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Form **990**Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **DEC 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.		D Employer identification number 51-0120256
	Doing Business As NACHRI		E Telephone number (703) 684-1355
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 11,710,403.
	401 WYTHE STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314-1926		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MARK WIETecha SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHILDRENSHOSPITALS.NET			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1970 M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	108
	6 Total number of volunteers (estimate if necessary)	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	41,890.
7b Net unrelated business taxable income from Form 990-T, line 34	9,184.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 130,000. Current Year 140,000.
	9 Program service revenue (Part VIII, line 2g)	16,831,675. 9,103,824.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	718,542. 276,794.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,124,512. 711,400.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,804,729. 10,232,018.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,781,691. 6,201,466.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,467.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,274,589. 3,960,730.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,056,280. 10,162,196.
	19 Revenue less expenses. Subtract line 18 from line 12	748,449. 69,822.
	20 Total assets (Part X, line 16)	Beginning of Current Year 31,144,443. End of Year 29,319,182.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	4,848,917. 4,614,465.
	22 Net assets or fund balances. Subtract line 21 from line 20	26,295,526. 24,704,717.

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 <i>Mark Wietcha</i>	Date <i>8/29/12</i>
	MARK WIETecha, PRESIDENT AND CEO Type or print name and title	
Paid	Print/Type preparer's name SUBRINA L. WOOD	Preparer's signature <i>Subrina L. Wood</i>
Preparer Use Only	Firm's name ▶ TATE AND TRYON	Firm's EIN ▶ 52-1855942
	Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Phone no. (202) 293-2200

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

☒ Yes ☐ No

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SCANNED SEP 25 2012

NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2011)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

Page **2**

Part III Statement of Program Service Accomplishments

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

☒ **X**

1 Briefly describe the organization's mission:

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

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

☐ Yes ☒ **X** No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ **X** No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,246,087. including grants of \$) (Revenue \$ 1,313,775.)

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

4b (Code) (Expenses \$ 1,736,014. including grants of \$) (Revenue \$ 204,255.)

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

4c (Code) (Expenses \$ 1,311,773. including grants of \$) (Revenue \$ 578,109.)

NACHRI'S QUALITY PROGRAM SERVES TO IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE PROVIDED TO CHILDREN THROUGH THREE INTERRELATED AREAS: (1) WORKING TO ENSURE THAT THE UNIQUE NEEDS OF CHILDREN ARE REPRESENTED IN NATIONAL QUALITY INITIATIVES AND ENTITIES, BOTH GOVERNMENTAL AND NON-GOVERNMENTAL. (2) BUILDING AND COORDINATING EFFORTS TO EXPAND THE ABILITY TO MEASURE THE QUALITY AND SAFETY OF CARE PROVIDED TO CHILDREN. (3) FACILITATING TRANSFORMATION OF CARE FOR CHILDREN THROUGH THE QUALITY TRANSFORMATION NETWORK.

ENSURING THAT CHILDREN ARE REPRESENTED IN NATIONAL QUALITY INITIATIVES: NACHRI IS A MEMBER OF THE NATIONAL QUALITY FORUM AND COORDINATES PEDIATRIC REPRESENTATION ON THE NATIONAL PRIORITIES PARTNERSHIP.

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

(Expenses \$ 2,390,349. including grants of \$) (Revenue \$ 2,590,991.)

4e Total program service expenses **7,684,223.**

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

Form 990 (2011)

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Part IV Checklist of Required Schedules

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

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	64	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	108	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c). N/A		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

NATIONAL ASSOCIATION OF CHILDREN'S

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HOSPITALS AND RELATED INSTITUTIONS, INC.

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

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

☒ X

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
1b Enter the number of voting members included in line 1a, above, who are independent	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

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

132006
01-23-12

Form **990** (2011)

NATIONAL ASSOCIATION OF CHILDREN'S

Form-990 (2011)

HOSPITALS AND RELATED INSTITUTIONS, INC.

