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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2011
		Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012		
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 NISH	D Employer identification number 52-1007153
	Doing Business As	E Telephone number (703) 560-6800
	Number and street (or P O box if mail is not delivered to street address) Room/suite 8401 OLD COURTHOUSE ROAD	G Gross receipts \$ 118,073,298
	City or town, state or country, and ZIP + 4 VIENNA, VA 22182	
	F Name and address of principal officer E ROBERT CHAMBERLIN 8401 OLD COURTHOUSE ROAD VIENNA, VA 22182	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NISH.ORG		
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 1974
		M State of legal domicile DC

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities NISH WAS ORGANIZED TO REPRESENT AND ASSIST COMMUNITY REHABILATION PROGRAMS EMPLOYING PERSONS WITH SIGNIFICANT DISABILITIES IN OBTAINING FEDERAL GOVERNMENT PROCUREMENT CONTRACTS FOR SELECTED PRODUCTS AND SERVICES, WITH THE OBJECTIVE OF INCREASING THE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH SIGNIFICANT DISABILITIES
	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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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		2013-02-14 Date	
	ELIZABETH GOODMAN CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ JOANN WOODSON	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01293745
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE SUITE 1200 WE BETHESDA, MD 20814		EIN ▶ 47-0900880
				Phone no ▶ (202) 331-9880

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

Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

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

If “Yes,” describe these new services on Schedule O

3

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

If “Yes,” describe these changes on Schedule O

4

Describe the 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 \$ 101,980,007 including grants of \$ 2,899,377) (Revenue \$ 106,837,343)

SEE SCHEDULE O VIRTUALLY ALL OF NISH'S EFFORTS SUPPORTED THE ABILITYONE PROGRAM, A UNIQUE PROGRAM THAT CREATES EMPLOYMENT OPPORTUNITIES THAT PROVIDE INDIVIDUALS WHO ARE BLIND OR HAVE OTHER SIGNIFICANT DISABILITIES WITH EMPLOYMENT, EQUITABLE WAGES AND BENEFITS, UPWARD MOBILITY AND PERSONAL SATISFACTION. THE PROGRAM ENABLES INDIVIDUALS TO REDUCE THEIR DEPENDENCE ON GOVERNMENT SUPPORT AND JOIN THE RANKS OF TAXPAYERS. FOR THE FEDERAL GOVERNMENT CUSTOMER, THE ADVANTAGE IS FOUND IN THE QUALITY AND RELIABILITY OF THE EMPLOYEE, IN ADDITION TO THE VALUE AND QUALITY OF AN ARRAY OF PRODUCTS AND SERVICES THAT ARE AVAILABLE AT FAIR MARKET PRICES FROM ABILITYONE-CONTRACTED NONPROFIT AGENCIES ACROSS THE COUNTRY. IN 2011, NISH WAS THE SOURCE OF EMPLOYMENT OPPORTUNITIES FOR MORE THAN 40,000 PEOPLE WITH SIGNIFICANT DISABILITIES. NISH PUBLISHES WORKPLACE MAGAZINE MONTHLY AND DISTRIBUTES IT TO A CIRCULATION OF ABOUT 10,000, INCLUDING FEDERAL CUSTOMERS AND NONPROFIT AGENCIES. QUARTERLY, NISH PUBLISHES CRP CONNECTION, A NEWSLETTER DESIGNED TO EDUCATE AND INFORM NONPROFIT AGENCIES WITH NEWS ABOUT THE NISH/ABILITYONE PROGRAM ACTIVITIES. THE GRANTS CONSIST OF MANAGEMENT ASSISTANCE GRANTS, PRODUCTIVITY ENHANCEMENT GRANTS AND MEDICAL DOCUMENTATION GRANTS AND DO NOT REFLECT ALL FINANCIAL ASSISTANCE PROVIDED.

