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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 10-01-2010 and ending 09-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
NISH

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
8401 OLD COURTHOUSE ROAD

Room/suite

City or town, state or country, and ZIP + 4  
VIENNA, VA 22182

F Name and address of principal officer  
E ROBERT CHAMBERLIN  
8401 OLD COURTHOUSE ROAD  
VIENNA, VA 22182

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.NISH.ORG

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

L Year of formation 1974

M State of legal domicile DC

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities NISH WAS ORGANIZED TO REPRESENT AND ASSIST COMMUNITY REHABILATION PROGRAMS EMPLOYING PERSONS WITH SIGNIFICANT DISABILITIES IN OBTAINING FEDERAL GOVERNMENT PROCUREMENT CONTRACTS FOR SELECTED PRODUCTS AND SERVICES, WITH THE OBJECTIVE OF INCREASING THE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH SIGNIFICANT DISABILITIES</div></div>																								
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Part II

Signature Block

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

Sign Here

Signature of officer

ELIZABETH GOODMAN CFO

Type or print name and title

2012-04-05

Date

Paid Preparer Use Only

Print/Type preparer's name  
JOANN WOODSON

Firm's name  
▶ CALIBRE CPA GROUP PLLC

Firm's address  
▶ 1850 K STREET NW  
WASHINGTON, DC 20006

Preparer's signature  
JOANN WOODSON

Date

Check if self-employed ☐

PTIN

Firm's EIN  
▶

Phone no  
▶ (202) 331-9880

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part IIIStatement 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

ESTABLISHED IN 1974 AND HEADQUARTERED IN VIENNA, VIRGINIA, NISH IS ONE OF TWO CENTRAL NONPROFIT AGENCIES DESIGNATED BY THE COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED [THE FEDERAL GOVERNMENT AGENCY THAT OVERSEES THE ABILITYONE PROGRAM] TO SUPPORT OVER 550 NONPROFIT AGENCIES AND THEIR FEDERAL CUSTOMERS WITH THE ABILITYONE PROGRAM. AMONG OTHER SERVICES, NISH SUPPORTS THE ABILITYONE NETWORK OF NONPROFIT AGENCIES, AS WELL AS FEDERAL CUSTOMERS, BY PROVIDING BUSINESS DEVELOPMENT AND CONTRACT MANAGEMENT ASSISTANCE, ENGINEERING AND TECHNICAL ADVICE, LEGISLATIVE AND REGULATORY GUIDANCE, PROFESSIONAL TRAINING, AND COMMUNICATIONS AND PUBLIC RELATIONS MATERIALS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$ 69,354,953 including grants of \$ 4,219,673 ) (Revenue \$ 75,683,064 )

SEE SCHEDULE O VIRTUALLY ALL OF NISH'S EFFORTS SUPPORTED THE ABILITYONE PROGRAM, A UNIQUE PROGRAM THAT CREATES EMPLOYMENT OPPORTUNITIES THAT PROVIDE INDIVIDUALS WHO ARE BLIND OR HAVE OTHER SIGNIFICANT DISABILITIES WITH EMPLOYMENT, EQUITABLE WAGES AND BENEFITS, UPWARD MOBILITY AND PERSONAL SATISFACTION. THE PROGRAM ENABLES INDIVIDUALS TO REDUCE THEIR DEPENDENCE ON GOVERNMENT SUPPORT AND JOIN THE RANKS OF TAXPAYERS. FOR THE FEDERAL GOVERNMENT CUSTOMER, THE ADVANTAGE IS FOUND IN THE QUALITY AND RELIABILITY OF THE EMPLOYEE, IN ADDITION TO THE VALUE AND QUALITY OF AN ARRAY OF PRODUCTS AND SERVICES THAT ARE AVAILABLE AT FAIR MARKET PRICES FROM ABILITYONE-CONTRACTED NONPROFIT AGENCIES ACROSS THE COUNTRY. IN 2010, NISH WAS THE SOURCE OF EMPLOYMENT OPPORTUNITIES FOR MORE THAN 40,000 PEOPLE WITH SIGNIFICANT DISABILITIES. NISH PUBLISHES WORKPLACE MAGAZINE MONTHLY AND DISTRIBUTES IT TO A CIRCULATION OF ABOUT 10,000, INCLUDING FEDERAL CUSTOMERS AND NONPROFIT AGENCIES. QUARTERLY, NISH PUBLISHES CRP CONNECTION, A NEWSLETTER DESIGNED TO EDUCATE AND INFORM NONPROFIT AGENCIES WITH NEWS ABOUT THE NISH/ABILITYONE PROGRAM ACTIVITIES. THE GRANTS CONSIST OF MANAGEMENT ASSISTANCE GRANTS, PRODUCTIVITY ENHANCEMENT GRANTS AND MEDICAL DOCUMENTATION GRANTS AND DO NOT REFLECT ALL FINANCIAL ASSISTANCE PROVIDED.