51-0120256

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES MANDELL, MD CHAIR	1.00	X		X				0.	0.	0.
CHRISTOPHER J. DUROVICH VICE CHAIR	1.00	X		X				0.	0.	0.
HERMAN B. GRAY, MD, MBA, FAAP SECRETARY	1.00	X		X				0.	0.	0.
AMY MANSUE TREASURER	1.00	X		X				0.	0.	0.
CHRISTOPHER G. DAWES MEMBER	1.00	X						0.	0.	0.
STEVE J. ALLEN, MD MEMBER	1.00	X						0.	0.	0.
MARCY DODERER, FACHE MEMBER	1.00	X						0.	0.	0.
THOMAS KMETZ MEMBER	1.00	X						0.	0.	0.
JAMES E. SHMERLING, DHA, FACHE MEMBER	1.00	X						0.	0.	0.
PEGGY TROY, RN, MSN MEMBER	1.00	X						0.	0.	0.
KAREN R. WOLFSON MEMBER	1.00	X						0.	0.	0.
STEVE WORLEY MEMBER	1.00	X						0.	0.	0.
MARK WIETecha PRESIDENT & CEO	18.80	X		X				64,726.	64,726.	26,420.
MARY GORMAN SR. VICE PRESIDENT	37.50				X			299,228.	0.	46,448.
JOHN MULDOON VICE PRESIDENT	37.50				X			251,879.	0.	51,560.
CHARLES BAIN VICE PRESIDENT	37.50				X			310,922.	0.	44,290.
MILTON KAUFMAN VICE PRESIDENT	37.50				X			260,760.	0.	57,424.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL CITRON DIRECTOR, FINANCE	37.50			X				167,101.	0.	15,318.
MARK RILEY VP HUMAN RESOURCES	37.50				X			159,661.	0.	17,438.
ELLEN SCHWALENSTOCKER DIRECTOR	37.50					X		179,919.	0.	20,309.
MUKUL CHOPRA DIRECTOR	37.50					X		203,813.	0.	19,794.
DONNA SHELTON DIRECTOR	37.50					X		146,267.	0.	18,898.
GILLIAN RAY DIRECTOR	37.50					X		165,944.	0.	33,165.
CURTIS FISHER DIRECTOR	37.50					X		152,038.	0.	10,476.
LAWRENCE MCANDREWS PRESIDENT & CEO	25.00	X		X				422,606.	211,303.	104,525.
1b Sub-total								2,784,864.	276,029.	466,065.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,784,864.	276,029.	466,065.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **29**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ROPES & GRAY P.O. BOX 414265, BOSTON, MA 02241	LEGAL SERVICES	581,157.
QUANTROS, 690 N. MCCARTHY BLVD, SUITE 200, MILPITAS, CA 95035	DATABASE CONSULTANT	378,007.
THOMPSON REUTERS 39353 TREASURY CENTER, CHICAGO, IL 60694	DATABASE ADMINISTRATOR	275,207.
JOHNS HOPKINS 200 N. WOLFE ST., BALTIMORE, MD 21287	RESEARCH CONSULTANT	234,086.
VANDERBILT UNIVERSITY MEDICAL CENTER 2200 CHILDREN'S WAY, NASHVILLE, TN 37232	RESEARCH CONSULTANT	176,478.

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

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**NATIONAL ASSOCIATION OF CHILDREN'S
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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 140,000.					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		140,000.				
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	4756210.	4756210.			
	b PROJECT PARTICIPATION	900099	1929449.	1929449.			
	c REIMBURSED EXPENSES	900099	1394020.	1394020.			
	d MEETINGS AND CONFERENC	900099	922,363.	922,363.			
	e CONSULTATIVE SERVICES	900099	57,817.	57,817.			
	f All other program service revenue	541800	43,965.	2,075.	41,890.		
	g Total. Add lines 2a-2f		9103824.				
	3 Investment income (including dividends, interest, and other similar amounts)		449,586.			449,586.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties		679,172.			679,172.		
Other Revenue	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 1,305,593.					
	b Less: cost or other basis and sales expenses	1,478,385.					
	c Gain or (loss)	<172,792.>					
	d Net gain or (loss)		<172,792.>			<172,792.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a MISCELLANEOUS	900099	32,228.	19,674.		12,554.	
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d		32,228.					
12 Total revenue. See instructions.		10,232,018.	9081608.	41,890.	968,520.		

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NATIONAL ASSOCIATION OF CHILDREN'S

Form 990 (2011)

HOSPITALS AND RELATED INSTITUTIONS, INC.

