



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



990Form of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning** and ending

B Check if applicable	C Name of organization NATIONAL BUSINESS COALITION ON HEALTH INC.	D Employer identification number 65-0328971
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 1015 18TH STREET NW	Room/suite 730
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036	
	F Name and address of principal officer: ANDREW WEBBER SAME AS C ABOVE	G Gross receipts \$ 2,708,463.
	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	J Website: ► HTTP://WWW.NBCH.ORG	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	H(c) Group exemption number ►
		L Year of formation: 1996 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ACCELERATE THE NATION'S PROGRESS TOWARDS SAFE, EFFICIENT, HIGH-QUALITY HEALTH CARE
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
	b Net unrelated business taxable income from Form 990-T, line 34 7b
Revenue	Prior Year Current Year
	8 Contributions and grants (Part VIII, line 1h) 2,774,239. 311,077.
	9 Program service revenue (Part VIII, line 2g) 35,021. 2,388,534.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,085. 8,852.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,824,345. 2,708,463.
Expenses	Prior Year Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 57,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,080,034. 1,343,581.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,697,914. 1,527,461.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,777,948. 2,928,542.
	19 Revenue less expenses. Subtract line 18 from line 12 46,397. <220,079.>
Net Assets or Fund Balances	Beginning of Current Year End of Year
	20 Total assets (Part X, line 16) 1,516,375. 1,481,464.
	21 Total liabilities (Part X, line 26) 578,240. 763,408.
	22 Net assets or fund balances. Subtract line 21 from line 20 938,135. 718,056.

Part II Signature Block

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

Sign Here	Signature of officer <i>Andrew Webber</i>	Date <i>10/10/12</i>
	ANDREW WEBBER, PRESIDENT	
	Type or print name and title	
Paid	Print/Type preparer's name BERT L. SWAIN, CPA	Preparer's signature <i>Bert L. Swain CPA</i>
Preparer	Firm's name ► DIXON HUGHES GOODMAN LLP	Date 10/8/12 Check <input type="checkbox"/> if self-employed Firm's EIN P00238304 56-0747981
Use Only	Firm's address ► 111 ROCKVILLE PIKE, 6TH FLOOR ROCKVILLE, MD 20850	Phone no. 240.403.3700

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

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

9/3 13

NATIONAL BUSINESS COALITION ON HEALTH
INC.

Form 990 (2011)

65-0328971 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ACCELERATE THE NATION'S PROGRESS TOWARDS SAFE, EFFICIENT, HIGH - QUALITY HEALTH CARE AND THE IMPROVED HEALTH STATUS OF THE AMERICAN POPULATION.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)
COALITION MEMBERSHIP

NBCH AND ITS MEMBERS ARE DEDICATED TO VALUE-BASED PURCHASING OF HEALTH CARE SERVICES THROUGH THE COLLECTIVE ACTION OF PUBLIC AND PRIVATE PURCHASERS. NBCH HAS A MEMBERSHIP OF NEARLY 60 MEMBER COALITIONS ACROSS THE UNITED STATES REPRESENTING OVER 7,000 EMPLOYERS AND APPROXIMATELY 25 MILLION EMPLOYEES AND THEIR DEPENDENTS. NBCH MEMBER COALITIONS ARE COMMITTED TO COMMUNITY HEALTH REFORM, INCLUDING AN IMPROVEMENT IN THE VALUE OF HEALTH CARE PROVIDED THROUGH EMPLOYER SPONSORED HEALTH PLANS AND TO THE ENTIRE COMMUNITY.

NBCH PROVIDES EXPERTISE, RESOURCES, AND A VOICE TO ITS MEMBER COALITIONS ACROSS THE COUNTRY AND REPRESENTS EACH COMMUNITY COALITION

4b (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)
EDUCATION AND TRAINING

NBCH'S NATIONAL ANNUAL CONFERENCE

NBCH AND ITS COALITION EMPLOYER MEMBERS PROVIDE IN-DEPTH TRAINING, NETWORKING, & PRODUCT DEMONSTRATIONS AMONG HEALTH CARE'S LARGEST EMPLOYER CUSTOMERS.