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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


















4e

Total program service expenses \$ 101,980,007

Form 990 (2011)

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

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	136			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	415			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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▶

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶
ROBERT CAREY
8401 OLD COURTHOUSE ROAD
VIENNA, VA 22182
(571) 226-4660

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,871,245	0	571,550

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 113

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>	3	Yes	
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>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
SOUTHWESTERN KY REHAB PO BOX 1692 CORBIN, KY 40702	SUBCONTRACTED MANUFACTURING OF R&D PRODU	8,549,017
CAPGEMINI LLC 98836 COLLECTION CTR DRIVE CHICAGO, IL 60093	COMPUTER SUPPORT SERVICES	2,787,525
READY ONE INDUSTRIES 1414 ALLEN BRADLEY EL PASO, TX 79936	SUBCONTRACTED MANUFACTURING OF R&D PRODU	2,400,272
GOODWILL INDUSTRIES SOUTH FLORIDA 2121 NW 21ST STREET MIAMI, FL 33142	SUBCONTRACTED MANUFACTURING OF R&D PRODU	2,220,734
THE GINN GROUP INC 200 WESTPARK DRIVE STE 100 PEACHTREE, GA 30269	SUBCONTRACTED BUILDING MAINTENANCE SERVI	2,086,170
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 26		

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	FEES	900099	74,100,526	74,100,526			
	b	GOVERNMENT CONTRACTS	900099	32,581,886	32,581,886			
	c	NATIONAL CONFERENCE	900099	154,931	154,931			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		106,837,343				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,000,919			1,000,919	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			10,098,109					
			9,951,330					
			146,779					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		146,779			146,779	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	ADVERTISING	541800	116,500		116,500			
b	REIMBURSEMENTS AND OTH	900099	20,427			20,427		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		136,927					
12	Total revenue. See Instructions		108,121,968	106,837,343	116,500	1,168,125		

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	2,899,377	2,899,377		
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	2,416,375	1,455,716	960,659	
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	32,446,242	30,133,897	2,312,345	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,953,039	2,746,573	206,466	
9	Other employee benefits	7,090,064	6,528,018	562,046	
10	Payroll taxes	2,431,870	2,213,002	218,868	
11	Fees for services (non-employees)				
a	Management				
b	Legal	980,119		980,119	
c	Accounting	182,391		182,391	
d	Lobbying	316,255	316,255		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	161,869		161,869	
g	Other	5,203,600	4,864,943	338,657	
12	Advertising and promotion	2,073,716	2,073,716		
13	Office expenses	2,109,059	1,949,598	159,461	
14	Information technology	4,314,876	4,062,354	252,522	
15	Royalties				
16	Occupancy	1,978,515	1,800,448	178,067	
17	Travel	4,465,219	4,085,220	379,999	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,852,307	1,647,564	204,743	
20	Interest	22,542		22,542	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,626,330	1,479,960	146,370	
23	Insurance	181,955	165,579	16,376	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUBCONTRACTS	31,573,441	31,573,441		
b	MISCELLANEOUS	1,113,068	887,289	225,779	
c	BAD DEBT	1,097,057	1,097,057		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	109,489,286	101,980,007	7,509,279	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			8,930,439	2	9,661,530
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,737,722	4	22,665,069
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			2,930,167	7	4,455,449
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,697,098	9	1,263,909
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	24,183,764	13,497,790	10c	12,547,528
	b	Less accumulated depreciation	10b	11,636,236			
	11	Investments—publicly traded securities			26,627,388	11	28,077,185
	12	Investments—other securities. See Part IV, line 11			2,009,486	12	1,978,394
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			174,492	15	698,337
	16	Total assets. Add lines 1 through 15 (must equal line 34)			75,604,582	16	81,347,401
Liabilities	17	Accounts payable and accrued expenses			7,410,062	17	10,377,236
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			1,100,000	20	1,000,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	1,079,747
	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			1,892,666	25	2,272,824
	26	Total liabilities. Add lines 17 through 25			10,402,728	26	14,729,807
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			65,201,854	27	66,617,594
	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			65,201,854	33	66,617,594
	34	Total liabilities and net assets/fund balances			75,604,582	34	81,347,401

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,121,968
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,489,286
3	Revenue less expenses Subtract line 2 from line 1	3	-1,367,318
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,201,854
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,783,058
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	66,617,594

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization NISH	Employer identification number 52-1007153
----------------------------------	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches **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 Se**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 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 the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<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"/>




Part III

Support Schedule for Organizations Described in IRC 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.")						
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	60,708,381	64,925,969	70,118,433	75,683,064	106,837,343	378,273,190
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	60,708,381	64,925,969	70,118,433	75,683,064	106,837,343	378,273,190
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	16,398,389	23,793,421	20,522,853	22,987,191	15,947,033	99,648,887
c Add lines 7a and 7b	16,398,389	23,793,421	20,522,853	22,987,191	15,947,033	99,648,887
8 Public Support (Subtract line 7c from line 6)						278,624,303