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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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,588,043.	1,718,473.	800,182.	69,388.
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	2,644,113.	1,963,275.	601,572.	79,266.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	109,493.		109,493.	
9 Other employee benefits	852,069.	722,786.	100,048.	29,235.
10 Payroll taxes	7,748.		7,748.	
11 Fees for services (non-employees):				
a Management	1,152,500.	971,685.	178,315.	2,500.
b Legal	326,278.	65,074.	261,204.	
c Accounting	33,513.		33,513.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,068.		31,068.	
g Other	237,814.	176,797.	59,622.	1,395.
12 Advertising and promotion	7,500.	7,500.		
13 Office expenses	228,765.	123,624.	101,207.	3,934.
14 Information technology	362,192.	54,349.	305,619.	2,224.
15 Royalties				
16 Occupancy	177,723.	8,978.	168,745.	
17 Travel	276,828.	215,456.	54,581.	6,791.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	499,562.	433,817.	59,952.	5,793.
20 Interest	102.		102.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	361,773.		361,773.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	75,206.		75,206.	
b EQUIP RENT AND MAINT	55,732.	9,615.	46,117.	
c TAXES	51,107.		51,107.	
d DUES AND SUBSCRIPTIONS	33,425.	9,939.	23,417.	69.
e All other expenses	49,642.	1,202,855.	<1,200,085.>	46,872.
25 Total functional expenses. Add lines 1 through 24e	10,162,196.	7,684,223.	2,230,506.	247,467.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	1,859,390.	2	1,574,919.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,046,419.	4	1,151,859.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	242,656.	9	358,200.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,059,570.		
	10b Less: accumulated depreciation	7,713,197.		
		4,708,148.	10c	4,346,373.
	11 Investments - publicly traded securities	2,905,357.	11	
	12 Investments - other securities. See Part IV, line 11	20,223,926.	12	21,739,043.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	158,347.	15	148,588.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,144,443.	16	29,319,182.	
Liabilities	17 Accounts payable and accrued expenses	2,414,751.	17	2,197,792.
	18 Grants payable		18	
	19 Deferred revenue	1,235,144.	19	1,200,900.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,199,022.	25	1,215,773.
	26 Total liabilities. Add lines 17 through 25	4,848,917.	26	4,614,465.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,295,526.	27	24,704,717.
	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	26,295,526.	33	24,704,717.
	34 Total liabilities and net assets/fund balances	31,144,443.	34	29,319,182.

Form 990 (2011)

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

Form 990 (2011)

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Part XI Reconciliation of Net Assets

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

☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,232,018.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,162,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,295,526.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,660,631.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,704,717.

Part XII Financial Statements and Reporting

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

☒ **X**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ **X** Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ **X** Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2011)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number	51-0120256
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Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2011 **HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256** Page 3

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,359,424.	8,978,205.	8,437,227.	9,102,541.	4,756,210.	38,633,607.
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	8,251,948.	8,117,951.	8,042,104.	7,785,831.	4,445,724.	36,643,558.
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	15,611,372.	17,096,156.	16,479,331.	16,888,372.	9,201,934.	75,277,165.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						75,277,165.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	15,611,372.	17,096,156.	16,479,331.	16,888,372.	9,201,934.	75,277,165.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,238,196.	2,539,631.	2,204,332.	2,718,157.	1,128,758.	9,829,074.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,238,196.	2,539,631.	2,204,332.	2,718,157.	1,128,758.	9,829,074.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	60,415.	68,928.	4,488.	20,133.	9,184.	163,148.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,412.	27,589.	9,508.	5,395.	32,228.	76,132.
13 Total support. (Add lines 9, 10c, 11, and 12)	16,911,395.	19,732,304.	18,697,659.	19,632,057.	10,372,104.	85,345,519.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	88.20	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	88.94	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	11.52	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	10.84	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

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

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

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).

DUE TO A CHANGE IN ACCOUNTING PERIOD, THIS SHORT YEAR 990 TAX RETURN
SCHEDULE A AMOUNTS FOR THE CURRENT PERIOD ARE FOR THE SIX MONTH PERIOD
ENDING DECEMBER 31, 2011. THE FOUR PREVIOUS YEARS ARE FOR THE YEARS ENDING
JUNE 30, 2008 THROUGH 2011.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part 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 35c (Proxy Tax), then

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

Name of organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number	51-0120256
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.