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 69,354,953

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	No
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 <b>Section 501(c)(3) organizations.</b> 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, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
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	No
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? <b>Note.</b> 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	Yes	
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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		No
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 . . . . .			
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	112
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	400
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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	22		
b	Enter the number of voting members included in line 1a, above, who are independent	22		
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. ROBERT CAREY 8401 OLD COURTHOUSE ROAD VIENNA, VA 22182 (571) 226-4660

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

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

Form **990** (2010)



## Part VII

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 96

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .

## **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
GOODWILL INDUSTRIES SOUTH FLORIDA 2121 NW 21ST STREET MIAMI, FL 33142	MANUFACTURING OF R&D PRODUCT	6,333,276
SOUTHWESTERN KY REHAB PO BOX 1692 CORBIN, KY 40702	MANUFACTURING OF R&D PRODUCT	5,402,329
READY ONE INDUSTRIES 1414 ALLEN BRADLEY EL PASO, TX 79936	MANUFACTURING OF R&D PRODUCT	4,829,931
CAPGEMINI LLC 98836 COLLECTION CTR DRIVE CHICAGO, IL 60093	COMPUTER SUPPORT SERVICES	3,358,107
INDUSTRIES OF THE BLIND 920 W LEE ST GREENBORO, NC 27403	MANUFACTURING OF R&D PRODUCT	1,606,070
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 74		

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					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .						
	Program Service Revenue	2a	FEES	900099	75,479,049	75,479,049		
b		NATIONAL CONFERENCE	900099	204,015	204,015			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . .		75,683,064				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,036,938			1,036,938
		4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .			592,505		592,505	
	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	ADVERTISING	541800	103,500		103,500			
b	REIMBURSEMENTS AND OTH	900099	18,139			18,139		
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		121,639					
12	Total revenue. See Instructions . . . . .		77,434,146	75,683,064	103,500	1,647,582		

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	4,219,673	4,219,673		
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 . . . . .	2,363,190	1,350,106	1,013,084	
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	30,264,494	28,212,887	2,051,607	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,593,211	2,420,717	172,494	
9	Other employee benefits . . . . .	5,625,565	5,186,568	438,997	
10	Payroll taxes . . . . .	2,300,542	2,093,493	207,049	
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	1,158,816	9,953	1,148,863	
c	Accounting . . . . .	176,600		176,600	
d	Lobbying . . . . .	410,000	410,000		
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	170,625		170,625	
g	Other . . . . .	7,319,745	6,963,320	356,425	
12	Advertising and promotion . . . . .	2,302,758	2,291,558	11,200	
13	Office expenses . . . . .	2,951,863	2,696,915	254,948	
14	Information technology . . . . .	4,472,189	4,192,453	279,736	
15	Royalties . . . . .				
16	Occupancy . . . . .	1,730,074	1,574,367	155,707	
17	Travel . . . . .	4,799,690	4,296,535	503,155	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	2,051,947	1,873,995	177,952	
20	Interest . . . . .	30,894	28,114	2,780	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	1,418,180	1,290,543	127,637	
23	Insurance . . . . .	129,224	117,594	11,630	
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	MISCELLANEOUS	1,114,013	1,027,289	86,724	
b	BAD DEBT RECOVERY	-901,127	-901,127		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	76,702,166	69,354,953	7,347,213	0
26	Joint costs. Check here <input checked="" type="checkbox"/> 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .					1	
	2	Savings and temporary cash investments . . . . .				8,178,396	2	8,930,439
	3	Pledges and grants receivable, net . . . . .					3	
	4	Accounts receivable, net . . . . .				22,946,259	4	19,737,722
	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 . . . . .				1,594,617	7	2,930,167
	8	Inventories for sale or use . . . . .					8	
	9	Prepaid expenses and deferred charges . . . . .				1,118,079	9	1,697,098
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	23,747,627	13,468,492	10c	13,497,790	
	b	Less: accumulated depreciation . . . . .	10b	10,249,837				
	11	Investments—publicly traded securities . . . . .				27,958,670	11	26,627,388
	12	Investments—other securities. See Part IV, line 11 . . . . .				1,258,172	12	2,009,486
	13	Investments—program-related. See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets. See Part IV, line 11 . . . . .				126,961	15	174,492
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				76,649,646	16	75,604,582	
Liabilities	17	Accounts payable and accrued expenses . . . . .				7,861,862	17	7,410,062
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .					19	
	20	Tax-exempt bond liabilities . . . . .				1,200,000	20	1,100,000
	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 . . . . .					23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				1,415,887	25	1,892,666
	26	Total liabilities. Add lines 17 through 25 . . . . .				10,477,749	26	10,402,728
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				66,171,897	27	65,201,854
	28	Temporarily restricted net assets . . . . .					28	
	29	Permanently restricted net assets . . . . .					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				66,171,897	33	65,201,854
34	Total liabilities and net assets/fund balances . . . . .				76,649,646	34	75,604,582	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	77,434,146
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	76,702,166
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	731,980
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	66,171,897
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-1,702,023
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	65,201,854