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	60,708,381	64,925,969	70,118,433	75,683,064	106,837,343	378,273,190
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,491,001	1,049,375	871,520	1,036,938	1,000,919	5,449,753
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			7,267	41,500	53,084	101,851
c Add lines 10a and 10b	1,491,001	1,049,375	878,787	1,078,438	1,054,003	5,551,604
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	119,810	96,304	5,947	18,139	20,427	260,627
13 Total support (Add lines 9, 10c, 11 and 12)	62,319,192	66,071,648	71,003,167	76,779,641	107,911,773	384,085,421
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	72.540 %	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	68.850 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1 450 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 840 %
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 		

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

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ATKINSON VICE CHAIRMAN/CHAIR ELECT	5 00	X		X				0	0	0
STEPHEN BENNETT DIRECTOR	1 50	X						0	0	0
PETER BERNS DIRECTOR	1 50	X						0	0	0
DEAN KENNETH EMERSON DIRECTOR	1 50	X						0	0	0
DAVID GONZALES DIRECTOR	1 50	X						0	0	0
BARBARA NURENBERG DIRECTOR	1 50	X						0	0	0
WILLIAM COLEMAN JR CHAIRMAN (FROM MARCH 2012)	5 00	X		X				0	0	0
FREDERICK BEAMAN SECRETARY	5 00	X		X				0	0	0
STEPHEN KATSURINIS DIRECTOR	1 50	X						0	0	0
AMY LUTTRELL DIRECTOR	1 50	X						0	0	0
FREDERICK FRESE DIRECTOR	1 50	X						0	0	0
MIKE KIVITZ DIRECTOR	1 50	X						0	0	0
BRENDA YARNELL TREASURER	5 00	X		X				0	0	0
JIM GIBBONS DIRECTOR	1 50	X						0	0	0
THOMAS MILLER DIRECTOR	1 50	X						0	0	0
STEVEN KING DIRECTOR	1 50	X						0	0	0
WES TYLER DIRECTOR	1 50	X						0	0	0
STEVE PERDUE DIRECTOR	1 50	X						0	0	0
WAYNE MCMILLAN DIRECTOR	1 50	X						0	0	0
RHEA NELSON DIRECTOR	1 50	X						0	0	0
JERRY BETENHAUSEN DIRECTOR	1 50	X						0	0	0
BELINDA PORRAS DIRECTOR	1 50	X						0	0	0
FREDRICK WILLIAMS DIRECTOR	1 50	X						0	0	0
JAMES BARONE PAST-CHAIR (THROUGH MARCH 2012)	5 00	X						0	0	0
ELMER CERANO PAST-CHAIR (FROM MARCH 2012)	1 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
E ROBERT CHAMBERLIN PRESIDENT AND CEO	50 00			X				382,370	0	50,332
ELIZABETH GOODMAN CHIEF FINANCIAL OFFICER	50 00			X				187,431	0	44,134
DENNIS FIELDS CHIEF OPERATING OFFICER	50 00			X				235,791	0	48,098
PAUL PLATTNER VICE PRESIDENT OF OPERATIO	55 00				X			200,517	0	47,128
SALLY GAMETT CHIEF INFORMATION OFFICER	50 00				X			208,177	0	44,475
NANCYELLEN GENTILE VICE PRESIDENT OF CORPORAT	50 00				X			161,470	0	29,502
MARTIN GERRY VICE PRESIDENT	50 00				X			207,496	0	28,648
MARTIN WILLIAMS VICE PRESIDENT- REGIONAL	50 00				X			185,345	0	54,999
JEAN ROBINSON LEGAL COUNSEL	50 00					X		312,215	0	41,270
DAVID DUBINSKY EXECUTIVE DIRECTOR	50 00					X		185,251	0	53,111
DEBORAH ATKINSON EXECUTIVE DIRECTOR- TRAINING	50 00					X		167,682	0	30,849
MICKY GAZAWAY EXECUTIVE DIRECTOR	50 00					X		158,962	0	48,058
DAVID THEIMER DIRECTOR-SBD	55 00					X		152,977	0	42,205
CARLEEN THOMPSON VP HUMAN RESOURCES (FORMER KEY)	50 00						X	125,561	0	8,741

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization NISH	Employer identification number 52-1007153
----------------------------------	--

