOURCE OF INFORMATION ON CHILDREN'S HEALTH NEWS AND INFORMATION THROUGH THE NACHRI WEBSITE, WWW CHILDRENSHOSPITALS NET THE WEBSITE PROVIDES CURRENT DATA ON SUCH TOPICS AS CHILD ABUSE PREVENTION AND CHILD HEALTH MONTH, AND LINKS TO CHILDREN'S HOSPITALS AND OTHER RELATED WEBSITES

4c (Code) (Expenses $ 2,255,203 including grants of $) (Revenue $ 2,857,560)

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) **See also Additional Data for Description**
(Expenses $ 4,883,082 including grants of $) (Revenue $ 3,432,919)

4e **Total program service expenses** ▶ $ 14,844,112

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	52		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	104		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes	
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 See Additional Data Table

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
401 WYTHE STREET
ALEXANDRIA, VA 223141926
(703) 797-6010

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,770,915	370,970	461,859

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 ▶ 24

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUANTROS 690 N MCCARTHY BLVD SUITE 200 MILPITAS, CA 95035	DATABASE CONSULTANT	547,853
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	RESEARCH CONSULTANT	301,288
THOMPSON REUTERS 39353 TREASURY CENTER CHICAGO, IL 60694	DATABASE ADMINISTRATOR	249,492
VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303 ATLANTA, GA 31192	RESEARCH CONSULTANT	249,192
INTUITIVE BUSINESS CONCEPTS LLC 8640 GUILDFORD RD SUITE 232 COLUMBIA, MD 21046	DATABASE CONSULTANT	178,491
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		

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	1a	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	130,000			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		130,000			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	8,972,541	8,972,541		
	b	PROJECT PARTICIPATION	900099	3,232,457	3,232,457		
	c	REIMBURSED EXPENSES	900099	2,857,560	2,857,560		
	d	MEETINGS AND CONFERENC	900099	1,338,987	1,338,987		
	e	CONSULTATIVE SERVICES	900099	80,778	80,778		
	f	All other program service revenue		349,352	276,049	73,303	
	g	**Total.** Add lines 2a–2f		16,831,675			
	3	Investment income (including dividends, interest and other similar amounts)		599,040			599,040
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		2,119,117			2,119,117
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,903,462				
	b	Less cost or other basis and sales expenses	1,783,960				
	c	Gain or (loss)	119,502				
	d	Net gain or (loss)		119,502			119,502
Other Revenue	8a	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					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	5,395			5,395
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		5,395			
	12	**Total revenue.** See Instructions		19,804,729	16,759,421	73,303	2,843,054

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	2,695,261	2,031,116	578,696	85,449
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	7,266,352	5,364,990	1,676,590	224,772
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,798,205	1,538,863	193,055	66,287
10 Payroll taxes	21,873		21,873	
a Fees for services (non-employees) Management	2,162,476	1,842,835	309,141	10,500
b Legal	742,431	62,733	679,698	
c Accounting	39,973		39,973	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	62,049		62,049	
g Other	262,599	150,618	107,796	4,185
12 Advertising and promotion	1,736	1,736		
13 Office expenses	412,559	203,066	203,918	5,575
14 Information technology	582,009	82,852	496,937	2,220
15 Royalties				
16 Occupancy	339,031	15,466	323,565	
17 Travel	621,981	485,723	116,286	19,972
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	936,888	831,967	84,159	20,762
20 Interest	5,202		5,202	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	752,399		752,399	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a UBIT	20,133		20,133	
b DUES AND SUBSCRIPTIONS	101,629	20,612	80,917	100
c EQUIP RENT AND MAINT	72,989		72,989	
d TAXES	65,250		65,250	
e REGISTRATION FEES	47,039	35,002	10,513	1,524
f All other expenses	46,216	2,176,533	-2,219,998	89,681
25 **Total functional expenses.** Add lines 1 through 24f	19,056,280	14,844,112	3,681,141	531,027
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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		136,658	2	1,859,390
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		711,543	4	1,046,419
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		162,809	9	242,656
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,059,570			
	b	Less accumulated depreciation	10b 7,351,422	5,278,780	10c	4,708,148
	11	Investments—publicly traded securities		2,606,918	11	2,905,357
	12	Investments—other securities See Part IV, line 11		18,214,753	12	20,223,926
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		250,718	15	158,347
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,362,379	16	31,144,443
Liabilities	17	Accounts payable and accrued expenses		2,437,533	17	2,414,751
	18	Grants payable			18	
	19	Deferred revenue		1,102,741	19	1,235,144
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		405,751	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,064,625	25	1,199,022
	26	**Total liabilities.** Add lines 17 through 25		5,010,650	26	4,848,917
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		22,329,539	27	26,295,526
	28	Temporarily restricted net assets		22,190	28	0
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		22,351,729	33	26,295,526
	34	Total liabilities and net assets/fund balances		27,362,379	34	31,144,443