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	Yes	
<b>d</b>	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</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		

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  
NISH

Employer identification number  
52-1007153

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

h

☐

Provide the following information about the supported organization(s)

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

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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 IIISupport 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.")						
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	55,287,185	60,708,381	64,925,969	70,118,433	75,683,064	326,723,032
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	55,287,185	60,708,381	64,925,969	70,118,433	75,683,064	326,723,032
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	13,657,405	16,398,389	23,793,421	20,522,853	22,987,191	97,359,259
c Add lines 7a and 7b	13,657,405	16,398,389	23,793,421	20,522,853	22,987,191	97,359,259
8 Public Support (Subtract line 7c from line 6 )						229,363,773

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	55,287,185	60,708,381	64,925,969	70,118,433	75,683,064	326,723,032
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,645,662	1,491,001	1,049,375	871,520	1,036,938	6,094,496
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				7,267	41,500	48,767
c Add lines 10a and 10b	1,645,662	1,491,001	1,049,375	878,787	1,078,438	6,143,263
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	44,264	119,810	96,304	5,947	18,139	284,464
13 Total support (Add lines 9, 10c, 11 and 12 )	56,977,111	62,319,192	66,071,648	71,003,167	76,779,641	333,150,759
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	68 850 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	68 340 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	1 840 %
18	Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	18	2 120 %
19a	<b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	<b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		



Part IV

**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).

Facts And Circumstances Test

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 NISH	Employer identification number 52-1007153
----------------------------------	--

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)		223,881													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		580,480													
c Total lobbying expenditures (add lines 1a and 1b)		804,361													
d Other exempt purpose expenditures		75,723,561													
e Total exempt purpose expenditures (add lines 1c and 1d)		76,527,922													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	480,479	682,492	965,305	804,361	2,932,637
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	115,641	185,365	186,249	223,881	711,136

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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total 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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	THE ORGANIZATION DOES NOT ENGAGE IN DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES

SCHEDULE D  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NISH

Employer identification number  
52-1007153

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,958,528		1,958,528
b Buildings . . . . .		12,457,656	4,402,997	8,054,659
c Leasehold improvements . . . . .		179,097	95,874	83,223
d Equipment . . . . .		2,967,207	2,258,603	708,604
e Other . . . . .		6,185,139	3,492,363	2,692,776
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				13,497,790



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	77,434,146
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,702,166
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	731,980
4	Net unrealized gains (losses) on investments	4	-1,702,023
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,702,023
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-970,043

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	75,732,123
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-1,702,023
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	-1,702,023
3	Subtract line 2e from line 1 . . . . .	3	77,434,146
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	77,434,146

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	76,702,166
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	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	76,702,166
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	76,702,166

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	NISH FOLLOWS THE AUTHORITATIVE GUIDANCE TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS RELATED TO INCOME TAXES. THESE STANDARDS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NISH PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE PERIOD ENDED SEPTEMBER 30, 2011, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF SEPTEMBER 30, 2011, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2007 THROUGH 2009 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE VARIOUS STATES IN WHICH NISH FILES A RETURN.



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NISH

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
52-1007153

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations . . . . .

63

3

Enter total number of other organizations . . . . .