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (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)	194,055													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	473,954													
c	Total lobbying expenditures (add lines 1a and 1b)	668,009													
d	Other exempt purpose expenditures	108,778,601													
e	Total exempt purpose expenditures (add lines 1c and 1d)	109,446,610													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a 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 non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	682,492	965,305	804,361	668,009	3,120,167
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	185,365	186,249	223,881	194,055	789,550

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	THE ORGANIZATION DOES NOT ENGAGE IN DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization NISH	Employer identification number 52-1007153
----------------------------------	--

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

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

3b

4

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

Part VI 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		1,958,528		1,958,528
b Buildings		12,457,656	4,934,996	7,522,660
c Leasehold improvements		209,190	109,060	100,130
d Equipment		2,784,370	2,364,400	419,970
e Other		6,774,020	4,227,780	2,546,240
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				12,547,528

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	108,121,968
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	109,489,286
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,367,318
4	Net unrealized gains (losses) on investments	4	2,783,058
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,783,058
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,415,740

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	79,331,585
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,783,058
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,783,058
3	Subtract line 2e from line 1	3	76,548,527
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	31,573,441
c	Add lines 4a and 4b	4c	31,573,441
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	108,121,968

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	77,915,845
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	77,915,845
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	31,573,441
c	Add lines 4a and 4b	4c	31,573,441
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	109,489,286

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NISH FOLLOWS THE AUTHORITATIVE GUIDANCE TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS RELATED TO INCOME TAXES. THESE STANDARDS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NISH PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS AS OF SEPTEMBER 30, 2012. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2008 THROUGH 2010 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE VARIOUS STATES IN WHICH NISH FILES A RETURN.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SUBCONTRACT EXPENSES NETTED AGAINST REVENUE IN AUDITED FINANCIALS 31,573,441
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SUBCONTRACT EXPENSES NETTED AGAINST REVENUE IN AUDITED FINANCIALS 31,573,441

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NISH

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
52-1007153

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

67

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

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

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

Part IV

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC ABILITY RESOURCES INCPO BOX 4731 HAGATNA, GU 96932	66-0761594	501(C)(3)	5,328				MANAGEMENT GRANT PROGRAM
JEWISH VOCATIONAL SERVICE29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	5,868				CLEAN BY STEAM GRANT (SBD)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST CAREER PLANNING 339 BROADWAY MENANDS, NY 12204	14-1410352	501(C)(3)	5,868				CLEAN BY STEAM GRANT (SBD)
LINDEN RESOURCES750 S 23RD STREET ARLINGTON, VA 22202	54-0660113	501(C)(3)	28,306				CLEAN BY STEAM GRANT (SBD), LEASE SUBSIDY

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UCP LAND OF LINCOLN101 NORTH 16TH STREET SPRINGFIELD,IL 62703	37-0902106	501(C)(3)	11,789				CLEAN BY STEAM GRANT (SBD), LEASE SUBSIDY
SARA'S MENTORING CENTER INC517 CENTRAL DRIVE VIRGINIA BEACH, VA 23454	75-3111480	501(C)(3)	6,072				MANAGEMENT GRANT PROGRAM

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EASTER SEALS CROSSROADS4740 KINGSWAY DR INDIANAPOLIS, IN 46205	35- 0869058	501(C)(3)	6,160				QWE GRANTS
PATHFINDER INCPO BOX 647 JACKSONVILLE, AR 72078	71- 0644445	501(C)(3)	6,168				CLEAN BY STEAM GRANT (SBD)

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GW SERVICES OF SWFL INC4940 BAYLINE DRIVE NORTH FORT MYERS,FL 33917	77-0673657	501(C)(3)	7,533				CLEAN BY STEAM GRANT (SBD), LEASE SUBSIDY
GOODWILL IND - SO FLORIDA2121 NW 21ST ST MIAMI,FL 33142	59-0866126	501(C)(3)	6,691				CLEAN BY STEAM GRANT (SBD)

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

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SOUTHEASTERN KENTUCKY REHABILITATION CENTER BOX 1692 CORBIN, KY 40702	61-0725475	501(C)(3)	6,694				CLEAN BY STEAM GRANT (SBD)
HUNTSVILLE REHABILITATION FOUNDATION 2939 JOHNSON ROAD SW HUNTSVILLE, AL 35805	23-7450941	501(C)(3)	30,641				MEDICAL DOCUMENTATION GRANT (WORKFORCE DEVELOPMENT), LEASE SUBSIDY