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	19,804,729
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,056,280
3	Revenue less expenses Subtract line 2 from line 1	3	748,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	22,351,729
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,195,348
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,295,526

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

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

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

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

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

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 ▶☐

b **10%-facts-and-circumstances test—2009.** 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 ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,415,331	7,359,424	8,978,205	8,437,227	9,102,541	40,292,728
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	7,556,325	8,251,948	8,117,951	8,042,104	7,785,831	39,754,159
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	13,971,656	15,611,372	17,096,156	16,479,331	16,888,372	80,046,887
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)						80,046,887

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	13,971,656	15,611,372	17,096,156	16,479,331	16,888,372	80,046,887
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,055,321	1,238,196	2,539,631	2,204,332	2,718,157	9,755,637
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,055,321	1,238,196	2,539,631	2,204,332	2,718,157	9,755,637
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	20,133	153,964
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	957	1,412	27,589	9,508	5,395	44,861
13 **Total support** (Add lines 9, 10c, 11 and 12)	15,027,934	16,911,395	19,732,304	18,697,659	19,632,057	90,001,349

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	88 940 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	90 770 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	10 840 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	9 020 %

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 51-0120256
Name: NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

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

(A) Name and Title	(B) Average hours per week	(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 (ENDED 3/31/11)	1 00	X		X				0	0	0
JAMES MANDELL MD CHAIR-ELECT, CHAIR (4/1/11-6/30/11)	1 00	X		X				0	0	0
CHRISTOPHER JDUROVICH VICE CHAIR	1 00	X		X				0	0	0
HERMAN B GRAY MD MBA FAAP SECRETARY	1 00	X		X				0	0	0
RICK MERRILL TREASURER (ENDED 3/31/11)	1 00	X		X				0	0	0
AMY MANSUE MEMBER, TREASURER (4/1/11 - 6/30/11)	1 00	X		X				0	0	0
STEVE J ALLEN MD MEMBER	1 00	X						0	0	0
MS MERI ARMOUR MEMBER	1 00	X						0	0	0
MADELINE BELL MEMBER	1 00	X						0	0	0
DAVID T BERRY MEMBER	1 00	X						0	0	0
THOMAS BOJKO MDMS JD MEMBER	1 00	X						0	0	0
KEVIN CHURCHWELL MD MEMBER	1 00	X						0	0	0
WILLIAM H CONSIDINE FACHE MEMBER	1 00	X						0	0	0
RICHARD D CORDOVA FACHE MBA MEMBER	1 00	X						0	0	0
SUSAN M DISTEFANO MSN RN CNAA BC MEMBER	1 00	X						0	0	0
MARCY DODERER FACHE MEMBER	1 00	X						0	0	0
MICHAEL J FARRELL MEMBER	1 00	X						0	0	0
DAVID KINSAUL FACHE MEMBER	1 00	X						0	0	0
ROXANNE FERNANDES RN MPAHSA MEMBER AT LARGE	1 00	X						0	0	0
THOMAS KMETZ MEMBER	1 00	X						0	0	0
JOSEPH LAVER MD MHA MEMBER	1 00	X						0	0	0
JOSEPH N MOTT MEMBER	1 00	X						0	0	0
PAULA NOBLE MEMBER	1 00	X						0	0	0
RANDALL L O'DONNELL PHD MEMBER	1 00	X						0	0	0
ROGER A OXENDALE MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
KATHLEEN ANN SELLICK MEMBER	1 00	X						0	0	0
STEVEN P SHELOV MD MS MEMBER	1 00	X						0	0	0
JAMES E SHMERLING DHA FACHE MEMBER	1 00	X						0	0	0
SHELDON J STEIN FACHE MEMBER	1 00	X						0	0	0
JAMES A STOCKMAN III MD 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
STEVE WORLEY MEMBER	1 00	X						0	0	0
EDWIN K ZECHMAN JR FACHE MEMBER	1 00	X						0	0	0
LAWRENCE MCANDREWS PRESIDENT & CEO	37 50	X		X				753,181	370,970	115,462
CAROL CITRON DIRECTOR, FINANCE	37 50			X				158,130	0	21,486
MARY GORMAN SR VICE PRESIDENT	37 50				X			296,016	0	48,820
JOHN MULDOON VICE PRESIDENT	37 50				X			254,722	0	62,023
CHARLES BAIN VICE PRESIDENT	37 50				X			238,356	0	50,523
MILTON KAUFMAN VICE PRESIDENT	37 50				X			273,808	0	51,764
ELLEN SCHWALENSTOCKER VP QUALITY ADVOCACY	37 50					X		181,244	0	22,383
MUKUL CHOPRA DIRECTOR IT	37 50					X		166,810	0	22,490
MARK RILEY VP HHUMAN RESOURCES	37 50					X		158,352	0	24,215
DONNA SHELTON DIRECTOR POLICY RESEARCH	37 50					X		146,096	0	20,914
SALLIE STRANG DIRECTOR COMMUNICATIONS	37 50					X		144,200	0	21,779