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE AWARDED BASED ON SPECIFIC CRITERIA THE ECONOMIC EMPOWERMENT GRANT, IDEAS TO WORK GRANT, AND CONTACT CENTER GRANT REQUIRE QUARTERLY REPORTING AGAINST THE REQUIREMENTS ESTABLISHED FOR EACH GRANT

Software ID:

Software Version:

EIN: 52-1007153

Name: NISH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER ADULT REHAB 485 PARC CIRCLE CLEARFIELD,UT 84015	87-6000487	501(C)(3)	498,314				NISH INSTITUTE (ECONOMIC EMPO WERMT GRANT)/Q WE GRANT
DE PAUL INDUSTRIES4950 NE MARTIN LUTHER KING JR BLVD PORTLAND,OR 97211	93-0607857	501(C)(3)	116,659				MANAGEMENT GRANT PROGRAM/IDEAS TO WORK
GOODWILL INDUSTRIAL SERVICES2320 W COLORADO AVE COLORADO SPRINGS,CO 80934	84-1273701	501(C)(3)	112,500				IDEAS TO WORK GRANT/Q WE GRANT
READY ONE INDUSTRIES 1414 ABILITY DR EL PASO,TX 79936	18-9692973	501(C)(3)	105,386				CONTACT CENTER GRANT/IDEAS TO WORK/CLEAN BY STEAM
LAKEVIEW CENTER2001 NORTH E STREET PENSACOLA,FL 32501	59-0737872	501(C)(3)	104,396				IDEAS TO WORK/Q WE/MGMT GRANT
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST STREET WICHITA,KS 67208	23-7314938	501(C)(3)	100,000				NISH INSTITUTE/ FINANCIAL /BENEFITS COUNSELING PILOT/ASSISTIVE TECHNOLOGY
DALE ROGERS TRAINING CTR2501 NORTH UTAH OKLAHOMA CITY,OK 73107	73-0665454	501(C)(3)	100,000				IDEAS TO WORK GRANT
HOPE SERVICES INC30 LAS COLINAS LANE SAN JOSE,CA 95119	94-1399287	501(C)(3)	100,000				IDEAS TO WORK GRANT
NEW VENTURES INC306 FORT DRIVE LAGRANGE,GA 30240	81-0581180	501(C)(3)	100,000				IDEAS TO WORK GRANT
PECKHAM INC3510 CAPITAL COTY BOULEVARD LANSING,MI 48906	38-2322117	501(C)(3)	106,666				IDEAS TO WORK GRANT , FINANCIAL BENEFITS COUNSELING GRANT
TAC INDUSTRIES INC2160 OLD SELMA ROAD SPRINGFIELD,OH 45505	31-1078646	501(C)(3)	100,000				IDEAS TO WORK GRANT
SKOOKUM EDUCATIONAL PROGRAMPO BOX 5359 BREMERTON,WA 98312	91-1434778	501(C)(3)	88,000				MANAGEMENT GRANT PROGRAM

