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**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 7,340,642	including grants of \$ 0	(Revenue \$ 2,471,800 )
Quality and Safety NACHRI sponsors and facilitates a broad set of quality, safety, and cost management cooperatives. These cooperatives range in size from five hospitals to over 80 hospital participants and hundreds of clinicians, all focused on finding best practice solutions to priority problems. The goal is to identify best practice protocols that can then be spread across the larger group and improve children's health on a national basis.				

<b>4b</b>	(Code )	(Expenses \$ 5,982,835	including grants of \$ 0	(Revenue \$ 10,224,642 )
Data Analytics/Performance Improvement The analytics programs help members measure and improve quality and efficiency, inform and support strategies, showcase improvements in children's health care and identify opportunities for further improvement. Collection and analysis of data has supported advocacy for graduate medical education funding, for increasing children's access under Medicaid and CHIP programs and for strengthening reimbursement for children's hospitals. The tools available to members include a suite of data, benchmarking, and quality improvement programs and software. These tools allow users to back internal and policy decision-making efforts with concrete evidence and allow member hospitals nationally to shape how pediatric care is measured for quality and reimbursement.				

<b>4c</b>	(Code )	(Expenses \$ 4,579,503	including grants of \$ 0	(Revenue \$ 9,351,591 )
Education and Programming NACHRI runs one of the nation's largest set of educational programs dedicated to pediatrics. This includes senior executive education and networking events, the Annual Leadership Conference, quality conferences, analytics conferences, and other topic-specific programs for leadership within children's hospitals. These programs and conferences occur in person and via web.				

See Additional Data

<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$ 13,322,821	including grants of \$ 2,784,638	(Revenue \$ 18,492,121 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	31,225,801		
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, 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> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	80	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	222	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

**Part VI Governance, Management, and Disclosure**

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	13	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	12	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	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	Yes
<b>7b</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	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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	
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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)		
<b>16a</b>	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>b</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 ▶

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**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 ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ Nancy Stahl CFO 600 13TH STREET NW NO 500 WASHINGTON, DC 20005 (913) 262-1436

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Peggy Troy RN MSN ..... Chair	1 00 ..... 1 00	X		X				0	0	0
(2) Steve J Allen MD ..... Vice Chair	1 00 ..... 1 00	X		X				0	0	0
(3) Thomas D Kmetz ..... Treasurer	1 00 ..... 1 00	X		X				0	0	0
(4) Amy B Mansue ..... Secretary	1 00 ..... 1 00	X		X				0	0	0
(5) Michael Aubin FACHE ..... Director	1 00 ..... 1 00	X						0	0	0
(6) Madeline Bell ..... Director	1 00 ..... 1 00	X						0	0	0
(7) Kim Cripe ..... Director	1 00 ..... 1 00	X						0	0	0
(8) Herman B Gray MD MBA FAAP ..... Director	1 00 ..... 1 00	X						0	0	0
(9) Rick Merrill ..... Director	1 00 ..... 1 00	X						0	0	0
(10) Kurt Newman MD ..... Director	1 00 ..... 1 00	X						0	0	0
(11) James E Shmerling DHA FACHE ..... Director	1 00 ..... 1 00	X						0	0	0
(12) Jeff Sperring MD ..... Director	1 00 ..... 1 00	X						0	0	0
(13) Mark Wietecha ..... CEO	10 00 ..... 30 00			X				226,223	678,668	188,197
(14) Amy Knight ..... COO	25 00 ..... 15 00			X				345,337	207,202	102,267



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) D Brian Humphreys ..... VP of Finance	23 00 ..... 17 00			X				149,528	110,521	48,959
(16) Nancy Stahl ..... Chief Financial Officer	30 00 ..... 10 00			X				63,253	21,085	12,789
(17) David Bertoch ..... VP, Informatics & Comparative Data	40 00 ..... 0 00				X			261,708	0	46,688
(18) Richard Stepanek ..... Chief Information Officer	40 00 ..... 0 00				X			280,395	0	38,348
(19) Kassandra Jensen ..... VP, Education & Executive Learning	40 00 ..... 0 00				X			236,192	0	27,694
(20) Milton J Kauffman ..... vp of public policy	0 00 ..... 40 00					X		0	310,159	70,697
(21) David Spizman ..... Vice President	0 00 ..... 40 00					X		0	295,995	49,049
(22) Robert Davidson ..... Vice President, Insurance Advisory Services	0 00 ..... 40 00					X		0	262,760	42,866
(23) Jerry Rutherford ..... VP, Special Projects	40 00 ..... 0 00					X		246,483	0	36,728
(24) Kathenne Conrad ..... VP, Delivery System Transformation	20 00 ..... 20 00					X		115,459	115,459	29,808

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	1,924,578	2,001,849	694,090

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 60

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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> . . . . .		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
Truven Health Analytics Inc  39353 Treasury Center Chicago, IL 60694	Database Administrator	3,059,742
Cornerstone on Demand  Dept CH 19590 Palatine, IL 60055	Learning Platform Subscription	1,057,107
CDW Direct LLC  PO Box 75723 Chicago, IL 60675	Computer/Equipment Vendor	952,728
Health Catalyst  3165 Millrock Dr Suite 400 Salt Lake City, UT 84121	Database Warehouse	681,017
Children's National Medical Center  801 Roeder Road Suite 500 Silver Spring, MD 20910	CMMI Grant Administration	581,629