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,404,155 including grants of $) (Revenue $ 600,840)

NACHRI'S QUALITY PROGRAM SERVES TO IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE PROVIDED TO CHILDREN THROUGH THREE INTERRELATED AREAS (1) WORKING TO ENSURE THAT THE UNIQUE NEEDS OF CHILDREN ARE REPRESENTED IN NATIONAL QUALITY INITIATIVES AND ENTITIES, BOTH GOVERNMENTAL AND NON-GOVERNMENTAL (2) BUILDING AND COORDINATING EFFORTS TO EXPAND THE ABILITY TO MEASURE THE QUALITY AND SAFETY OF CARE PROVIDED TO CHILDREN (3) FACILITATING TRANSFORMATION OF CARE FOR CHILDREN THROUGH THE QUALITY TRANSFORMATION NETWORK ENSURING THAT CHILDREN ARE REPRESENTED IN NATIONAL QUALITY INITIATIVES NACHRI IS A MEMBER OF THE NATIONAL QUALITY FORUM AND COORDINATES PEDIATRIC REPRESENTATION ON THE NATIONAL PRIORITIES PARTNERSHIP THROUGH THESE ORGANIZATIONS, NACHRI BRINGS THE VOICE OF CHILDREN TO NATIONAL STRATEGIC EFFORTS TO ADVANCE QUALITY (E G , THE NATIONAL QUALITY STRATEGY) AND EXPERTISE ON CHILDREN'S ISSUES (INCLUDING EXPERTS FROM CHILDREN'S HOSPITALS) TO TECHNICAL ADVISORY PANELS AND COMMITTEES NACHRI WORKS WITH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES, SUCH AS THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ), CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), JOINT COMMISSION AND OTHERS, TO ADVANCE HIGH QUALITY AND SAFE HEALTH CARE FOR CHILDREN NACHRI PROVIDES ANALYTICAL SUPPORT TO N A C H IN REVIEWING REGULATIONS AND LEGISLATION REGARDING QUALITY OF HEALTH CARE BUILDING AND COORDINATING EFFORTS TO EXPAND QUALITY MEASUREMENT THROUGH PARTICIPATION ON THE NATIONAL QUALITY FORUM, RELATIONSHIPS WITH GOVERNMENTAL AND NON-GOVERNMENTAL ENTITIES, AND EXPERTISE OF ITS MEMBER ORGANIZATIONS, NACHRI WORKS TO ADVANCE EFFORTS TO MEASURE THE QUALITY AND SAFETY OF CARE PROVIDED TO CHILDREN RECENT EXAMPLES INCLUDE SUPPORT OF AHRQ-FUNDED CHIPRA PEDIATRIC QUALITY MEASUREMENT PROGRAM CENTERS OF EXCELLENCE, INITIATION OF EFFORTS TO