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OCCUPATIONS INC15 FORTUNE ROAD WEST MIDDLETOWN,NY 10941	14-1471097	501(C)(3)	80,916				IDEAS TO WORK GRANT
OPEN DOOR CENTER129 3RD AVE NE VALLEY CITY,ND 58072	45-0277603	501(C)(3)	75,000				IDEAS TO WORK GRANT
ADELANTE DEVELOPMENT CTR INC3900 OSUNA ROAD NE ALBUQUERQUE,NM 87109	85-0262072	501(C)(3)	72,500				CONTACT CENTER GRANT
BEACON GROUP SW INC 308 W GLENN ST TUSCON,AZ 85703	86-0107976	501(C)(3)	60,000				CONTACT CENTER GRANT
LIONS VOLUNTEER BLIND IND758 WEST MORRIS BOULEVARD MORRISTOWN,TN 37815	62-0526643	501(C)(3)	60,000				CONTACT CENTER GRANT
ORION CONTACT CENTER SERVICES33926 9TH AVENUE SOUTH FEDERAL WAY,WA 98003	91-0727076	501(C)(3)	60,000				CONTACT CENTER GRANT
TOMMY NOBIS ENT1480 BELLS FERRY ROAD MARIETTA,GA 30066	58-2080820	501(C)(3)	60,000				CONTACT CENTER GRANT
TRESCO INCPO BOX 2469 LAS CRUCES,NM 88004	85-0201597	501(C)(3)	37,886				MANAGEMENT GRANT PROGRAM
WORK SERVICES CORPORATION3401-B ARMORY ROAD WICHITA FALLS,TX 76302	75-2247311	501(C)(3)	32,004				MANAGEMENT GRANT PROGRAM/MED DOC GRANT/QWE
BOBBY DODD INSTITUTE 2120 MARIETTA BLVD NW ATLANTA,GA 30318	58-1847107	501(C)(3)	28,580				MANAGEMENT GRANT PROGRAM
JEWISH VOCATIONAL SERVICE29699 SOUTHFIELD RD SOUTHFIELD,MI 48076	38-1358013	501(C)(3)	27,899				IDEAS TO WORK GRANT
BAYAUD INDUSTRIES INC 333 W BAYAUD AVE DENVER,CO 80223	84-0616970	501(C)(3)	25,469				MANAGEMENT GRANT PROGRAM/NISH INSTITUTE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPPORTUNITY RESOURCES INC2821 S RUSSELL ST MISSOULA, MT 59801	81-0247708	501(C)(3)	25,000				IDEAS TO WORK GRANT
AHRCNYC83 MAIDEN LANE NEW YORK, NY 10038	13-5596746	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
ELWYN INC1 JUDY WAY ASTON, PA 19104	23-1352117	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
GOODWILL OF GREATER WASHINGTON2200 SOUTH DAKOTA AVE NE WASHINGTON, DC 20018	53-0196588	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
OPPORTUNITIES & RESOURCES INC64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786	99-0197500	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
SERVICE SOURCE6295 EDSALL ROAD SUITE 175 ALEXANDRIA, VA 22312	54-0901256	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
TRANSYLVANIA VOCATIONAL SVCPO DRAWER 1115 BREVARD, NC 28712	56-1261616	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
ALLIED SERVICES100 ABINGTON EXECUTIVE PARK DRIVE CLARKS SUMMIT, PA 18411	24-0860110	501(C)(3)	21,523				MANAGEMENT GRANT PROGRAM
SOUTH TX HOUSING AND COMMUNITY611 N FLORES SUITE 200 SAN ANTONIO, TX 78205	74-2684917	501(C)(3)	20,970				MANAGEMENT GRANT PROGRAM
PROFESSIONAL CONTRACT SVCS718 FM 1626 WEST BUILDING 100 AUSTIN, TX 78748	74-2786094	501(C)(3)	20,683				MANAGEMENT GRANT PROGRAM
PIONEER VOCATIONAL INDUSTRIALPO BOX 1396 DANVILLE, KY 40423	61-0679108	501(C)(3)	20,257				MANAGEMENT GRANT PROGRAM
GOOD VOCATIONS5171 EISENHOWER PARKWAY MACON, GA 31206	58-2402364	501(C)(3)	20,222				MANAGEMENT GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL TELECOMMUTING INST69 CANAL STREET BOSTON,MA 02114	04-3277044	501(C)(3)	20,000				IDEAS TO WORK GRANT
CHIMES4815 SETON DRIVE BALTIMORE,MD 21215	52-0575305	501(C)(3)	19,587				MANAGEMENT GRANT PROGRAM
HUNTSVILLE REHABILITATION FDN2939 JOHNSON ROAD SW HUNTSVILLE,AL 35805	23-7450941	501(C)(3)	19,135				MANAGEMENT GRANT PROGRAM/MEDICAL DOC GRANT
JOB OPTIONS INC3465 CAMINO DEL RIO SOUTH STE 300 SAN DIEGO,CA 92108	33-0603379	501(C)(3)	17,903				MANAGEMENT GRANT PROGRAM
MQC ENTERPRISES4433 MT VIEW DRIVE A ANCHORAGE,AK 99508	92-0168360	501(C)(3)	16,991				MANAGEMENT GRANT PROGRAM
EMPLOYMENT SOURCE600 AMES ST FAYETTEVILLE,NC 28301	56-2253814	501(C)(3)	16,478				MANAGEMENT GRANT PROGRAM
SKILSKIN4004 EAST BOONE AVE SPOKANE,WA 99202	91-0856829	501(C)(3)	16,105				MANAGEMENT GRANT PROGRAM
DIDLAKE8641 BREEDEN AVENUE MANASSAS,VA 20110	54-0943833	501(C)(3)	15,322				MANAGEMENT GRANT PROGRAM
SOUTH CAROLINA VOCATIONS115 HAYWOOD ROAD GREENVILLE,SC 29607	27-0937694	501(C)(3)	13,382				MANAGEMENT GRANT PROGRAM
CROSSROADS DIVERSIFIED SVCS9300 TECH CENTER DR STE 100 SACRAMENTO,CA 95826	94-2446765	501(C)(3)	13,066				MANAGEMENT GRANT PRO GRAM
HUMAN TECHNOLOGIES CORP2260 DWYER AVENUE UTICA,NY 13501	15-0571056	501(C)(3)	12,500				Q WE GRANTS
NEMROC INC800 BOLTON STREET ALPENA,MI 49707	38-1867280	501(C)(3)	12,500				Q WE GRANTS