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

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LOS ANGELES HABILITATION HOUSE2041 SAN GABRIEL AVENUE LONG BEACH, CA 90810	20-8579946	501(C)(3)	7,233				MANAGEMENT GRANT PROGRAM
ANTHONY WAYNE CENTER8515 BLUFFTON ROAD FORT WAYNE, IN 46809	35-1049596	501(C)(3)	7,445				MANAGEMENT GRANT PROGRAM

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

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DOUGLAS CENTER 3445 W HOWARD ST SKOKIE, IL 60076	01-0781831	501(C)(3)	9,011				MANAGEMENT GRANT PROGRAM
BONA FIDE CONGLOMERATE INCPO BOX 2606 LA MESA, CA 91943	83-0396875	501(C)(3)	10,000				QWE GRANTS

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

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GOODWILL SPECIALTY SERVICES4805 NORTH 72ND STREET OMAHA,NE 68134	47-0818929	501(C)(3)	14,127				Q WE GRANTS, MANAGEMENT GRANT PROGRAM
KNOX COUNTY ASSOC RETARDED CIT3000 NORTH CENTRAL STREET KNOXVILLE, TN 37917	62-0759415	501(C)(3)	10,000				Q WE GRANTS

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

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LIFEROOTS INC 1111 MENAUL BLVD NE ALBUQUERQUE, NM 87107	85- 0135073	501(C)(3)	10,000				QWE GRANTS
TRESCO INCPO BOX 2469 LAS CRUCES, NM 88004	85- 0201597	501(C)(3)	10,250				MEDICATION DOCUMENTATION GRANT/ QWE GRANT

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ENDEAVORS UNLIMITED INC 6876 ALAMO DOWNS PKWY SAN ANTONIO, TX 78238	74- 2618398	501(C)(3)	10,481				MANAGEMENT GRANT PROGRAM
CHIMES4815 SETON DRIVE BALTIMORE, MD 21215	52- 0575305	501(C)(3)	10,981				MANAGEMENT GRANT PROGRAM

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

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PENINSULA SERVICESPO BOX 5030 BREMERTON, WA 98312	23-7147825	501(C)(3)	12,500				QWE GRANTS
WITCO 3919 E USTICK ROAD CALDWELL,ID 83605	23-7377526	501(C)(3)	12,500				QWE GRANTS

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ARC - RICHMOND AREA 3600 SAUNDERS AVENUE RICHMOND, VA 23227	54-0629691	501(C)(3)	14,090				MANAGEMENT GRANT PROGRAM
MT VERNON LEE ENTERPRISES INC 7420 FULLERTON ROAD SPRINGFIELD, VA 22153	54-0901005	501(C)(3)	14,530				MANAGEMENT GRANT PROGRAM

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

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CROSSROADS DIVERSIFIED SVCS 9300 TECH CENTER DR STE 100 SACRAMENTO, CA 95826	94- 2446765	501(C)(3)	16,435				MANAGEMENT GRANT PROGRAM
COTTONWOOD INC 2801 W 31ST ST LAWRENCE, KS 66047	48- 0780431	501(C)(3)	16,515				CLEAN BY STEAM GRANT (SBD)/QWE GRANTS

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

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LAKEVIEW CENTER2001 NORTH E STREET PENSACOLA, FL 32501	59-0737872	501(C)(3)	17,054				IDEAS TO WORK/Q WE/MGMT GRANT/NISH INSTITUTE/ FINANCIAL /BENEFITS COUNSELING PILOT
STEPS INC225 INDUSTRIAL PARK ROAD FARMVILLE, VA 23901	54-1209110	501(C)(3)	17,644				MANAGEMENT GRANT PROGRAM/Q WE GRANTS

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SERVICE SOURCE 6295 EDSALL ROAD SUITE 175 ALEXANDRIA, VA 22312	54- 0901256	501(C)(3)	18,561				MANAGEMENT GRANT PROGRAM
ARC - ROCK ISLAND COUNTY 4016 9TH ST ROCK ISLAND, IL 61201	36- 2615996	501(C)(3)	19,304				MANAGEMENT GRANT PROGRAM

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CHALLENGE ENTERPRISES OF N FL3530 ENTERPRISE WAY PO BOX 1248 GREEN COVE SPRINGS, FL 32043	59-1478621	501(C)(3)	19,661				MANAGEMENT GRANT PROGRAM
TOMMY NOBIS ENT1480 BELLS FERRY ROAD MARIETTA, GA 30066	58-2080820	501(C)(3)	21,513				MEDICATION DOCUMENTATION GRANT, MANAGEMENT GRANT PROGRAM