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 ▶ 12

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	6,139,416				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,588,372				
	g	Noncash contributions included in lines 1a-1f \$		2,637,190				
	h	Total. Add lines 1a-1f . . . . .		12,727,788				
Program Service Revenue	2a	PROJECT PARTICIPATION FEES	Business Code	900099	20,525,948	20,525,948		
	b	REIMBURSED EXPENSES		900099	9,708,806	9,708,806		
	c	membership dues		900099	8,892,575	8,892,575		
	d	MEETINGS AND CONFERENCE		900099	944,803	944,803		
	e	other fees		900099	468,022	468,022		
	f	All other program service revenue			64,221	64,221		
	g	Total. Add lines 2a-2f . . . . .		40,604,375				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			485,448		485,448
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties . . . . .			1,900,181		1,900,181	
6a		Gross rents	(i) Real	(ii) Personal				
			164,865					
		b	Less rental expenses					
			400,533					
c		Rental income or (loss)						
		-235,668						
d		Net rental income or (loss) . . . . .			-235,668		-235,668	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			726,209					
		b	Less cost or other basis and sales expenses					
			0					
c		Gain or (loss)						
		726,209						
d		Net gain or (loss) . . . . .			726,209		726,209	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
b		Less direct expenses . . . .	b					
c		Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . .	a						
b	Less direct expenses . . . .	b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . .	a						
b	Less cost of goods sold . . .	b						
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue	Business Code						
11a	MISCELLANEOUS	900099		2,379			2,379	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			2,379				
12	Total revenue. See Instructions . . . . .			56,210,712	40,540,154	64,221	2,878,549	

**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).

Check if Schedule O contains a response or note to any line 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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,784,638	2,784,638		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,051,142	1,836,610	1,180,121	34,411
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	18,686,341	11,248,092	7,227,505	210,744
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,307,783	787,210	505,824	14,749
<b>9</b>	Other employee benefits . . . . .	3,380,215	2,034,693	1,307,400	38,122
<b>10</b>	Payroll taxes . . . . .	1,363,640	820,832	527,429	15,379
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	219,725	132,262	84,985	2,478
<b>c</b>	Accounting . . . . .	21,516	12,951	8,322	243
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	66,371	39,951	25,671	749
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	8,743,447	5,263,047	3,381,791	98,609
<b>12</b>	Advertising and promotion . . . . .	33,468	20,146	12,945	377
<b>13</b>	Office expenses . . . . .	640,126	385,319	247,588	7,219
<b>14</b>	Information technology . . . . .	2,417,862	1,455,412	935,181	27,269
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,279,177	769,990	494,760	14,427
<b>17</b>	Travel . . . . .	696,341	419,157	269,331	7,853
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	2,051,220	1,215,888	811,665	23,667
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	682,352	410,736	263,920	7,696
<b>23</b>	Insurance . . . . .	158,935	95,670	61,473	1,792
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	Development	995,904	599,476	385,196	11,232
<b>b</b>	PROFESSIONAL DEVELOPMEN	951,344	572,654	367,961	10,729
<b>c</b>	Recruiting	319,714	192,449	123,659	3,606
<b>d</b>	dues and subscriptions	136,275	82,030	52,708	1,537
<b>e</b>	All other expenses	77,398	46,588	29,937	873
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	50,064,934	31,225,801	18,305,372	533,761
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X**

**Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

					(A)		(B)
					Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			200	<b>1</b>	200
	<b>2</b>	Savings and temporary cash investments . . . . .			16,313,927	<b>2</b>	15,582,202
	<b>3</b>	Pledges and grants receivable, net . . . . .			1,083,949	<b>3</b>	3,287,045
	<b>4</b>	Accounts receivable, net . . . . .			850,387	<b>4</b>	5,208,608
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .				<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			149,623	<b>9</b>	544,564
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	6,528,849			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	3,365,732	3,512,707	<b>10c</b>	3,163,117
	<b>11</b>	Investments—publicly traded securities . . . . .			27,212,118	<b>11</b>	28,162,729
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			1,229,072	<b>12</b>	644,567
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			1,206,888	<b>15</b>	1,949,321
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			51,558,871	<b>16</b>	58,542,353
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			2,537,061	<b>17</b>	7,924,709
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			243,313	<b>19</b>	1,110,200
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	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 . . . . .			8,070,654	<b>25</b>	3,968,633
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			10,851,028	<b>26</b>	13,003,542
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			40,464,993	<b>27</b>	41,642,715
	<b>28</b>	Temporarily restricted net assets . . . . .			242,850	<b>28</b>	3,896,096
	<b>29</b>	Permanently restricted net assets . . . . .				<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>			40,707,843	<b>33</b>	45,538,811
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>			51,558,871	<b>34</b>	58,542,353

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,210,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,064,934
3	Revenue less expenses Subtract line 2 from line 1	3	6,145,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,707,843
5	Net unrealized gains (losses) on investments	5	-1,504,752
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	189,942
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,538,811

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Additional Data**

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

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

(Code	) (Expenses \$	3,723,275	including grants of \$	2,784,638 ) (Revenue \$	8,892,575 )
POLICY AND ADVOCACY AS THE VOICE FOR CHILDREN'S HOSPITALS AND CHILD HEALTH, NACHRI ACTS AS ITS MEMBERS' "EYES AND EARS" IN WASHINGTON, FOCUSING ON LEGISLATION AND REGULATORY ACTION THAT DIRECTLY AFFECT ITS CONSTITUENCIES SENSITIVE PUBLIC POLICIES ARE CRITICAL TO THE ABILITY OF CHILDREN'S HOSPITALS TO CARE FOR ALL CHILDREN THROUGH CLINICAL CARE, TRAINING, RESEARCH AND PUBLIC HEALTH ADVOCACY AS HEALTH CARE POLICIES ARE DEBATED AT THE STATE AND FEDERAL LEVELS, NACHRI AND ITS MEMBER HOSPITALS WORK WITH POLICYMAKERS TO ENSURE CHILDREN'S UNIQUE HEALTH CARE NEEDS ARE NOT OVERLOOKED AND THAT EVERY CHILD HAS ACCESS TO HIGH QUALITY, COST-EFFECTIVE PRIMARY, PREVENTIVE AND SPECIALTY CARE SERVICES TAILORED TO MEET THEIR NEEDS					
(Code	) (Expenses \$	9,599,546	including grants of \$	0 ) (Revenue \$	9,599,546 )
Management Fees					