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAWN ENTERPRISES INC PO BOX 388 BLACKFOOT,ID 83221	23-7448485	501(C)(3)	12,054				MANAGEMENT GRANT PROGRAM
ANTHONY WAYNE CENTER 8515 BLUFFTON ROAD FORT WAYNE,IN 46809	35-1049596	501(C)(3)	11,446				MANAGEMENT GRANT PROGRAM
GOODWILL IND - TACOMA 714 S 27TH ST TACOMA,WA 98409	26-0017283	501(C)(3)	11,318				MANAGEMENT GRANT PROGRAM
GOODWILL IND - LOWER SC2150 EAGLE DRIVE NORTH CHARLESTON,SC 29406	57-0632511	501(C)(3)	10,000				QWE GRANTS
STEPS INC225 INDUSTRIAL PARK ROAD FARMVILLE,VA 23901	54-1209110	501(C)(3)	10,000				MANAGEMENT GRANT PROGRAM
VTC ENTERPRISESPO BOX 1187 SANTA MARIA,CA 93456	95-2690539	501(C)(3)	10,000				QWE GRANTS
PEARL VIRTUAL CONNECTIONS INC448 W NATIONWIDE BLVD SUITE 402 COLUMBUS,OH 43215	61-1601394	501(C)(3)	60,000				CONTACT CENTER GRANT
ICAN RESOURCES118 NARDO COURT DEDED0,GU 96929	66-0728657	501(C)(3)	9,047				MANAGEMENT GRANT PRO GRAM
CHALLENGE UNLIMITED4 EMMIE L KAUS LANE ALTON,IL 62002	37-0805566	501(C)(3)	7,802				MANAGEMENT GRANT PROGRAM
OE ENTERPRISES INC348 ELIZABETH BRADY ROAD HILLSBOROUGH,NC 27278	57-0740781	501(C)(3)	7,479				MANAGEMENT GRANT PROGRAM
ABLE FORCES115 CHESTER STREET SUITE B FRONT ROYAL,VA 22630	27-0881311	501(C)(3)	6,840				MGMT/ASSISTIVE TECHNOLOGY
PACIFIC COAST COMMUNITY SERVICES 5501 SACRAMENTO AVENUE RICHMOND,CA 94804	94-3241155	501(C)(3)	6,072				MANAGEMENT GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF OWENSBORO INCPO BOX 1833 OWENSBORO,KY 42302	61-0539889	501(C)(3)	5,868				CLEAN BY STEAM GRANT
ARC FRESNO4567 N MARTY AVENUE FRESNO,CA 93722	94-1265038	501(C)(3)	5,867				CLEAN BY STEAM GRANT
GOODWILL - NORTHERN WISCONSIN903 PIERCE AVENUE MARINETTE,WI 54143	39-1049987	501(C)(3)	5,208				CLEAN BY STEAM GRANT
GENESIS DEVELOPMENT 401 W MCKINLEY STREET JEFFERSON,IA 50129	23-7363533	501(C)(3)	5,101				MANAGEMENT GRANT PROGRAM



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization  
NISH

Employer identification number  
52-1007153

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	No
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	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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) E ROBERT CHAMBERLIN	(i) (ii)	349,693 0	1,500 0	6,429 0	23,850 0	23,482 0	404,954 0	0 0
(2) ELIZABETH GOODMAN	(i) (ii)	179,609 0	1,500 0	0 0	19,893 0	21,157 0	222,159 0	0 0
(3) DENNIS FIELDS	(i) (ii)	228,272 0	1,500 0	0 0	23,345 0	20,857 0	273,974 0	0 0
(4) PAUL PLATTNER	(i) (ii)	193,682 0	1,500 0	0 0	20,408 0	21,662 0	237,252 0	0 0
(5) CARLEEN THOMPSON	(i) (ii)	170,393 0	1,500 0	0 0	19,117 0	27,873 0	218,883 0	0 0
(6) SALLY GAMETT	(i) (ii)	200,404 0	1,500 0	0 0	21,941 0	19,657 0	243,502 0	0 0
(7) BARBARA VAN ALLEN	(i) (ii)	161,410 0	0 0	0 0	17,229 0	27,832 0	206,471 0	0 0
(8) MARTIN GERRY	(i) (ii)	202,042 0	1,500 0	0 0	21,370 0	1,571 0	226,483 0	0 0
(9) MARTIN WILLIAMS	(i) (ii)	179,100 0	1,500 0	0 0	20,244 0	29,373 0	230,217 0	0 0
(10) DAVID DUBINSKY	(i) (ii)	180,455 0	1,500 0	0 0	20,099 0	28,239 0	230,293 0	0 0
(11) DEBORAH ATKINSON	(i) (ii)	157,664 0	1,500 0	0 0	17,296 0	10,998 0	187,458 0	0 0
(12) MICKY GAZAWAY	(i) (ii)	153,156 0	1,500 0	0 0	17,003 0	27,154 0	198,813 0	0 0
(13) DAVID THEIMER	(i) (ii)	146,002 0	1,463 0	0 0	16,194 0	18,983 0	182,642 0	0 0
(14) SALLY HENDERSON	(i) (ii)	147,430 0	1,451 0	0 0	14,856 0	20,772 0	184,509 0	0 0
( 15 )								
( 16 )								