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TRANSYLVANIA VOCATIONAL SVC PO DRAWER 1115 BREVARD, NC 28712	56-1261616	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
EMPLOYMENT SOURCE600 AMES ST FAYETTEVILLE, NC 28301	56-2253814	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM

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DIDLAKE8641 BREEDEN AVENUE MANASSAS,VA 20110	54- 0943833	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
GOODWILL IND - LOWER SC2150 EAGLE DRIVE NORTH CHARLESTON,SC 29406	57- 0632511	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM

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COLEMAN PROFESSIONAL SVCS INC5982 RHODES ROAD RHODES ROAD, OH 44240	34- 1240178	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
GOODWILL CONTRACT SERV HAWAII2610 KILIHOU ST HONOLULU, HI 96819	06- 1700328	501(C)(3)	27,234				MANAGEMENT GRANT PROGRAM, LEASE SUBSIDY

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

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PORTCO INC800 LOUDOUN AVENUE PORTSMOUTH, VA 23707	54-1598359	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM
TCH215 W LODGE DRIVE TEMPE,AZ 85283	86-0217033	501(C)(3)	22,000				MANAGEMENT GRANT PROGRAM

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HUMAN TECHNOLOGIES CORP2260 DWYER AVENUE UTICA,NY 13501	15-0571056	501(C)(3)	22,849				MANAGEMENT GRANT PROGRAM
BEACON GROUP SW INC308 W GLENN ST TUSCON,AZ 85703	86-0107976	501(C)(3)	28,800				CONTACT CENTER GRANT/MANAGEMENT GRANT PROGRAM

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

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CDS MONARCH 860 HARD ROAD WEBSTER, NY 14580	16- 1089115	501(C)(3)	30,000				OTHER
ICAN RESOURCES 118 NARDO COURT DEDEDO, GU 96929	66- 0728657	501(C)(3)	37,208				MANAGEMENT GRANT PROGRAM

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PECKHAM INC 3510 CAPITAL COTY BOULEVARD LANSING, MI 48906	38-2322117	501(C)(3)	41,871				MANAGEMENT GRANT PROGRAM
DE PAUL INDUSTRIES 4950 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97211	93-0607857	501(C)(3)	44,000				MANAGEMENT GRANT PROGRAM/IDEAS TO WORK

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

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SKOOKUM EDUCATIONAL PROGRAMPO BOX 5359 BREMERTON,WA 98312	91-1434778	501(C)(3)	63,810				MANAGEMENT GRANT PROGRAM, LEASE SUBSIDY
NATIONAL TELECOMMUTING INST69 CANAL STREET BOSTON,MA 02114	04-3277044	501(C)(3)	45,000				IDEAS TO WORK GRANT

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

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CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST STREET WICHITA, KS 67208	23-7314938	501(C)(3)	197,927				NISH INSTITUTE/ FINANCIAL /BENEFITS COUNSELING PILOT/ASSISTIVE TECHNOLOGY
PIONEER ADULT REHAB 485 PARC CIRCLE CLEARFIELD, UT 84015	87-6000487	501(C)(3)	775,000				NISH INSTITUTE (ECONOMIC EMPOWERMT GRANT)

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

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ALLIED HEALTH CARE100 ABINGTON EXECUTIVE PARK DRIVE CLARKS SUMMIT, PA 18411	24-0860110	501(C)(3)	13,544				LEASE SUBSIDY
ATHELAS INSTITUTE9104 RED BRANCH ROAD COLUMBIA, MD 21045	52-1225887	501(C)(3)	5,327				LEASE SUBSIDY

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

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CHALLENGE UNLIMITED4 EMMIE L KAUS LANE ALTON,IL 62002	37-0805566	501(C)(3)	16,439				LEASE SUBSIDY
EASTER SEALS GREATER HARTFORD100 DEERFIELD ROAD WINDSOR,CT 06095	06-0662138	501(C)(3)	5,721				LEASE SUBSIDY

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

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EMPLOYMENT SOLUTIONS1084 WHIPPLE COURT LEXINGTON, KY 40511	61-1031382	501(C)(3)	5,202				LEASE SUBSIDY
GOODWILL INDUSTRIES OF SOUTH TEXAS2961 S PORT STREET CORPUS CHRISTI, TX 78405	74-1223056	501(C)(3)	6,380				LEASE SUBSIDY