IMPROVE JOINT COMMISSION CORE MEASURES, AND PARTICIPATION ON A NATIONAL QUALITY FORUM STEERING COMMITTEE ON CHILDREN'S HEALTH CARE MEASURES THROUGH ITS DATA AND ANALYTICS SERVICES, NACHRI ALSO PROVIDES COMPARATIVE INFORMATION TO MEMBER HOSPITALS NACHRI QUALITY TRANSFORMATION NETWORK NACHRI CONTINUES TO DEVELOP AND EXPAND ITS QUALITY TRANSFORMATION NETWORK (QTN) AND DISSEMINATE THE RESULTS OF QTN PROGRAMS PRESENTLY THE NACHRI QTN RUNS THREE PROGRAMS (1) PEDIATRIC INTENSIVE CARE UNIT CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (PICU CLABSI), LAUNCHED IN 2006 WITH 28 HOSPITALS AND ADDED COHORTS IN 2008, 2009, AND 2011 CURRENTLY THERE ARE 68 ACTIVE TEAMS FROM 57 HOSPITALS, IN ALL 73 HOSPITALS HAVE PARTICIPATED INFECTION RATES HAVE BEEN REDUCED 40% - 72% THE PROGRAM HAS SAVED 350 LIVES AND OVER $100 MILLION (2) PEDIATRIC HEMATOLOGY/ONCOLOGY CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (HEMONC CLABSI) LAUNCHED IN 2009 WITH 28 HOSPITALS AND ADDED A COHORT IN 2011 CURRENTLY THERE ARE 41 ACTIVE TEAMS FROM 34 HOSPITALS INFECTION RATES HAVE DECLINED 21% THE PROGRAM HAS SAVED 16 LIVES AND $4 7 MILLION THIS PROGRAM HAS EXPANDED TO CLABSI PREVENTION IN AMBULATORY SETTINGS (3) PEDIATRIC NEPHROLOGY PERITONITIS AND EXIT SITE INFECTIONS PROGRAM (NEPHROLOGY) LAUNCHED IN 2011 WITH 28 HOSPITALS THIS PROGRAM FOCUSES ON REDUCING INFECTIONS IN PERITONEAL DIALYSIS PATIENTS IN AMBULATORY SETTINGS NO RESULTS ARE AVAILABLE AS THIS WORK IS IN EARLY STAGES THE COMMON GOALS OF ALL QTN PROGRAMS ARE (A) TO DEVELOP AND TEST STRATEGIES TO REDUCE THE RATE OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS IN CHILDREN (B) TO SPREAD ESTABLISHED IMPROVEMENTS THAT HAVE BEEN SHOWN TO BE EFFECTIVE TO ALL HOSPITALS (C) TO PROVIDE A FORUM FOR PARTICIPATING PHYSICIANS TO FULFILL REQUIREMENTS SET FORTH BY THE AMERICAN BOARD OF PEDIATRICS FOR MAINTENANCE OF CERTIFICATION (D) TO DEVELOP A SUSTAINABLE MODEL FOR NATIONAL PEDIATRIC QUALITY TRANSFORMATION EFFORTS