IBI/NBCH HEALTH & PRODUCTIVITY FORUM

EMPLOYERS, SUPPLIER PARTNERS AND OTHER STAKEHOLDERS FOCUS ON WORKFORCE HEALTH AND ITS BROAD IMPACT ON PRODUCTIVITY AND QUALITY OF LIFE.

CEO/CORPORATE LEADERSHIP ROUNDTABLE

PEER LEARNING NETWORK OF NBCH'S BOARD MEMBERS AND THEIR MEMBER CEOs

4c (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)
PRODUCTS AND SERVICES

EVALU8 IS AN ANNUAL PLAN EVALUATION USED BY HEALTH CARE PURCHASERS TO ASSESS AND MANAGE THE QUALITY OF THEIR HEALTH PLANS.

THE VALUE-BASED PURCHASING GUIDE IS AN ONLINE TOOL TO HELP EMPLOYERS AND PURCHASERS IMPLEMENT VALUE-BASED HEALTH CARE PURCHASING STRATEGIES. THERE ARE OPPORTUNITIES FOR FUNDING FOR ADDITIONAL CHAPTERS.

NBCH GIVES VENDORS AN OPPORTUNITY TO POST TARGETED MESSAGES TO OUR MEMBERS ABOUT THEIR VALUE PROPOSITION IN A NEWSLETTER CALLED OPPORTUNITY KNOCKS.

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

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

4e Total program service expenses ►

132002
02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a	X
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b	X	

Form 990 (2011)

132003
01-23-12

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2011)

132004
01-23-12

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<p>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</p> <p>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</p> <p>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</p> <p>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</p> <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> <p>b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O</p> <p>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)?</p> <p>b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</p> <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> <p>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?</p> <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> <p>7 Organizations that may receive deductible contributions under section 170(c).</p> <p>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?</p> <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> <p>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</p> <p>9 Sponsoring organizations maintaining donor advised funds.</p> <p>a Did the organization make any taxable distributions under section 4966?</p> <p>b Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p>10 Section 501(c)(7) organizations. Enter:</p> <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> <p>11 Section 501(c)(12) organizations. Enter:</p> <p>a Gross income from members or shareholders</p> <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p> <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> <p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p> <p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p> <p>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</p> <p>c Enter the amount of reserves on hand</p> <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> <p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1a</td> <td style="width: 50%; text-align: center;">24</td> <td style="width: 50%; text-align: right;">Yes</td> <td style="width: 50%; text-align: right;">No</td> </tr> <tr> <td>1b</td> <td style="text-align: center;">0</td> <td></td> <td></td> </tr> <tr> <td colspan="2">1c</td> <td></td> <td></td> </tr> <tr> <td colspan="2">2b X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">3a X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">3b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">4a X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">5a X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">5b X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">5c</td> <td></td> <td></td> </tr> <tr> <td colspan="2">6a X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">6b X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7a</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7c</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7d</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7e</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7f</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7g</td> <td></td> <td></td> </tr> <tr> <td colspan="2">7h</td> <td></td> <td></td> </tr> <tr> <td colspan="2">8</td> <td></td> <td></td> </tr> <tr> <td colspan="2">9a</td> <td></td> <td></td> </tr> <tr> <td colspan="2">9b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">10a</td> <td></td> <td></td> </tr> <tr> <td colspan="2">10b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">11a</td> <td></td> <td></td> </tr> <tr> <td colspan="2">11b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">12a</td> <td></td> <td></td> </tr> <tr> <td colspan="2">12b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">13a</td> <td></td> <td></td> </tr> <tr> <td colspan="2">13b</td> <td></td> <td></td> </tr> <tr> <td colspan="2">13c</td> <td></td> <td></td> </tr> <tr> <td colspan="2">14a X</td> <td></td> <td></td> </tr> <tr> <td colspan="2">14b</td> <td></td> <td></td> </tr> </table>	1a	24	Yes	No	1b	0			1c				2b X				3a X				3b				4a X				5a X				5b X				5c				6a X				6b X				7a				7b				7c				7d				7e				7f				7g				7h				8				9a				9b				10a				10b				11a				11b				12a				12b				13a				13b				13c				14a X				14b			
1a	24	Yes	No																																																																																																																																						
1b	0																																																																																																																																								
1c																																																																																																																																									
2b X																																																																																																																																									
3a X																																																																																																																																									
3b																																																																																																																																									
4a X																																																																																																																																									
5a X																																																																																																																																									
5b X																																																																																																																																									
5c																																																																																																																																									
6a X																																																																																																																																									
6b X																																																																																																																																									
7a																																																																																																																																									
7b																																																																																																																																									
7c																																																																																																																																									
7d																																																																																																																																									
7e																																																																																																																																									
7f																																																																																																																																									
7g																																																																																																																																									
7h																																																																																																																																									
8																																																																																																																																									
9a																																																																																																																																									
9b																																																																																																																																									
10a																																																																																																																																									
10b																																																																																																																																									
11a																																																																																																																																									
11b																																																																																																																																									
12a																																																																																																																																									
12b																																																																																																																																									
13a																																																																																																																																									
13b																																																																																																																																									
13c																																																																																																																																									
14a X																																																																																																																																									
14b																																																																																																																																									