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

Schedule C (Form 990 or 990-EZ) 2011

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01-27-12

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule C (Form 990 or 990-EZ) 2011 **HOSPITALS AND RELATED INSTITUTIONS, INC 51-0120256** Page **2**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		9,162,868.													
e Total exempt purpose expenditures (add lines 1c and 1d)		9,162,868.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		608,143.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		152,036.													
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	608,143.	3,608,143.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,412,215.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	152,036.	902,036.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,353,054.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule C (Form 990 or 990-EZ) 2011 **HOSPITALS AND RELATED INSTITUTIONS, INC 51-0120256** Page 3

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

2011Open to Public
InspectionName of the organization **NATIONAL ASSOCIATION OF CHILDREN'S
HOSPITALS AND RELATED INSTITUTIONS, INC.**Employer identification number
51-0120256**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		327,425.		327,425.
b Buildings		7,571,550.	3,958,108.	3,613,442.
c Leasehold improvements				
d Equipment		1,688,594.	1,536,878.	151,716.
e Other		2,472,001.	2,218,211.	253,790.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,346,373.

Schedule D (Form 990) 2011

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule D (Form 990) 2011

HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	19,375,180.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVES FUNDS	1,295,151.	END-OF-YEAR MARKET VALUE
(C) DEFERRED COMPENSATION		
(D) PLAN	638,369.	END-OF-YEAR MARKET VALUE
(E) VPS, LLC INVESTMENTS	430,343.	COST
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	21,739,043.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	638,369.
(3) POST RETIREMENT BENEFIT OBLIGATION	577,404.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,215,773.

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

132053
01-23-12

NATIONAL ASSOCIATION OF CHILDREN'S

Schedule D (Form 990) 2011 HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,232,018.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,162,196.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	69,822.
4	Net unrealized gains (losses) on investments	4	<1,619,488.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<41,143.>
9	Total adjustments (net). Add lines 4 through 8	9	<1,660,631.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,590,809.>

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	8,567,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<1,619,488.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	<13,708.>
e	Add lines 2a through 2d	2e	<1,633,196.>
3	Subtract line 2e from line 1	3	10,200,950.
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	31,068.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,068.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,232,018.

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

1	Total expenses and losses per audited financial statements	1	10,172,271.
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	41,143.
e	Add lines 2a through 2d	2e	41,143.
3	Subtract line 2e from line 1	3	10,131,128.
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	31,068.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,068.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,162,196.

Part XIV Supplemental Information

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

PART X, LINE 2: MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX

POSITIONS. GENERALLY, INCOME TAX RETURNS RELATED TO THE FISCAL YEARS ENDED JUNE 30, 2008 THROUGH DECEMBER 31, 2011 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN LOSS OF VPS -41,143.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BENEFIT PLAN CHANGE OTHER THAN NET PERIODIC COST -13,708.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS IN EQUITY IN VPS 41,143.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

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

Employer identification number

51-0120256**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X**2** X**4a** X**4b** X**4c** X**5a** X**5b** X**6a** X**6b** X**7** X**8** X**9**

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

Schedule J (Form 990) 2011

NATIONAL ASSOCIATION OF CHILDREN'S

HOSPITALS AND RELATED INSTITUTIONS, INC. 51-0120256

Page 2

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK WIETecha	(i) 64,657.	0.	69.	11,802.	1,552.	78,080.	0.
	(ii) 64,657.	0.	69.	11,802.	1,552.	78,080.	0.
2 MARY GORMAN	(i) 264,855.	27,651.	6,722.	40,585.	7,597.	347,410.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 JOHN MULDOON	(i) 229,601.	19,211.	3,067.	37,009.	16,238.	305,126.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 CHARLES BAIN	(i) 166,276.	22,032.	122,614.	31,588.	14,323.	356,833.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 MILTON KAUFMAN	(i) 227,646.	24,488.	8,626.	37,159.	21,875.	319,794.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 CAROL CITRON	(i) 157,520.	9,284.	297.	12,480.	4,216.	183,797.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 MARK RILEY	(i) 149,637.	9,217.	807.	12,164.	6,680.	178,505.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 ELLEN SCHWALENSTOCKER	(i) 161,096.	18,073.	750.	13,524.	8,244.	201,687.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 MUKUL CHOPRA	(i) 136,921.	9,450.	57,442.	12,454.	8,611.	224,878.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 DONNA SHELTON	(i) 137,732.	8,289.	246.	11,087.	9,079.	166,433.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 GILLIAN RAY	(i) 156,869.	8,875.	200.	12,777.	21,746.	200,467.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 CURTIS FISHER	(i) 134,424.	7,655.	9,959.	10,476.	1,198.	163,712.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 LAWRENCE MCANDREWS	(i) 320,547.	45,824.	56,235.	61,129.	9,877.	493,612.	0.
	(ii) 160,274.	22,912.	28,117.	30,564.	4,939.	246,806.	0.
14							
15							
16							