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
51-0120256

Part I

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.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 VI 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—2014.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 VI 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	140,000	200,822	234,430	3,336,559	12,727,788	16,639,599
<b>2</b> 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	9,061,934	18,278,116	17,593,828	16,951,984	4,540,154	66,426,016
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	9,201,934	18,478,938	17,828,258	20,288,543	17,267,942	83,065,615
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1,394,020	2,634,086	3,432,228	3,413,413	4,534,368	15,408,115
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	1,394,020	2,634,086	3,432,228	3,413,413	4,534,368	15,408,115
<b>8 Public support.</b> (Subtract line 7c from line 6.)						67,657,500

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6	9,201,934	18,478,938	17,828,258	20,288,543	17,267,942	83,065,615
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,128,758	2,995,552	3,414,388	3,746,872	2,550,494	13,836,064
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,128,758	2,995,552	3,414,388	3,746,872	2,550,494	13,836,064
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	9,184	3,802	10,594	8,097	0	31,677
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	32,228	10,168	11,122	29	2,379	55,926
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	10,372,104	21,488,460	21,264,362	24,043,541	19,820,815	96,989,282

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	69 760 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	71 230 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	14 270 %
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	14 470 %

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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 function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<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-
2				
3				
4				
5				
6				

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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	49,998,563													
e	Total exempt purpose expenditures (add lines 1c and 1d)	49,998,563													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☒ Y

e

s

☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable 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					
d Grassroots nontaxable 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					



**Part II-B**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i.			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912.			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B**

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

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV**

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number  
51-0120256

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

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

☐ Yes ☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

(continued)

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

a ☐ Public 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 XIII

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" on 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 XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

Amount

1c

1d

1e

1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

3a(ii)

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

3b

Yes

No

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements		2,093,744	334,977	1,758,767
d Equipment		486,413	193,645	292,768
e Other		3,948,692	2,837,110	1,111,582
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,163,117



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	54,829,531
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-1,504,752
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	189,942
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,314,810
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	56,144,341
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	66,371
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	66,371
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	56,210,712

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	49,948,619
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-49,944
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-49,944
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	49,998,563
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	66,371
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	66,371
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	50,064,934

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Equity in gain of VPS 189,942

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Open to Public  
Inspection**

51-0120256

## Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	NACHRI USES A COMPETITIVE APPLICATION PROCESS FOR ITS PLAY GRANTS, AND HAS A REVIEW COMMITTEE COMPOSED OF CHILD LIFE, DEVELOPMENT, AND PROGRAM EXPERTS TO SCORE THE APPLICATIONS ACCORDING TO MERIT. THE TOP-RANKED APPLICATIONS WERE SELECTED FOR GRANTS. GRANTEES ARE REQUIRED TO SUBMIT 6-MONTH AND FINAL REPORTS THAT INCLUDE BUDGET INFORMATION, AND MUST ALSO EXPLAIN ANY CHANGES TO THEIR ORIGINAL PROJECT GRANT APPLICATION, IN TERMS OF HOW THE FUNDS WERE ULTIMATELY USED.



**Additional Data**

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

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Advocate Children's Hospital 4440 West 95th Street Oak Lawn,IL 60453	36-2169147	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Advocate Children's Hospital-Park Ridge 1775 Dempster Street Park Ridge,IL 60068	36-2169147	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation
Akron Children's Hospital One Perkins Square Akron,OH 44308	34-0714357	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
All Children's Hospital 501 6th Ave South Saint Petersburg, FL 33701	59-0683252	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Ann & Robert H Lurie Children's Hospital of Chicago 225 E Chicago Ave Chicago, IL 60611	36-2170833	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation
Arnold Palmer Hospital for Children 92 West Miller St Orlando, FL 32806	68-0147193	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Atlanta Ronald McDonald House Charities 5420 Peachtree Dunwoody Road Sandy Springs, GA 30342	39-1655790	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Baystate Children's Hospital 759 Chestnut Street - C4109 Springfield, MA 01094	04-2790311	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Blank Children's Hospital 1200 pleasant st Des Moines, IA 50309	42-1467682	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bon Secours St Mary's Hosptial 5801 Bremo Rd Pediatrics 6-West Richmond, VA 23226	54-0793767	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
CS Mott Children's Hospital 1500 E Medical Center Dr F-2519 Ann Arbor, MI 48108	38-6006309	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
California Pacific Medical Center 3700 California St B-336 San Francisco, CA 94118	94-2728423	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cardinal Glennon Childrens Hospital 1465 S Grand Blvd Saint Louis, MO 63104	43-1754347	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Cardon Children's Medical Center 1400 S Dobson Road Phoenix, AZ 85202	45-0233470	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Children's Health Children's Medical Center Dallas 1935 Medical District Drive Dallas, TX 75235	75-0800628	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Healthcare of Atlanta 1405 Clifton Rd NE Atlanta, GA 30322	58-2367819	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Children's Hospital 200 Henry Clay Avenue New Orleans, LA 70118	72-0467503	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Children's Hospital Colorado 13123 East 16th Avenue Aurora, CO 80045	84-0166760	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Hospital Los Angeles 4650 Sunset Blvd Los Angeles, CA 90027	95-1690977	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Children's Hospital Los Angeles 4650 Sunset Blvd MS-64 Los Angeles, CA 90027	95-1690977	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Children's Hospital of Eastern Ontario  401 Smyth Road Ottawa, ottawa K1H 8L1 CA		501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Hospital of Georgia 1446 Harper Street BT-1847 Augusta, GA 30912	35-2310573	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation
Children's Hospital of Nevada at UMC 1800 W Charleston Blvd Las Vegas, NV 89102	88-6000436	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
CHildren's Hospital of Pittsburgh of UPMC 4401 Penn Avenue room 1266 Pittsburgh, PA 15224	25-0965387	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation



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Children's Hospital Sant Joan de Deu  P St Joan de Deu 2 Esplugues de Llobregat, Esplugues de 08950 SP		501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Children's Hospitals and Clinics of MN 2525 Chicago Ave S Minneapolis, MN 55404	41-1754276	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
Children's Memorial Hermann 6411 Fannin Street Houston, TX 77030	74-1152597	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation

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Children's National 111 Michigan Ave NW Washington, DC 20010	53-0196580	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Children's of Alabama 1600 7th Ave South Birmingham, AL 35233	63-0307306	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Children's Specialized Hospital 200 Somerset Street New Brunswick, NJ 08901	22-1487148	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Chrs Evert Children's Hospital 1600 S Andrews Avenue Fort Lauderdale, FL 33316	59-6012065	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Cincinnati Children's Hospital 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation
Cleveland Clinic Children's 8624 Station St Mentor, OH 440604316	34-0714585	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation

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Cleveland Clinic Childrens Hospital - Shaker Campus 2801 MLK Jr Drive Cleveland, OH 44104	34-0714585	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Cottage Children's Medical Center 400 West Pueblo Street Santa Barbara, CA 93102	95-1644629	501(C)(3)		29,650	FMV	Amenican Girl dolls	Holiday donation
Dartmouth Medical Center 1 Medical Center Dr Lebanon, NH 03756	02-0222140	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Denver Health 777 Bannock Street Denver, CO 80204	84-1343242	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Driscoll Children's Hospital 3533 S Alameda Corpus Christi, TX 78411	74-2577746	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
East Tennessee Children's Hospital 2018 Clinch Ave Knoxville, TN 37916	62-6002604	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation

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El Paso Children's Hospital 4845 Alameda Ave El Paso, TX 79905	26-3075429	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Essentia Health St Mary's Children's Hospital 407 E Third Street Duluth, MN 55805	20-0360007	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Florida Hospital for Children 601 E Rollins Street Orlando, FL 32803	85-8015017	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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Franciscan Hospital for Children 30 Warren Street Brighton, MA 02129	04-2156082	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Geisinger Janet Weis Children's Hospital 100 North Academy Ave Danville, PA 178222742	24-0795959	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Gillette Children's Specialty Healthcare 205 University Avenue East Saint Paul, MN 55101	41-1200302	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Golisano Children's Hospital of SWFL 9981 S Healthpark Dr Ft Myers, FL 33908	59-0714812	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Harlem Hospital Pediatrics 506 Lenox Ave rm 16-137 New York, NY 10037		Government		11,860	FMV	American Girl dolls	Holiday donation
Hasbro Children's Hospital 593 Eddy Street Rm 144 Providence, RI 02903	05-0258954	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation



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Holtz Children's Hospital Jackson Health Sys 1611 NW 12th Ave Miami, FL 33136	59-1713947	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Hoops Family Children's Hospital 1340 Hal Greer Boulevard Huntington, WV 25701	31-1096222	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Hurley Children's Hospital 1 Hurley Plaza Flint, MI 48503	38-6005601	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Inova Children's Hospital 3300 Gallows Rd Falls Church, VA 22042	54-0525802	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
James and Connie Maynard Children's Hospital at Vidant Medical Center 2100 Santonsburg Road Greenville, NC 27834	56-0585243	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Jeff Gordon Children's Hospital Carolinas Med Ctr NE 920 Church St N Concord, NC 28025		Government		11,860	FMV	American Girl dolls	Holiday donation

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Joe DiMaggio Children's Hospital 1005 Joe DiMaggio Dr Hollywood, FL 33021	59-6014973	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Johns Hopkins Children's Medical Center 1800 ORLEANS STREET 7N RM7217 BALTIMORE, MD 21287	52-0591656	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Joseph M Sanzari Children's Hospital 30 Prospect Avenue Hackensack, NJ 07601	22-2339534	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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JourneyCare All About Kids 405 Lake Zurich Rd Barrington, IL 60010	36-3820916	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Kravis Children's Hospital at Mount Sinai 1184 5 Ave 1st Floor The Zone Child Life New York, NY 10029	13-1624096	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Levine Children's Hospital 1000 Blythe Blvd Charlotte, NC 28203	56-6060481	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation

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Loma Linda Uni Children's Hospital 11234 Anderson Street Loma Linda, CA 92354	46-3214504	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
Loma Linda University Children's Hosp-Child Life Department 1269 E San Bernardino San Bernardino, CA 924082943	46-3214504	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
Lucile Packard Children's Hospital Stanford 725 Welch Road Palo Alto, CA 94304	77-0003859	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation

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Maimonides Medical Center 4802 tenth avenue brooklyn, NY 11219	11-1635081	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
Maria Fareri Children's Hospital Westchester Health Network 100 Woods Rd Room 3505 Valhalla, NY 10595	13-3964321	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Mayo Clinic Children's Center 200 First Street SW 3 Francis 116 Rochester, MN 55905	41-6011702	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation

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Medical City Children's Hospital 7777 Forest Lane - 6D Dallas, TX 75230	35-0868132	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Memorial Children's Hospital 615 North Michigan Street South Bend, IN 466019986	35-1536129	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Mercy Children's Hospital St Louis 615 South New Ballas Road St Louis, MO 63141	43-0653493	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Miller Children's & Women's Hospital Long Beach 2801 Atlantic Ave Long Beach, CA 90806	95-6105984	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Monroe Carell Jr Children's Hospital at Vanderbilt 2200 Childrens Way Ste 2116 Nashville, TN 37027	62-0476822	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
MUMC Children's Hospital 4700 Waters Avenue Savannah, GA 31403	31-1126469	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation



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Nationwide Children's Hospital 700 Childrens Drive Room G160 Columbus, OH 43205	01-0782751	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Nemours Children's ClinicPed Med Svcs Florida 5153 N 9th Ave Pensacola, FL 32504	45-3584225	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
NemoursAlfred I duPont Hospital for Children 1600 Rockland Road Wilmington, DE 19803		501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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New York Presbyterian Hospital 525 East 68th Street New York, NY 10065	13-3792361	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Miami Children's Hospital Nicklaus Care Center 3100 Sw 62 Ave Miami, FL 33155	59-1720704	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Niswonger Children's Hospital 400 N State of Franklin Rd Johnson City, TN 37604	62-0476292	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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Novant Health Hemby Children's Hospital 200 Hawthorne lane Charlotte, NC 28204		501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
NY Presbyterian Morgan Stanley 3959 Broadway Tower 5 Room 561 New York, NY 10032	13-3957095	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
NYU Langone Medical Center- TR Dept 545 1st Avenue Ste SC1-069 New York, NY 10016	11-1839567	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Phoenix Childrens Hospital 1919 East Thomas Road Phoenix, AZ 85016	86-0422559	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Ponderosa Elementary School 2135 S Mountain View Ave Anaheim, CA 92802		Government		11,860	FMV	Amercan Girl dolls	Holiday donation
Primary Children's Hospital 100 North Mario Capecchi Drive Salt Lake City, UT 84113	80-0225150	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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Promedica Toledo Children's Hospital 2142 N Cove Blvd Toledo, OH 43606	34-1517672	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Rady Childrens Hospital San Diego 3020 Childrens Way San Diego, CA 92126	95-1691313	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Rainbow Babies & Children's Hospital 11100 Euclid Ave RBC 6041 Cleveland, OH 44106	34-1567805	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Randall Children's Hospital 2725 N Gantenbein Ave Portland, OR 97227	93-1314469	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Riley Hospital for Children at IU Health 705 Riley Hospital Drive Room 1990 Indianapolis, IN 46202	35-1955872	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
RMH of Akron 245 Locust Street Akron, OH 44313	34-1860682	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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RMHC 711 East Livingston Ave Columbus, OH 43205	57-0724845	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
RMHC Western WA & AK 5130 40th Avenue NE Seattle, WA 98105	91-1061043	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ronald McDonald House 1300 East 21st Ave Denver, CO 80205	84-0728926	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House 333 Westmoreland Drive Rochester, NY 14620	16-1271311	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House 1500 17th Street Huntington, WV 25701		501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House 850 2nd ST SW Rochester, MN 55902	85-0283204	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation



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Ronald McDonald House 1705 W Clinch Avenue Knoxville, TN 37916	35-2181050	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ronald McDonald House at Stanford 520 Sand Hill Road Palo Alto, CA 94304	94-3083711	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities 16 South Winooski Avenue Burlington, VT 05401	52-1132262	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House Charities 3312 GALLOWS ROAD falls church, VA 22042	52-1132262	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Ronald McDonald House Charities 2501 Cherry St Kansas City, MO 64108	56-1420505	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Ronald McDonald House Charities 300 E CALIFORNIA AVE EL PASO, TX 799024200	22-2430393	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation

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Ronald McDonald House Charities in Omaha 620 South 38th Ave Omaha, NE 68105	34-1269123	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities NC 2555 49th Street Sacramento, CA 95817	68-0147193	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities of Central PA 745 West Governor Road Hershey, PA 17033	23-2204761	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ronald McDonald House Charities of Central Texas 1315 Barbara Jordan Blvd Austin, TX 78723	74-2277664	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities of Greater Cincinnati 350 Erkenbrecher Avenue Cincinnati, OH 45229	23-2204761	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities of Morgantown Inc 841 Country Club Drive Morgantown, WV 26505	55-0668138	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House Charities of NM 1011 Yale NE Albuquerque, NM 87106	58-1295754	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities of Pittsburgh 451 44th Street - Penthouse Floor Pittsburgh, PA 15201	25-1320272	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities of Southern Colorado 311 N Logan Ave Colorado Springs, CO 80909	84-1013843	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House Charities of Southern West Virginia 302 30th St SE Charleston, WV 25304	04-2627411	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Charities Spokane 1015 W 5th Ave Spokane, WA 99204	91-1176115	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ronald McDonald House Houston 1907 Holcombe Houston, TX 77030	74-1984499	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House New York 405 E 73rd St New York, NY 10021	13-2933654	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Ronald McDonald House of Charleston SC 81 Gadsden St Charleston, SC 29401	16-1391596	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Ronald McDonald House of Charlotte 1613 E Morehead Street Charlotte, NC 28207	52-1359486	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House of Cleveland 10415 Euclid Ave Cleveland, OH 44136	03-0287584	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
Ronald McDonald House of Detroit 4707 St Antonie Suite 200 Detroit, MI 48201	31-0890152	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Ronald McDonald House of Ft Worth 1001 8th Ave Ft Worth, TX 76104	75-1754490	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation



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Ronald McDonald House of Memphis 535 Alabama Ave Memphis, TN 38105	41-1344744	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ronald McDonald House of SNJ 550 Mickle Blvd Camden, NJ 08103	74-2277664	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Ronald McDonald House of Winston-Salem 419 S Hawthorne Rd WinstonSalem, NC 27103	74-2257357	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Ronald McDonald House Southwest Virginia 2224 Jefferson Street SE Roanoke, VA 24014	54-1244769	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Rush University Medical Center 711 South Paulina Chicago, IL 60612	36-2174823	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Ryan House 110 W Merrell Street Phoenix, AZ 85281	20-1852393	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Sacred Heart Children's Hospital 101 W 8th Avenue Spokane, WA 99202	51-0216586	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Sanford Children's Hospital 1305 W 18th St Sioux Falls, SD 57117	45-0226909	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Sanford Children's Hospital- Fargo 801 Broadway N Rte 0111 Fargo, ND 58122	45-0226909	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Shriners Hospital For Children 1900 Richmond Road Lexington, KY 40502	36-2193608	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Shriners Hospital for Children Fairfax Road at Virginia Street Salt Lake City, UT 84103	36-2193608	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Shriners Hospital for Children Cincinnati 3229 Burnet Ave Cincinnati, OH 45229	36-2193608	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Shriners Hospitals For Children 3551 North Broad Street Philadelphia, PA 19140	36-2193608	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Shriners Hospitals for Children 4400 Clayton Avenue St Louis, MO 63110	36-2193608	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Shriners Hospitals for Children 1310 Punahou Street Honolulu, HI 96826	36-2193608	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Shriners Hospitals for Children 3100 Samford Ave Shreveport, LA 71103	36-2193608	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Shriners Hospitals for Children 950 West Faris Rd Greenville, SC 29605	36-2193608	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation
Shriners Hospitals for Children 6977 Main Street Houston, TX 77030	36-2193608	501(C)(3)		5,693	FMV	Amercan Girl dolls	Holiday donation

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Shriners Hospitals for Children - Galveston 815 Market St Galveston, TX 77550	36-2193608	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Shriners Hospitals for Children Portland Unit 3101 SW Sam Jackson Park Rd Portland, OR 97239	36-2193608	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
Shriners Hospitals for Children Tampa 12502 USF Pine Drive Tampa, FL 33612	36-2193608	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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St Christopher's Hospital for Children 160 East Erie Ave Philadelphia, PA 19134	23-2274198	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
St Cloud Hospital 1406 6th Ave N St Cloud, MN 56303	41-0695596	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
St John Providence Children's Hospital - 4th floor CCB Building Pediatric 22101 Moross Road Detroit, MI 48236	38-1359063	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation



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St Joseph's Children's Hospital 703 Main Street Paterson, NJ 07503	27-1344467	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
St Jude Children's Research Hospital 262 Danny Thomas Place MS 121 Memphis, TN 38105	62-0646012	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
St Louis Children's Hospital One Childrens Place St Louis, MO 63110	43-1626863	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation

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St Mary's Hospital for Children 2901 216th Street Bayside, NY 11360	11-1679599	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Stony Brook Children's 100 Nicolls Road Hospital Level 11 Rm 146 Stony Brook, NY 117947111	11-6077945	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
FI Health Sciences Ctr DBA Tampa General Hospital 1 Tampa General Circle Tampa, FL 33606	59-3458145	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation

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Texas Children's Hospital 6621 Fannin 16-WT-277 Houston, TX 77030	74-1100555	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
Texas Scottish Rite Hospital for Children 2222 Welborn Street Dallas, TX 75219	75-0818178	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
The Children's Hospital at Sacred Heart 5151 N Ninth Avenue Pensacola, FL 32504	59-0634434	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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The Children's Hospital of Montefiore 3415 Bainbridge Avenue Bronx, NY 10467	13-1740114	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Santa Rosa Children's Hospital DBA Ch Hosp of San Antonio 333 North Santa Rosa San Antonio, TX 78207	74-1109665	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
The Children's Inn at NIH 7 West Drive Bethesda, MD 20814	52-1638207	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation

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Tufts Medical Center 800 Washington St Boston, MA 01803	04-3400617	501(C)(3)		23,720	FMV	American Girl dolls	Holiday donation
UCSF Benioff Children's Hospital Oakland 747 52nd Street Oakland, CA 94609	94-0382330	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation
University of Wisconsin-Madison 600 Highland Avenue H4/447 CSC Madison, WI 537924108	39-6006492	501(C)(3)		29,650	FMV	American Girl dolls	Holiday donation

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UNM Carrie Tingely Hospital 1127 University Blvd NE Albuquerque, NM 87102		Government		5,693	FMV	American Girl dolls	Holiday donation
Upstate Golisano Children's Hosptial at Syracuse Receiving 117 Monroe St Syracuse, NY 13210	16-1068101	501(C)(3)		11,860	FMV	Amercan Girl dolls	Holiday donation
UVA Children's Hospital 1215 Lee Street 7613B Charlottesville, VA 22908		Government		5,693	FMV	American Girl dolls	Holiday donation

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UVM Children's Hospital 111 Colchester Avenue Burlington, VT 05401	03-0219309	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation
Valley Children's Hospital 9300 Valley Childrens Place Madera, CA 93636	94-1294954	501(C)(3)		29,650	FMV	Amercan Girl dolls	Holiday donation
Voorhees Pediatric Facility 1304 Laurel Oak Rd Voorhees, NJ 08043		corporation		11,860	FMV	American Girl dolls	Holiday donation

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WakeMed Children's Hospital 3000 New Bern Avenue Raleigh, NC 27610	56-6017737	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation
Walter Reed Military medical center 8901 Wisconsin Ave Bldg 10 Pediatrics 3 West Room 3161 Bethesda, MD 20889		Government		5,693	FMV	American Girl dolls	Holiday donation
Wolfson Children's Hospital 800 Prudential Drive Jacksonville, FL 32207	59-0747311	501(C)(3)		5,693	FMV	American Girl dolls	Holiday donation