Part IIISupplemental 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 1A	FIRST CLASS AIRFARE IS PERMITTED FOR FLIGHTS THAT EXCEED EIGHT HOURS OR FOR EMPLOYEES WITH A MEDICAL ACCOMMODATION. ALL EXPENSES FOR HEALTH OR FITNESS MUST BE DOCUMENTED AND APPROVED IN LINE WITH THE NISH APPROVED POLICY PRIOR TO REIMBURSEMENT. THE MAXIMUM REIMBURSEMENT IS \$250 PER YEAR.
	PART I, LINE 7	NISH DID NOT HAVE AN INCENTIVE PAYMENT IN 2010, BUT DID PROVIDE ALL EMPLOYEES A PAYMENT EQUAL TO 1% OF THEIR SALARY (WITH A MINIMUM PAYMENT OF \$500 AND A MAXIMUM PAYMENT OF \$1,500) AT THE END OF THE YEAR.

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 NISH	Employer identification number 52-1007153
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION HAS IMPLEMENTED REVISED VOTING PROCEDURES AND TERM LIMITS FOR ALL BOARD MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS PROVIDED TO THE FULL NISH BOARD GENERALLY 30 DAYS IN ADVANCE FOR REVIEW AND APPROVAL BEFORE IT IS EXECUTED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS MUST FILE AN ANNUAL DISCLOSURE STATEMENT, REVEALING ALL CONFLICTS OF INTEREST THE NISH BOARD OF DIRECTORS ADOPTED A CODE OF CONDUCT POLICY THAT ALL BOARD MEMBERS MUST ABIDE BY CONFLICT OF INTEREST IS COVERED IN THE NISH EMPLOYEE HANDBOOK ALL NISH EMPLOYEES MUST FILE A CONFLICT OF INTEREST STATEMENT WITH HUMAN RESOURCES ANNUALLY, AND ALSO WITHIN 10 DAYS OF HIRE THE NISH EMPLOYEE HANDBOOK PROVIDES APPROPRIATE GUIDANCE REGARDING CONFLICT OF INTEREST, INCLUDING DEFINITION, ILLUSTRATIVE EXAMPLES OF CONFLICT, PERMITTED INVESTMENTS, AND HOW TO DISCLOSE ANY QUESTIONABLE TRANSACTIONS FOR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE NISH EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD SETS AND APPROVES THE COMPENSATION OF THE CEO THE CEO APPROVES THE COMPENSATION FOR ALL OTHER DISQUALIFIED PERSONS AS DEFINED BY IRS CODE, SECTION 4958 F(1) THE NISH EXECUTIVE COMPENSATION COMMITTEE OBTAINS COMPENSATION COMPARABILITY DATA FOR THE CEO AND THE OTHER DISQUALIFIED POSITIONS THE COMPARABILITY DATA IS GENERALLY PROVIDED BY AN EXPERT IN COMPENSATION AND IS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, EXPERT'S OWN COMPENSATION STUDIES, AND OTHER COMPARABLE DATA THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION OF DISQUALIFIED INDIVIDUALS TO ENSURE NO EXCESS BENEFIT HAS OCCURRED DELIBERATION AND FINAL VOTE EXCLUDES ANY PERSON(S) WHOSE COMPENSATION IS BEING APPROVED OR ANY OTHER BOARD MEMBER WITH A CONFLICT OF INTEREST THE EXECUTIVE COMPENSATION COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION WITH CONCURRENT APPROVAL FROM THE FULL BOARD OF DIRECTORS THE ORGANIZATION'S DOCUMENTATION CONTAINS THE FOLLOWING (1) THE TERMS OF THE APPROVED TRANSACTION AND THE DATE APPROVED, (2) THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WHO WERE PRESENT DURING THE DEBATE ON THE TRANSACTION THAT WAS APPROVED AND THOSE THAT VOTED ON IT, (3) THE COMPARABILITY DATA THAT WAS RELIED ON BY THE EXECUTIVE COMPENSATION COMMITTEE AND HOW THE DATA WAS OBTAINED, AND (4) ANY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTEREST ALL DOCUMENTATION MUST BE PREPARED BEFORE THE LATER OF THE NEXT MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE OR 60 DAYS AFTER THE FINAL ACTIONS OF THE ORGANIZATION'S BOARD OF DIRECTORS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE MUST APPROVE THE DOCUMENTATION BY THE NEXT BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,702,023