Schedule J (Form 990) 2011

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

Part III Supplemental Information

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

PART I, LINES 4A-B: NACHRI SIGNED SEVERANCE AGREEMENTS WITH TWO OF ITS

EMPLOYEES, MUKUL CHOPRA AND CHARLES BAIN.

THE FOLLOWING EMPLOYEES RECEIVED DISTRIBUTION FROM THE NACHRI 457F PLAN.

THE AMOUNTS WERE INCLUDED IN BOX 5 OF THEIR 2011 W-2:

LAWRENCE MCANDREWS \$69,839

MARY GORMAN \$4,848

CHARLES BAIN \$53,999

MILTON KAUFMAN \$1,686

JOHN MULDOON \$2,102

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

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

Employer identification number
51-0120256

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

TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES
THROUGH SUPPORT OF CHILDREN'S HOSPITALS AND HEALTH SYSTEMS THAT ARE
COMMITTED TO EXCELLENCE IN PROVIDING HEALTH CARE TO CHILDREN. THIS IS
ACCOMPLISHED THROUGH EDUCATION, RESEARCH, HEALTH PROMOTION AND
ADVOCACY.

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

HOSPITALS AT NATIONAL AND STATE LEVELS. FOR EXAMPLE, THIS PAST YEAR
NACHRI FACILITATED FOUR FOCUS GROUPS CONSISTING OF JUST OVER 200
PROVIDERS AND ADMINISTRATORS, WORKING ACROSS FOUR AREAS OF CLINICAL
SERVICES (EMERGENCY SERVICES, ONCOLOGY/BONE MARROW TRANSPLANT SERVICES,
PEDIATRIC INTENSIVE CARE AND GENERAL INPATIENT) TO EXAMINE AND IMPROVE
PATIENT CARE. THE 2011 FOCUS GROUP ACTIVITIES CONCLUDED IN THE FIRST
QUARTER (BECAUSE INPATIENT CONCLUDES IN FEBRUARY 2012). INITIATIVES IN
THESE FOUR AREAS WILL BE OFFERED AGAIN IN 2012, WITH INITIAL MEETINGS
OF THESE GROUPS ANTICIPATED TO OCCUR IN MARCH OF 2012.

IN 2011, NACHRI FULLY TRANSITIONED TO A NEW TECHNOLOGY PLATFORM FOR ITS
CASE MIX DATABASE WHICH ALLOWS FOR MORE DATA ELEMENTS COLLECTED AND
THUS PROVIDES BETTER DATA FOR HOSPITALS TO USE IN THEIR QUALITY AND
PROCESS IMPROVEMENT EFFORTS. THERE ARE CURRENTLY 99 CHILDREN'S
HOSPITALS THAT ARE SUBMITTING DATA TO THE CASE MIX COMPARATIVE DATA
PROGRAM.

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

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number	51-0120256
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SERVICES CORE MEASURE SET THROUGH THE OPERATIONS OF THE PEDIATRIC QUALITY MEASUREMENT SYSTEM (PQMS). SINCE THE INCEPTION OF PQMS, THE HOME MANAGEMENT PLAN OF CARE (HMPC) CORE MEASURE (PART OF THE CHILDREN'S ASTHMA CARE CORE MEASURE SET) HAS SEEN AN IMPROVEMENT IN COMPLIANCE FROM 10% COMPLIANCE RATE TO OVER 80% (2011) IN FOUR YEARS.

DUE TO ITS MERGER WITH CHCA, NACHRI IS EVALUATING OPTIONS FOR ITS PROGRAM DELIVERABLES IN ORDER TO COME UP WITH THE BEST OF BOTH ORGANIZATIONS AND OFFER BEST OF BREED PEDIATRIC COMPARATIVE DATA AND ANALYTICS FOR OUR MEMBERS.