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WVU Medicine Children's 1 Medical Center Drive 6th Floor Morgantown, WV 26506	55-6011282	501(C)(3)		11,860	FMV	American Girl dolls	Holiday donation
Children's National Medical Center 111 Michigan Avenue NW Washington, DC 20010	52-1640403	501(C)(3)	362,237				Federal CMMI Grant
Children's Hospital 200 Henry Clay Ave New Orleans, LA 70118	72-0467503	501(C)(3)	10,000				Hospital Play Grants

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Children's Hospital of Wisconsin 9000 W Wisconsin Ave Milwaukee, WI 53151	39-0812532	501(C)(3)	10,000				Hospital Play Grants
Texas Scottish Rite Hospital 2222 Welborn Street Dallas, TX 75219	75-0818178	501(C)(3)	10,000				Hospital Play Grants
Children's Hospital at Montefiore 3415 Bainbridge Ave Bronx, NY 10467	13-1740114	501(C)(3)	10,000				Hospital Play Grants

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Joseph M Sanzari Children's Hospitalhackensack u 30 Prospect Ave Hackensack,NJ 07601	22-1487576	501(C)(3)	10,000				Hospital Play Grants
Arkansas Children's Hospital 1 Childrens Way Little Rock,AR 72202	43-1626863	501(C)(3)	10,000				Hospital Play Grants
Miller Children's Hospital - Long Beach 2801 Atlantic Ave Long Beach,CA 90806	95-3527031	501(C)(3)	10,000				Hospital Play Grants

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UCSF Benioff Children's Hosp 747 52nd Street Oakland, CA 94609	94-0382330	501(C)(3)	10,000				Hospital Play Grants
Johns Hopkins Children's Center 1800 Orleans St Baltimore, MD 21287	52-0591656	501(C)(3)	10,000				Hospital Play Grants

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number  
51-0120256

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<div>b</div> <div>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 of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on 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.</div>	7	Yes
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 4b	THE FOLLOWING LISTED EMPLOYEE PARTICIPATED IN A 457(F) PLAN DURING THE YEAR -MILTON KAUFMAN (\$4,363 DISTRIBUTION IN 2015, \$4,500 WAS CONTRIBUTED TO THE PLAN) -MARK WIETECHKA (NO DISTRIBUTION IN 2015, \$140,000 WAS CONTRIBUTED TO THE PLAN) -NANCY STAHL (NO DISTRIBUTION IN 2015, \$10,108 WAS CONTRIBUTED TO THE PLAN) -AMY KNIGHT (\$20,009 DISTRIBUTION 2015, \$36,071 WAS CONTRIBUTED TO THE PLAN)
Part I, Line 7	mark wietecha'S compensation agreement allows for an annual bonus with a target of 35% of base salary, with the actual amount determined by the Board
SCHEDULE J, LINE 3	THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, INC (NACHRI) ACTS AS THE "COMMON PAYMASTER" FOR ITS RELATED ENTITIES. NACHRI ISSUES ALL W-2S FOR ALL EMPLOYEES OF THIS GROUP. THE W-2S ARE REPORTED ONLY ON THE NACHRI RETURN, WHILE COMPENSATION ALLOCATED BY TIME-SPENT IS REPORTED ON THE RETURNS OF THESE ENTITIES.

Additional Data

Software ID:

Software Version:

EIN: 51-0120256

Name: NATIONAL ASSOCIATION OF CHILDREN'S  
HOSPITALS AND RELATED INSTITUTIONS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Mark WietechaCEO	(i)	173,336	52,500	387	40,963	6,830	274,016	0
	(ii)	520,007	157,500	1,161	122,888	-	-	0
						20,490	822,046	
1Amy KnightCOO	(i)	257,494	75,000	12,843	48,700	17,075	411,112	0
	(ii)	154,496	45,000	7,706	29,220	-	-	0
						10,245	246,667	
2D Bran Humphreys VP of Finance	(i)	123,428	25,300	800	13,662	14,508	177,698	0
	(ii)	91,230	18,700	591	10,098	-	-	0
						10,723	131,342	
3David Bertoch VP, Informatics & Comparative Data	(i)	218,053	43,000	655	21,489	25,231	308,428	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4Richard Stepanek Chief Information Officer	(i)	233,131	46,000	1,264	23,850	14,531	318,776	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5Kassandra Jensen VP, Education & Executive Learning	(i)	199,335	36,600	257	18,551	9,175	263,918	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6Milton J Kauffman vp of public policy	(i)	0	0	0	0	0	0	0
	(ii)	244,385	55,000	10,774	46,350	-	-	0
						27,320	383,829	
7David Spizman Vice President	(i)	0	0	0	0	0	0	0
	(ii)	255,616	40,000	379	23,850	-	-	0
						25,231	345,076	
8Robert Davidson Vice President, Insurance Advisory S	(i)	0	0	0	0	0	0	0
	(ii)	226,311	35,000	1,449	23,850	-	-	0
						19,048	305,658	
9Jerry Rutherford VP, Special Projects	(i)	193,839	50,000	2,644	22,230	14,531	283,244	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Katherine Conrad VP, Delivery System Transformation	(i)	97,393	17,750	316	6,655	8,265	130,379	0
	(ii)	97,393	17,750	316	6,655	-	-	0
						8,265	130,379	



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number  
51-0120256

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>American Girl Dolls</u> )	X	22,236	2,637,190	FMV
26 Other ► ( <u>                    </u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2015)

**Part II**   **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
NATIONAL ASSOCIATION OF CHILDREN'S  
HOSPITALS AND RELATED INSTITUTIONS INC**Employer identification number**