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 6

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

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

Section A. Governing Body and Management

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

	Yes	No
1a	15	
1b	15	
2		X
3		X
4		X
5		X
6	X	
7a	X	
7b		X
8a	X	
8b	X	
9		X

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

- 10a Did the organization have local chapters, branches, or affiliates?
 - 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?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
 - b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13
 - b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 - c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a The organization's CEO, Executive Director, or top management official
 - b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 - 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?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b		X
12c	X	
13		X
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ANDREW WEBBER - (202) 775-9300**

1015 18TH STREET NW, NO. 730, WASHINGTON, DC 20036

132006
01-23-12

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 7

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MARIANNE FAZEN DIRECTOR	1.00	X					0.	0.	0.
(2) CARYOL HENDRICKS DIRECTOR	1.00	X					0.	0.	0.
(3) CHRISTOPHER GOFF DIRECTOR	1.00	X					0.	0.	0.
(4) BECKY CHERNEY DIRECTOR	1.00	X					0.	0.	0.
(5) ELIZABETH MITCHELL DIRECTOR	1.00	X					0.	0.	0.
(6) CRISTIE TRAVIS PAST CHAIR	1.00	X					0.	0.	0.
(7) MARILYN BELL DIRECTOR	1.00	X					0.	0.	0.
(8) DON CREVELING DIRECTOR	1.00	X					0.	0.	0.
(9) BARBARA PROWE DIRECTOR	1.00	X					0.	0.	0.
(10) GARY ROST DIRECTOR	1.00	X					0.	0.	0.
(11) CHERYL DEMARS DIRECTOR	1.00	X					0.	0.	0.
(12) RON WHITING DIRECTOR	1.00	X					0.	0.	0.
(13) CAROLYN PARE CHAIR	1.00		X				0.	0.	0.
(14) SUSAN SZYMANSKI SECRETARY/TRESURER	1.00		X				0.	0.	0.
(15) BARBARA WALLACE, EDD VICE CHAIR	1.00		X				0.	0.	0.
(16) ANDREW WEBBER PRESIDENT/CBO	40.00		X				255,736.	0.	59,526.
(17) KAREN LINSCOTT CHIEF OPERATING OFFICER	40.00		X				141,319.	0.	2,397.

132007 01-23-12

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 8

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

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 ►

6

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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.