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

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

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number	51-0120256
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THROUGH THESE ORGANIZATIONS, NACHRI BRINGS THE VOICE OF CHILDREN TO NATIONAL STRATEGIC EFFORTS TO ADVANCE QUALITY (E.G., THE NATIONAL QUALITY STRATEGY) AND EXPERTISE ON CHILDREN'S ISSUES (INCLUDING EXPERTS FROM CHILDREN'S HOSPITALS) TO TECHNICAL ADVISORY PANELS AND COMMITTEES. NACHRI WORKS WITH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES, SUCH AS THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ), CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), JOINT COMMISSION AND OTHERS, TO ADVANCE HIGH QUALITY AND SAFE HEALTH CARE FOR CHILDREN. NACHRI PROVIDES ANALYTICAL SUPPORT TO N.A.C.H. IN REVIEWING REGULATIONS AND LEGISLATION REGARDING QUALITY OF HEALTH CARE.

BUILDING AND COORDINATING EFFORTS TO EXPAND QUALITY MEASUREMENT: THROUGH PARTICIPATION ON THE NATIONAL QUALITY FORUM, RELATIONSHIPS WITH GOVERNMENTAL AND NON-GOVERNMENTAL ENTITIES, AND EXPERTISE OF ITS MEMBER ORGANIZATIONS, NACHRI WORKS TO ADVANCE EFFORTS TO MEASURE THE QUALITY AND SAFETY OF CARE PROVIDED TO CHILDREN. EXAMPLES INCLUDE SUPPORT OF AHRQ-FUNDED CHIPRA PEDIATRIC QUALITY MEASUREMENT PROGRAM CENTERS OF EXCELLENCE AND INITIATION OF EFFORTS TO IMPROVE JOINT COMMISSION CORE MEASURES. THROUGH ITS DATA AND ANALYTICS SERVICES, NACHRI ALSO PROVIDES COMPARATIVE INFORMATION TO MEMBER HOSPITALS AND ASSESSES MEASURES AVAILABLE USING ADMINISTRATIVE DATA.

NACHRI QUALITY TRANSFORMATION NETWORK:

NACHRI CONTINUES TO DEVELOP AND EXPAND ITS QUALITY TRANSFORMATION NETWORK (QTN) AND DISSEMINATE THE RESULTS OF QTN PROGRAMS. PRESENTLY THE NACHRI QTN RUNS THREE PROGRAMS: (1) PEDIATRIC INTENSIVE CARE UNIT CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (PICU CLABSI), LAUNCHED IN 2006 WITH 28 HOSPITALS AND ADDED COHORTS IN 2008, 2009, AND 2011.

132212
01-23-12

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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CURRENTLY THERE ARE 72 ACTIVE TEAMS FROM 56 HOSPITALS; IN ALL 75 HOSPITALS HAVE PARTICIPATED. INFECTION RATES HAVE BEEN REDUCED 43% - 72%. THE PROGRAM HAS SAVED 399 LIVES AND MORE THAN \$116 MILLION. (2) PEDIATRIC HEMATOLOGY/ONCOLOGY CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (HEMONC CLABSI) LAUNCHED IN 2009 WITH 28 HOSPITALS AND ADDED A COHORT IN 2011. CURRENTLY THERE ARE 43 ACTIVE TEAMS FROM 36 HOSPITALS; IN ALL 38 HOSPITALS HAVE PARTICIPATED. INFECTION RATES HAVE DECLINED 21% - 50%. THE PROGRAM HAS SAVED 32 LIVES AND MORE THAN \$9 MILLION. THIS PROGRAM HAS EXPANDED TO CLABSI PREVENTION IN AMBULATORY SETTINGS. (3) PEDIATRIC NEPHROLOGY PERITONITIS AND EXIT SITE INFECTIONS PROGRAM (NEPHROLOGY) LAUNCHED IN 2011 AND INCLUDES 30 HOSPITALS. THIS PROGRAM FOCUSES ON REDUCING INFECTIONS IN PERITONEAL DIALYSIS PATIENTS IN AMBULATORY SETTINGS. NO RESULTS ARE AVAILABLE AS THIS WORK IS IN EARLY STAGES.