(Code) (Expenses $ 1,491,344 including grants of $) (Revenue $ 754,227)

EDUCATION -- IN OCTOBER 2010, THE ASSOCIATION CONDUCTED ITS ANNUAL CONFERENCE WITH THE MEETING THEME BREAKAWAY TO ADDRESS TRANSFORMING LEADERSHIP MODELS, EVALUATING TOUGH OPTIONS AND ENTERPRISING TECHNOLOGY SOLUTIONS 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 STAFF SESSION TOPICS INCLUDED "BRIDGING THE DIVIDE USING TECHNOLOGY TO CONNECT THE PATIENT AND FAMILY WITH THE HOSPITAL AND WORLD BEYOND "DEMAND FLOW - THE RIGHT SUPPLIES AT THE RIGHT TIME," AND "THE TRANSFORMITIVE POWER OF PATIENT AND FAMILY CENTERED CARE" IN ORDER TO RESPOND TO MEMBERS' MOST IMPORTANT ISSUES SO THAT THEY CAN CONTINUE THEIR MISSIONS TO SERVE CHILDREN PRECONFERENCE PROGRAMS WERE HELD PRIOR TO THE ANNUAL CONFERENCE DIRECTED TOWARDS THE NEEDS OF PATIENT CARE EXECUTIVES AND HOSPITAL TRUSTEES THE PROGRAMS ATTRACTED OVER 40 IN ATTENDANCE INCLUDING MEMBERS AND STAFF THE ASSOCIATION HELD ITS SEVENTH ANNUAL CREATING CONNECTIONS CONFERENCE IN MARCH 2011, WITH TRACKS DIRECTED TOWARDS SPECIFIC DISCIPLINES RELATED TO PEDIATRIC HEALTHCARE INFORMATION TECHNOLOGY, QUALITY AND PATIENT SAFETY, CHILD ADVOCACY, FACILITIES DESIGN, PUBLIC RELATIONS AND COMMUNICATIONS, AND PHILANTHROPY THE PURPOSE OF THE CONFERENCE IS TO PROVIDE AN INTERSIDCIPLINARY EDUCATIONAL PROGRAM AND VALUABLE NETWORKING OPPORTUNITIES TO CHILDREN'S HOSPITAL PROFESSIONALS AND LEADERS THE PROGRAM SUCCESSFULLY ATTRACTED OVER 550 MEMBERS, SPEAKERS, SPONSORS AND STAFF PRECONFERENCE PROGRAMS HELD PRIOR TO THE 2011 CREATING CONNECTIONS CONFERENCE INCLUDED TWO WORKSHOPS AND THE SPECIALTY HOSPITALS CONFERENCE THE WORKSHOPS ENTITLED "MODELS FOR QUALITYY IMPROVEMENT ADVANCING TRANSFORMATION IN CHILDREN'S HOSPITALS' AND "COMMUNITY HEALTH NEEDS ASSESSMENT" ADDRESSED ISSUES RELATED TO QUALITY IMPROVEMENT AND COMMUNITY BENEFITS ATTRACTING APPROXIMATELY 63 PARTICIPANTS COMBINED THE SPECIALTY HOSPITAL CONFERENCE PROGRAM FOCUSED ON HEALTH CARE REFORM AND THE ECONOMY ATTRACTING OVER 40 IN ATTENDANCE TO INCLUDE MEMBERS AND STAFF

(Code) (Expenses $ 987,583 including grants of $) (Revenue $ 2,077,852)

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 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"

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

If the organization answered "Yes," 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC	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 funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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	17,572,304	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,572,304	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	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	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	922,491	1,000,000	1,000,000	1,000,000	3,922,491
b Lobbying ceiling amount (150% of line 2a, column(e))					5,883,737
c Total lobbying expenditures					
d Grassroots non-taxable amount	230,623	250,000	250,000	250,000	980,623
e Grassroots ceiling amount (150% of line 2d, column (e))					1,470,935
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
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 lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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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

2010

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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		7,571,550	3,736,109	3,835,441
c Leasehold improvements				
d Equipment		1,688,594	1,486,332	202,262
e Other		2,472,001	2,128,981	343,020
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,708,148

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	17,757,863	F
(B) ALTERNATIVES FUNDS	1,372,310	F
(C) DEFERRED COMPENSATION PLAN	622,267	F
(D) VPS, LLC INVESTMENTS	471,486	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	20,223,926	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION	622,267
POST RETIRMENT BENEFIT OBLIGATION	576,755
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,199,022

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,804,729
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,056,280
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	748,449
4	Net unrealized gains (losses) on investments	4	3,350,677
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	-178,729
9	Total adjustments (net) Add lines 4 - 8	9	3,195,348
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,943,797

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	23,154,259
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,350,677		
b	Donated services and use of facilities	2b	23,400		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	37,502		
e	Add lines **2a** through **2d**			2e	3,411,579
3	Subtract line **2e** from line **1**			3	19,742,680
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	62,049		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	62,049
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	19,804,729

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

1	Total expenses and losses per audited financial statements			1	19,172,960
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	178,729		
e	Add lines **2a** through **2d**			2e	178,729
3	Subtract line **2e** from line **1**			3	18,994,231
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	62,049		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	62,049
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	19,056,280

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS RETURNS FILED FOR THE FISCAL YEARS ENDED JUNE 30, 2008 THROUGH 2011 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY IN LOSS OF VPS -121,362 GAIN ON DISPOSAL OF FIXED ASSETS 653 SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN -58,020
PART XII, LINE 2D - OTHER ADJUSTMENTS		BENEFIT PLAN CHANGE OTHER THAN NET PERIODIC COST 37,502
PART XIII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF FIXED ASSETS -653 LOSS IN EQUITY IN VPS 121,362 SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN 58,020