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

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LIFE CONCEPTS DBA QUEST500 EAST COLONIAL DRIVE ORLANDO, FL 32803	59- 2013160	501(C)(3)	25,124				LEASE SUBSIDY
NYSARC INC NY CITY CHAPTER83 MAIDEN LANE NEW YORK, NY 10038	13- 5596746	501(C)(3)	17,228				LEASE SUBSIDY

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OPPORTUNITY CENTER INC2225 N UNION PONCA CITY, OK 74601	73-0766443	501(C)(3)	9,476				LEASE SUBSIDY
THE ORANGE GROVE CENTER INC615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	5,231				LEASE SUBSIDY

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

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PACE ENTERPRISES OF WEST VIRGINIA INC889 MYLAN PARK LANE MORGANTOWN, WV 26501	55-0528357	501(C)(3)	6,980				LEASE SUBSIDY
UNITED CEREBRAL PALSY OF THE NORTH BAY INC 3835 CYPRESS DRIVE SUITE 103 PETALUMA, CA 94954	94-2284940	501(C)(3)	11,334				LEASE SUBSIDY

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UNITED CEREBRAL PALSY OF CENTRAL ARKANSAS9720 N RODNEY PARHAM ROAD LITTLE ROCK, AR 72227	71-0304327	501(C)(3)	5,027				LEASE SUBSIDY
WIREGRASS REHABILITATION CENTER INC795 ROSS CLARK CIRCLE DOTHAN, AL 36303	63-0523650	501(C)(3)	5,027				LEASE SUBSIDY

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HOUSE OF JOY6279 FAIRBURN ROAD DOUGLASVILLE, GA 30134	33-1112644	501(C)(3)	5,972				MANAGEMENT GRANT PROGRAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NISH