THE COMMON GOALS OF ALL QTN PROGRAMS ARE (A) TO DEVELOP AND TEST STRATEGIES TO REDUCE THE RATE OF HEALTHCARE-ASSOCIATED INFECTIONS IN CHILDREN. (B) TO SPREAD ESTABLISHED IMPROVEMENTS THAT HAVE BEEN SHOWN TO BE EFFECTIVE TO ALL HOSPITALS. (C) TO PROVIDE A FORUM FOR PARTICIPATING PHYSICIANS TO FULFILL REQUIREMENTS SET FORTH BY THE AMERICAN BOARD OF PEDIATRICS FOR MAINTENANCE OF CERTIFICATION. (D) TO DEVELOP A SUSTAINABLE MODEL FOR NATIONAL PEDIATRIC QUALITY TRANSFORMATION EFFORTS.

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

EDUCATION -- IN OCTOBER 2011, THE ASSOCIATION CONDUCTED ITS ANNUAL LEADERSHIP CONFERENCE WITH THE MEETING THEME FORGING THE FUTURE OF

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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CHILDRENS HEALTH CARE TO ADDRESS ADVANCING NEW LEADERSHIP COMPETENCIES, CREATING NEW HEALTH CARE DELIVERY MODELS AND INTEGRATING PHYSICIAN STRATEGIES. THE CONFERENCE WAS DESIGNED TO MEET THE NEEDS OF CHIEF EXECUTIVE OFFICERS, HOSPITAL BOARD TRUSTEES, SENIOR MEDICAL LEADERS, PATIENT CARE EXECUTIVES, CHIEF OPERATING OFFICERS AND OTHER SENIOR CHILDREN'S HOSPITAL LEADERS. THE CONFERENCE ATTRACTED OVER 500 INDIVIDUALS IN ATTENDANCE INCLUDING MEMBERS, SPEAKERS, SPONSORS AND STAFF. SESSION TOPICS INCLUDED: "ACCOUNTABLE CARE ORGANIZATIONS IN THE PEDIATRIC HEALTHCARE SYSTEM," "ENGAGING PHYSICIANS IN COMPETENCY REPORTING/IMPROVEMENT - IT CAN BE DONE!", AND "CREATING NEW MODELS OF CARE TO IMPROVE EFFICIENCIES AND EFFECTIVENESS" MOST IMPORTANT ISSUES SO THAT THEY CAN CONTINUE THEIR MISSIONS TO SERVE CHILDREN.

A PRECONFERENCE PROGRAM WAS HELD PRIOR TO THE ANNUAL CONFERENCE DIRECTED TOWARDS THE NEEDS OF PATIENT CARE EXECUTIVES AND HOSPITAL TRUSTEES. THE PROGRAMS ATTRACTED OVER 60 IN ATTENDANCE INCLUDING MEMBERS AND STAFF.

EXPENSES \$ 764,220. INCLUDING GRANTS OF \$ 0. REVENUE \$ 408,033.

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

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number	51-0120256
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POLICY ANALYSIS WORK, AND THROUGHOUT THE HEALTHCARE FIELD.

IN THE PAST YEAR, NACHRI CLASSIFICATION RESEARCH CONTRIBUTED TO THE RESEARCH FOR UPDATES AND IMPROVEMENTS TO THE ALL PATIENT REFINED DIAGNOSES RELATED GROUPS (APR-DRGS), AN ACUTE HOSPITALIZATION SYSTEM; THE POTENTIAL PREVENTABLE READMISSIONS (PPRS), ANOTHER ACUTE HOSPITALIZATION SYSTEM; AND THE CLINICAL RISK GROUPS (CRGS), A POPULATION BASED CHRONIC DISEASE ORIENTED SYSTEM. CLASSIFICATION RESEARCH ALSO PROVIDED ONGOING TECHNICAL ASSISTANCE TO OTHER NACHRI PROGRAM AREAS AND DEVELOPED SEVERAL PUBLICATIONS INCLUDING "ROLE OF CHILDREN'S HOSPITALS IN THE PEDIATRIC SAFETY NET" AND "ISSUES FOR CHILDREN'S HOSPITALS IN DRG BASED PROSPECTIVE PAYMENT SYSTEMS". EXPENSES \$ 501,797. INCLUDING GRANTS OF \$ 0. REVENUE \$ 648,938.