Identifier	Return Reference	Explanation
		THE NISH AUDIT COMMITTEE REVIEWS AND APPROVES THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND THE ANNUAL AUDIT THE FULL NISH BOARD VOTES TO ACCEPT THE RECOMMENDATIONS OF THE AUDIT COMMITTEE

Additional Data

Software ID:  
Software Version:  
EIN: 52-1007153  
Name: NISH

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				
JAMES BARONE PAST CHAIR	10 00	X						0	0	0	
PAUL ATKINSON TREASURER	5 00	X		X				0	0	0	
GREGORY D BENDER CHAIRMAN	5 00	X		X				0	0	0	
STEPHEN BENNETT DIRECTOR	1 50	X						0	0	0	
PETER BERNS DIRECTOR	1 50	X						0	0	0	
DEAN KENNETH EMERSON DIRECTOR	1 50	X						0	0	0	
DAVID GONZALES DIRECTOR	1 50	X						0	0	0	
BARBARA NURENBERG DIRECTOR	1 50	X						0	0	0	
WILLIAM COLEMAN JR ACTING CHAIRMAN	5 00	X		X				0	0	0	
FREDERICK BEAMAN DIRECTOR	1 50	X						0	0	0	
AMY LUTTRELL DIRECTOR	1 50	X						0	0	0	
FREDERICK FRESE DIRECTOR	1 50	X						0	0	0	
MIKE KIVITZ DIRECTOR	1 50	X						0	0	0	
BRENDA YARNELL SECRETARY	5 00	X		X				0	0	0	
JIM GIBBONS DIRECTOR	1 50	X						0	0	0	
THOMAS MILLER DIRECTOR	1 50	X						0	0	0	
STEVEN KING DIRECTOR	1 50	X						0	0	0	
STEVE PERDUE DIRECTOR	1 50	X						0	0	0	
WAYNE MCMILLAN DIRECTOR	1 50	X						0	0	0	
RHEA NELSON DIRECTOR	1 50	X						0	0	0	
JERRY BETENHAUSEN DIRECTOR	1 50	X						0	0	0	
BELINDA PORRAS DIRECTOR	1 50	X						0	0	0	
FREDRICK WILLIAMS DIRECTOR	1 50	X						0	0	0	
PAUL A MARCHAND DIRECTOR	1 50	X						0	0	0	
MARYANN GREENAWALT DIRECTOR	1 50	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			
FRANK LOPEZ DIRECTOR	1 50	X						0	0	0
E ROBERT CHAMBERLIN PRESIDENT AND CEO	65 00			X				357,622	0	47,332
ELIZABETH GOODMAN CHIEF FINANCIAL OFFICER	60 00			X				181,109	0	41,050
DENNIS FIELDS CHIEF OPERATING OFFICER	55 00			X				229,772	0	44,202
PAUL PLATTNER VICE PRESIDENT OF OPERATIONS	55 00				X			195,182	0	42,070
CARLEEN THOMPSON VICE PRESIDENT OF HUMAN RESOURCES	50 00				X			171,893	0	46,990
SALLY GAMETT CHIEF INFORMATION OFFICER	52 00				X			201,904	0	41,598
BARBARA VAN ALLEN VICE PRESIDENT OF CORPORATE	55 00				X			161,410	0	45,061
MARTIN GERRY VICE PRESIDENT	53 00				X			203,542	0	22,941
MARTIN WILLIAMS VICE PRESIDENT- REGIONAL	55 00				X			180,600	0	49,617
DAVID DUBINSKY EXECUTIVE DIRECTOR	50 00					X		181,955	0	48,338
DEBORAH ATKINSON DIRECTOR- TRAINING	50 00					X		159,164	0	28,294
MICKY GAZAWAY EXECUTIVE DIRECTOR	50 00					X		154,656	0	44,157
DAVID THEIMER DIRECTOR-SBD	55 00					X		147,465	0	35,177
SALLY HENDERSON EXECUTIVE DIRECTOR	50 00					X		148,881	0	35,628