51-0120256

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	MEMBERSHIP IS COMPOSED OF TWO CATEGORIES, VOTING AND NONVOTING, AND MAY BE GRANTED UPON APPLICATION TO THE BOARD OF TRUSTEES, WHICH SHALL ESTABLISH MEMBERSHIP CRITERIA, GRANT OR DENY MEMBERSHIP AND ASSIGN APPLICANTS TO MEMBERSHIP CATEGORIES AT ITS PLEASURE THE SOLE VOTING MEMBER IS THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, INC , A RELATED, NON-PROFIT ENTITY
Form 990, Part VI, Section A, line 7a	NACHRI'S BOARD OF TRUSTEES CONSISTS OF THOSE PERSONS WHO SERVE AS TRUSTEES OF NACHRI'S SOL E MEMBER, THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (N A C H), A RELATED 501(C)(6) ORGANIZATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE MEMBERSHIP MAY APPROVE VARIOUS DECISIONS OF THE GOVERNING BOARD
Form 990, Part VI, Section B, line 11	An outside firm prepares the tax return. It is then reviewed by staff. One week before filing, the entire return is provided to the full Board of Trustees. The CFO receives comments back and clears these up prior to filing a final return.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	PERIODICALLY, THE BOARD OF TRUSTEES MUST FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE AND ALSO SUBMIT TO BACKGROUND CHECKS OF VARYING DEGREES THE RESULTS ARE REVIEWED BY THE CEO AND ALSO THE EXTERNAL AUDITORS AT THE START OF ALL BOARD AND COMMITTEE MEETINGS, THE PARTICIPATING MEMBERS ARE ASKED TO DECLARE ANY CONFLICT OF INTEREST ACCORDINGLY PERIODICALLY, ALL STAFF MUST FILL OUT A CONFLICT OF INTEREST FORM AND MUST ADHERE TO THE ASSOCIATION'S CONFLICT OF INTEREST POLICY ANY CONFLICTS OF INTEREST ARE RESOLVED AS APPROPRIATE THE HUMAN RESOURCE DEPARTMENT ENCOURAGES STAFF TO BRING ANY SITUATIONS TO THEIR ATTENTION AND MAKE PROMPT AND FULL DISCLOSURE OF ANY POTENTIAL SITUATIONS THAT MAY INVOLVE A CONFLICT OF INTEREST THE POLICY IS INCLUDED IN OUR EMPLOYEE MANUAL AND WHISTLEBLOWER POLICY
Form 990, Part VI, Section B, line 15	THE CURRENT PRESIDENT AND CEO WAS HIRED IN SEPTEMBER 2011 AND The Current COO WAS HIRED IN DECEMBER 2011 THIS PROCESS INVOLVED A NATIONAL SEARCH FIRM THAT WAS CLOSELY MONITORED BY A TASK FORCE AND THE BOARD OF TRUSTEES IN ADDITION, THE GOVERNANCE COMMITTEE ALSO ACTS AS THE COMPENSATION COMMITTEE AND REVIEWS ALL COMPENSATION RELATED MATTERS THE CEO AND COO 's COMPENSATION WAS BASED ON MARKET COMPARABLES OF SIMILAR SIZED ORGANIZATIONS AND RESPONSIBILITIES THE COMPENSATION IS ALSO INCLUDED IN A WRITTEN EMPLOYMENT AGREEMENT A COMPLETE REVIEW OF ALL SALARIES occurred during 2014 Salary INCREASES are RECOMMENDED BY THE GOVERNANCE COMMITTEE TO THE FULL BOARD FOR APPROVAL IN EXECUTIVE SESSION WITHOUT THE CEO PRESENT FOR ALL OTHER STAFF, THE ASSOCIATION PERIODICALLY ENGAGES AN OUTSIDE CONSULTANT FOR COMPENSATION STUDIES TO REVIEW ALL JOB DESCRIPTIONS AND SALARIES THIS CONSULTANT HAS EXPERTISE IN THE NON-PROFIT AND HEALTH FIELDS AND IS VERY FAMILIAR WITH THE COMPENSATION PRACTICES THE CONSULTANT REVIEWS THE COMPENSATION OF OTHER NATIONAL ASSOCIATIONS AND PEER GROUPS SELECTED SENIOR STAFF WERE GIVEN RAISES AS A RESULT OF A CONSOLIDATION OF POSITIONS AND THESE WERE REVIEWED BY THE GOVERNANCE COMMITTEE A FORMAL EVALUATION OF ALL CURRENT SALARIES occurred during 2014 ALL OTHER STAFF RECEIVED MINIMAL INCREASES IN LINE WITH THE MOST RECENT COMPENSATION STUDIES COMPLETED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and audited financial statements are not generally made available to the general public, but if requests for copies of these documents were to be received, the organization would consider making them available to the requestor
Form 990, Part IX, line 11g	Consulting Fees Program service expenses 5,263,047 Management and general expenses 3,381,791 Fundraising expenses 98,609 Total expenses 8,743,447

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, line 9	EQUITY IN VPS 189,942
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.      ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number  
  
51-0120256

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)National Association of Children's Hospitals Inc 600 13TH STREET NW SUITE 500  WASHINGTON, DC 20090 58-2176067	Assist children's hospitals in common bus interest and economic welfare	GA	501 (c)(6)				No
(2)child health patient safety organization inc 6803 west 64th street suite 208  overland park, KS 66202 27-0386722	improve safety of children's hospitals by sharing data & experiences	KS	501 (c)(3)	509(a)(2)			No



Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHILD HEALTH CORPORATION OF AMERICA  6803 WEST 64TH STREET STE 308 SHAWNEE MISSION, KS 66202 52-1421302	HOSPITAL BUSINESS ALLIANCE TO BETTER SERVE CHILDREN	KS	N/A	C					No

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

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

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

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)nNATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	L	1,631,390	Actual Cost
(2)nNATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	O	2,038,684	Actual Cost
(3)nNATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS INC	N	543,796	Actual Cost

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

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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