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
(1) LAWRENCE MCANDREWS	(i)	649,959	58,334	44,888	61,434	15,925	830,540	0
	(ii)	320,129	28,732	22,109	30,259	7,844	409,073	0
(2) CAROL CITRON	(i)	146,096	11,756	278	12,218	9,268	179,616	0
	(ii)	0	0	0	0	0	0	0
(3) MARY GORMAN	(i)	259,927	34,349	1,740	40,150	8,670	344,836	0
	(ii)	0	0	0	0	0	0	0
(4) JOHN MULDOON	(i)	222,577	31,401	744	37,118	24,905	316,745	0
	(ii)	0	0	0	0	0	0	0
(5) CHARLES BAIN	(i)	192,909	27,217	18,230	33,935	16,588	288,879	0
	(ii)	0	0	0	0	0	0	0
(6) MILTON KAUFMAN	(i)	238,046	28,960	6,802	27,417	24,347	325,572	0
	(ii)	0	0	0	0	0	0	0
(7) ELLEN SCHWALENSTOCKER	(i)	158,235	22,444	565	13,613	8,770	203,627	0
	(ii)	0	0	0	0	0	0	0
(8) MUKUL CHOPRA	(i)	153,972	12,543	295	12,637	9,853	189,300	0
	(ii)	0	0	0	0	0	0	0
(9) MARK RILEY	(i)	144,288	13,554	510	12,176	12,039	182,567	0
	(ii)	0	0	0	0	0	0	0
(10) DONNA SHELTON	(i)	135,022	10,836	238	11,072	9,842	167,010	0
	(ii)	0	0	0	0	0	0	0
(11) SALLIE STRANG	(i)	130,428	13,107	665	10,961	10,818	165,979	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	THE FOLLOWING EMPLOYEES RECEIVED DISTRIBUTION FROM THE NACHRI 457F PLAN THE AMOUNTS WERE INCLUDED IN BOX 5 OF THEIR 2010 W-2 LAWRENCE MCANDREWS $45,127 MARY GORMAN $314 CHARLES BAIN $14,569

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		A CONSOLIDATION AGREEMENT WAS ENTERED INTO ON MARCH 31, 2011, BETWEEN AND AMONG N A C H , NACHRI, AND CHCA SIGNIFYING THEIR INTENT TO PURSUE AN ALIGNMENT OF THE THREE ORGANIZATIONS THAT WOULD RESTRUCTURE AND CONSOLIDATE THE THREE ORGANIZATIONS UNDER A SINGLE PARENT TRADE ASSOCIATION WITH ALIGNED GOVERNANCE, CONSOLIDATED OPERATIONAL LEADERSHIP AND A SINGLE NATIONWIDE ADVOCACY VOICE FOR CHILDREN'S HEALTH CARE PROVIDERS THE BYLAWS WERE ALSO AMENDED AS OF APRIL 1, 2011, TO REFLECT THESE CHANGES

Identifier	Return Reference	Explanation
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

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MEMBERSHIP MAY APPROVE VARIOUS DECISIONS OF THE GOVERNING BOARD

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE 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 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

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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,350,677 DONATED SERVICES AND USE OF FACILITIES 23,400 EQUITY IN LOSS OF VPS -121,362 GAIN ON DISPOSAL OF FIXED ASSETS 653 SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN -58,020 TOTAL TO FORM 990, PART XI, LINE 5 3,195,348

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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Name of the organization
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC

Employer identification number
51-0120256

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC 401 WYTHE ST ALEXANDRIA, VA 22314 58-2176067	ASSIST CHILDREN'S HOPITALS IN COMMON BUS INTEREST AND ECONOMIC WELFARE	GA	501 (C)(6)				No
(2) CHILD HEALTH PATIENT SAFETY ORGANIZATION INC 6803 WEST 64TH STREET SUITE 208 OVERLAND PARK, KS 66202 27-0386722	IMPROVE SAFETY OF CHILDREN'S HOSPITALS BY SHARING DATA AND EXPERIENCES	KS	501 (C)(3)	509(A)(2)			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) VIRTUAL PICU SYSTEMS LLC 401 WYTHE STREET ALEXANDRIA, VA22314 20-1414664	PROVIDE SERV TO IMPROVE THE QUALITY OF CRITICAL CARE FOR CHILDREN WORLDWIDE	DE		RELATED	-121,168	471,487		No			No	33 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	M	1,009,990	CASH
(2) NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	N	1,501,924	CASH
(3) VIRTUAL PICU SYSTEMS LLC	P	345,646	CASH
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132029132

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS INC	FORM 990 PAGE 10	51-0120256

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	752,399

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	752,399
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	