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 ► 0

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	311,077.		
	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f		311,077.		
Program Service Revenue	2 a EDUCATION AND TRAINING	Business Code 900099	1128566.	1128566.	
	b MEMBERSHIP DUES	900099	529,792.	529,792.	
	c PRODUCT AND SERVICES	900099	413,199.	413,199.	
	d MANAGEMENT FEES	900099	316,977.	316,977.	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		2388534.		
	3 Investment income (including dividends, interest, and other similar amounts)		8,852.		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		2708463.	2388534.	0.	8,852.

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	57,500.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	461,432.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	701,281.			
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	32,092.			
9 Other employee benefits	90,660.			
10 Payroll taxes	58,116.			
11 Fees for services (non-employees):				
a Management				
b Legal	4,751.			
c Accounting	59,224.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,855.			
13 Office expenses	68,768.			
14 Information technology	4,710.			
15 Royalties				
16 Occupancy	109,389.			
17 Travel	98,954.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	527,778.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,796.			
23 Insurance	5,639.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANTS	392,573.			
b ON LINE ACCESS	120,210.			
c PRODUCT & SERVICES	63,512.			
d SETTLEMENT	42,356.			
e All other expenses	17,946.			
25 Total functional expenses. Add lines 1 through 24e	2,928,542.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

132010 01-23-12

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
	Assets			
1	Cash - non-interest-bearing	106,262.	1	
2	Savings and temporary cash investments	1,141,673.	2	1,277,548.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	168,873.	4	93,520.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
7	Notes and loans receivable, net			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges	82,471.	9	93,321.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	89,631.		
b	Less: accumulated depreciation	72,556.	10c	17,075.
11	Investments - publicly traded securities		0.	11
12	Investments - other securities. See Part IV, line 11		0.	12
13	Investments - program-related. See Part IV, line 11			13
14	Intangible assets			14
15	Other assets. See Part IV, line 11			15
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,516,375.	16	1,481,464.
	Liabilities			
17	Accounts payable and accrued expenses	88,530.	17	133,491.
18	Grants payable			18
19	Deferred revenue	489,710.	19	629,917.
20	Tax-exempt bond liabilities			20
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
23	Secured mortgages and notes payable to unrelated third parties			23
24	Unsecured notes and loans payable to unrelated third parties			24
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25
26	Total liabilities. Add lines 17 through 25	578,240.	26	763,408.
	Net Assets or Fund Balances			
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	938,135.	27	718,056.
28	Temporarily restricted net assets			28
29	Permanently restricted net assets			29
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	938,135.	33	718,056.
34	Total liabilities and net assets/fund balances	1,516,375.	34	1,481,464.

Form 990 (2011)

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Form 990 (2011)

65-0328971 Page 12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,708,463.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,928,542.
3	Revenue less expenses. Subtract line 2 from line 1	3	<220,079.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	938,135.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	718,056.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

132012
01-23-12

10221003 769026 2077167000

2011.04030 NATIONAL BUSINESS COALITION 207716A1

NATIONAL BUSINESS COALITION ON HEALTH

65-0328971 Page 2

Schedule C (Form 990 or 990-EZ) 2011 INC.

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 e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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) h Subtract line 1g from line 1a. If zero or less, enter -0. i Subtract line 1f from line 1c. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

132042
01-27-12

NATIONAL BUSINESS COALITION ON HEALTH

Schedule C (Form 990 or 990-EZ) 2011 INC.

65-0328971 Page 3

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

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

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

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

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

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

Part IV Supplemental Information

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

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

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

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization **NATIONAL BUSINESS COALITION ON HEALTH INC.** Employer identification number **65-0328971**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____		
4 Number of states where property subject to conservation easement is located ► _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	► \$ _____
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

65-0328971 Page 2

Schedule D (Form 990) 2011

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 XIV.

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

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

Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

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

- 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?

Yes No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	89,631.	72,556.	17,075.	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				► 17,075.