CONTRACTORS SERVICES -- AMOUNTS RELATED TO SERVICE ARRANGEMENTS WITH THE NATIONAL ASSOCIATION FOR CHILDREN'S HOSPITALS (N.A.C.H), A RELATED EXEMPT ORGANIZATION WITH A SIMILAR EXEMPT PURPOSE AND VIRTUAL PICU SYSTEMS, LLC (VPS), A LIMITED LIABILITY COMPANY ORGANIZED FOR THE PURPOSE OF CREATING A NETWORK OF CHILDREN'S HOSPITALS AND OTHER FACILITIES OFFERING PICU CARE TO IMPROVE THE QUALITY OF CRITICAL CARE FOR CHILDREN WORLDWIDE. EXPENSES \$ 1,124,332. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,534,020.

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

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE BOARD OF TRUSTEES ARE ELECTED BY THE VOTING MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING, WITH THE EXCEPTION OF THE PRESIDENT, WHO IS AN EX-OFFICIO TRUSTEE.

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

FORM 990, PART VI, SECTION B, LINE 11: ONE WEEK BEFORE FILING, THE ENTIRE RETURN IS PROVIDED TO THE FULL BOARD OF TRUSTEES. CAROL CITRON RECEIVES COMMENTS BACK AND CLEARS THESE UP PRIOR TO FILING A FINAL RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES MUST FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE AND ALSO SUBMIT TO BACKGROUND CHECKS OF VARYING DEGREES. THE BOARD OF TRUSTEE RESULTS ARE REVIEWED BY THE CHAIR, EXECUTIVE ASSISTANT TO THE PRESIDENT AND THE TATE & TRYON AUDITORS. CONFLICTS WILL BE DEALT WITH ON A CASE BY CASE BASIS INVOLVING LEGAL COUNSEL. NO CONFLICTS HAVE ARISEN AT THIS TIME THAT NEEDED ANY FURTHER ACTION AND THIS WAS CONFIRMED BY THE TATE & TRYON AUDITORS.

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

Name of the organization	NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number 51-0120256
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FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-1,619,488.
EQUITY IN LOSS OF VPS	-41,143.
TOTAL TO FORM 990, PART XI, LINE 5	-1,660,631.

FORM 990, PART XII, LINE 2C:

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

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

Employer identification number
51-0120256

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

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

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

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

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

Schedule R (Form 990) 2011

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

[illegible]

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

[illegible]

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

51-0120256 Page 3

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
NATIONAL ASSOCIATION OF CHILDREN'S (1) HOSPITALS, INC	M	625,817.CASH	
NATIONAL ASSOCIATION OF CHILDREN'S (2) HOSPITALS, INC	N	856,948.CASH	
(3) VIRTUAL PICU SYSTEMS, LLC	P	51,254.CASH	
(4)			
(5)			
(6)			

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

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

[illegible]

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CHILD HEALTH PATIENT SAFETY ORGANIZATION, INC.

PRIMARY ACTIVITY: IMPROVE SAFETY OF CHILDREN'S HOSPITALS BY SHARING DATA
AND EXPERIENCES

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

VIRTUAL PICU SYSTEMS, LLC

PRIMARY ACTIVITY: PROVIDE SERV. TO IMPROVE THE QUALITY OF CRITICAL CARE
FOR CHILDREN WORLDWIDE

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

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

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions. NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 51-0120256
	Number, street, and room or suite no. If a P.O. box, see instructions. 401 WYTHE STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314-1926	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CAROL CITRON, DIRECTOR OF FINANCE

- The books are in the care of ► **401 WYTHE STREET - ALEXANDRIA, VA 22314-1926**
Telephone No. ► **(703) 797-6010** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year or
► ☒ tax year beginning **JUL 1, 2011**, and ending **DEC 31, 2011**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☒ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 51-0120256
	Number, street, and room or suite no. If a P.O. box, see instructions. 401 WYTHE STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314-1926	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

CAROL CITRON, DIRECTOR OF FINANCE

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

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

FAX No.

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year , or other tax year beginning **JUL 1, 2011**, and ending **DEC 31, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☒ Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature **Carol Citron** Title **CPA**

Date **8/14/12**

Form 8868 (Rev. 1-2012)