Employer identification number
52-1007153

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input checked="" type="checkbox"/> First-class or charter travel		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input checked="" type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) 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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) E ROBERT CHAMBERLIN	(i)	372,741	1,250	8,379	23,850	26,482	432,702	0
	(ii)	0	0	0	0	0	0	0
(2) ELIZABETH GOODMAN	(i)	186,493	938	0	20,660	23,474	231,565	0
	(ii)	0	0	0	0	0	0	0
(3) DENNIS FIELDS	(i)	234,618	1,173	0	23,574	24,524	283,889	0
	(ii)	0	0	0	0	0	0	0
(4) PAUL PLATTNER	(i)	199,557	960	0	21,146	25,982	247,645	0
	(ii)	0	0	0	0	0	0	0
(5) SALLY GAMETT	(i)	207,170	1,007	0	22,351	22,124	252,652	0
	(ii)	0	0	0	0	0	0	0
(6) NANCY ELLEN GENTILE	(i)	160,670	800	0	17,791	11,711	190,972	0
	(ii)	0	0	0	0	0	0	0
(7) MARTIN GERRY	(i)	206,481	1,015	0	22,385	6,263	236,144	0
	(ii)	0	0	0	0	0	0	0
(8) MARTIN WILLIAMS	(i)	184,396	949	0	20,905	34,094	240,344	0
	(ii)	0	0	0	0	0	0	0
(9) JEAN ROBINSON	(i)	310,965	1,250	0	11,487	29,783	353,485	0
	(ii)	0	0	0	0	0	0	0
(10) DAVID DUBINSKY	(i)	184,312	939	0	20,694	32,417	238,362	0
	(ii)	0	0	0	0	0	0	0
(11) DEBORAH ATKINSON	(i)	166,857	825	0	18,448	12,401	198,531	0
	(ii)	0	0	0	0	0	0	0
(12) MICKY GAZAWAY	(i)	158,163	799	0	17,609	30,449	207,020	0
	(ii)	0	0	0	0	0	0	0
(13) DAVID THEIMER	(i)	152,211	766	0	16,868	25,337	195,182	0
	(ii)	0	0	0	0	0	0	0
(14) CARLEEN THOMPSON	(i)	125,561	0	0	3,524	5,217	134,302	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST CLASS AIRFARE IS PERMITTED FOR FLIGHTS THAT EXCEED EIGHT HOURS OR FOR EMPLOYEES WITH A MEDICAL ACCOMMODATION. ALL EXPENSES FOR HEALTH OR FITNESS MUST BE DOCUMENTED AND APPROVED IN LINE WITH THE NISH APPROVED POLICY PRIOR TO REIMBURSEMENT. THE MAXIMUM REIMBURSEMENT IS \$250 PER YEAR.
	PART I, LINE 4B	E. ROBERT CHAMBERLIN, THE ORGANIZATION'S PRESIDENT/CEO, PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F). NO CONTRIBUTIONS WERE MADE TO THE PLAN DURING CALENDAR YEAR 2011 NOR WERE ANY AMOUNTS DISTRIBUTED TO MR. CHAMBERLIN DURING THAT CALENDAR YEAR.
	PART I, LINE 7	NISH DID NOT HAVE AN INCENTIVE PAYMENT IN 2011, BUT DID PROVIDE ALL EMPLOYEES A PAYMENT EQUAL TO 1/2% OF THEIR SALARY (WITH A MINIMUM PAYMENT OF \$250 AND A MAXIMUM PAYMENT OF \$1,250) AT THE END OF THE YEAR.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization NISH	Employer identification number 52-1007153
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PROVIDED TO THE FULL NISH BOARD GENERALLY 30 DAYS IN ADVANCE FOR REVIEW AND APPROVAL BEFORE IT IS EXECUTED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER
	FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS MUST FILE AN ANNUAL DISCLOSURE STATEMENT, REVEALING ALL CONFLICTS OF INTEREST THE NISH BOARD OF DIRECTORS ADOPTED A CODE OF CONDUCT POLICY THAT ALL BOARD MEMBERS MUST ABIDE BY CONFLICT OF INTEREST IS COVERED IN THE NISH EMPLOYEE HANDBOOK ALL NISH EMPLOYEES MUST FILE A CONFLICT OF INTEREST STATEMENT WITH HUMAN RESOURCES ANNUALLY, AND ALSO WITHIN 10 DAYS OF HIRE THE NISH EMPLOYEE HANDBOOK PROVIDES APPROPRIATE GUIDANCE REGARDING CONFLICT OF INTEREST, INCLUDING DEFINITION, ILLUSTRATIVE EXAMPLES OF CONFLICT, PERMITTED INVESTMENTS, AND HOW TO DISCLOSE ANY QUESTIONABLE TRANSACTIONS FOR REVIEW
	FORM 990, PART VI, SECTION B, LINE 15	THE NISH EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD SETS AND APPROVES THE COMPENSATION OF THE CEO THE CEO APPROVES THE COMPENSATION FOR ALL OTHER DISQUALIFIED PERSONS AS DEFINED BY IRS CODE, SECTION 4958 F(1) THE NISH EXECUTIVE COMPENSATION COMMITTEE OBTAINS COMPENSATION COMPARABILITY DATA FOR THE CEO AND THE OTHER DISQUALIFIED POSITIONS THE COMPARABILITY DATA IS GENERALLY PROVIDED BY AN EXPERT IN COMPENSATION AND IS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, EXPERT'S OWN COMPENSATION STUDIES, AND OTHER COMPARABLE DATA THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION OF DISQUALIFIED INDIVIDUALS TO ENSURE NO EXCESS BENEFIT HAS OCCURRED DELIBERATION AND FINAL VOTE EXCLUDES ANY PERSON(S) WHOSE COMPENSATION IS BEING APPROVED OR ANY OTHER BOARD MEMBER WITH A CONFLICT OF INTEREST THE EXECUTIVE COMPENSATION COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION WITH CONCURRENT APPROVAL FROM THE FULL BOARD OF DIRECTORS THE ORGANIZATION'S DOCUMENTATION CONTAINS THE FOLLOWING (1) THE TERMS OF THE APPROVED TRANSACTION AND THE DATE APPROVED, (2) THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WHO WERE PRESENT DURING THE DEBATE ON THE TRANSACTION THAT WAS APPROVED AND THOSE THAT VOTED ON IT, (3) THE COMPARABILITY DATA THAT WAS RELIED ON BY THE EXECUTIVE COMPENSATION COMMITTEE AND HOW THE DATA WAS OBTAINED, AND (4) ANY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTEREST ALL DOCUMENTATION MUST BE PREPARED BEFORE THE LATER OF THE NEXT MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE OR 60 DAYS AFTER THE FINAL ACTIONS OF THE ORGANIZATION'S BOARD OF DIRECTORS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE MUST APPROVE THE DOCUMENTATION BY THE NEXT BOARD MEETING
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,783,058