Schedule D (Form 990) 2011

132052
01-23-12

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

65-0328971 Page 3

Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►		

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

2. FIN 48 (ASC 740)

132053

01-23-12

Schedule D (Form 990) 2011

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

65-0328971 Page 4

Schedule D (Form 990) 2011

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

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

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

Part XIV Supplemental Information

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

PART X, LINE 2: FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION (FASB ASC) 740-10 (FASB INTERPRETATION NO. 48,
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF SFAS 109,
ACCOUNTING FOR INCOME TAXES) CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. THE
COALITIONS' MANAGEMENT EVALUATES TAX POSITIONS TAKEN BY THE COALITIONS AND
RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COALITIONS HAVE TAKEN AN
UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON

Schedule D (Form 990) 2011

132054
01-23-12

Part XIV Supplemental Information (continued)

EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE COALITIONS ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE COALITION'S MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2008.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047
2011

Open to Public
Inspection

Name of the organization **NATIONAL BUSINESS COALITION ON HEALTH INC.**

Employer identification number **65-0328971**

Part I. General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of validation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	THE AMERICAN HEALTH STRATEGIES PROJECT (AHSP)	
								IS A PILOT PROGRAM LED BY BUSINESS COALITIONS IN 6	
VA BUSINESS COALITION ON HEALTH 287 INDEPENDENCE BOULEVARD, PEMBROKE TWO, SUITE 120 - VIRGINIA BEACH, VA 234	54-1271014	501 (C)(3)	7,500.	0.				THE AMERICAN HEALTH STRATEGIES PROJECT (AHSP)	
MIDWEST BUSINESS GROUP 35 E. WACKER DRIVE, SUITE 1500 CHICAGO, IL 60601	36-3059249	501 (C)(3)	12,500.	0.				AMERICAN HEALTH STRATEGIES PROJECT (AHSP)	
DFW BUSINESS GROUP ON HEALTH 11520 NORTH CENTRAL EXPY., SUITE 201 DALLAS, TX 75243	75-1924594	501 (C)(3)	7,500.	0.				AMERICAN HEALTH STRATEGIES PROJECT (AHSP)	
OREGON COALITION OF HEALTH CARE PURCHASERS - 812 SEW TENTH AVENUE, SUITE 204 - PORTLAND, OR 97205	93-1104945	501 (C)(6)	7,500.	0.				AMERICAN HEALTH STRATEGIES PROJECT (AHSP)	
PITTSBURG BUSINESS GROUP P.O. BOX 208 AMBRIDGE, PA 15003	25-1420994	501 (C)(3)		7,500.				AMERICAN HEALTH STRATEGIES PROJECT (AHSP)	
MID-AMERICA COALITION ON HEALTHCARE - 6901 SHAWNEE MISSION PARKWAY - OVERLAND PARK, KS 66202	43-1248648	501 (C)(3)		15,000.				DIABETES RECOGNITION PROGRAM SEED EXPANSION DEMONSTRATION PROJECTS WILL PROVIDE COALITIONS	

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

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

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
26

(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

卷之三

卷之三

卷之三

卷之三

PROJECT / ANSF / IS A PILOT PROGRAM LED BY BUSINESS COALITIONS IN 6 MARKETS

THE COUNTRY. NBC SUPPORTS THESE COALITIONS IN BUILDING STRONGER

EMPLOYER NETWORKS FOCUSED ON USING DATA TO INCREASE VALUE BASED

IMPACTING ACCESS TO DATA, BENEFIT DESIGN STRATEGIES, PURCHASING DECISIONS. THIS PROJECT HAS INVOLVED OVER 60 EMPLOYERS, EMPLOYEE ENGAGEMENT,

NATIONAL BUSINESS COALITION ON HEALTH
INC.

65-0328971 Page 2

Schedule I (Form 990) 2011

Part IV **Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: MID-AMERICA COALITION ON HEALTHCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: DIABETES RECOGNITION PROGRAM SEED

EXPANSION DEMONSTRATION PROJECTS WILL PROVIDE COALITIONS THE RESOURCES TO

PROMOTE THE ADOPTION OF EFFECTIVE EMPLOYER AND PLAN DRIVEN STRATEGIES AT

THE COMMUNITY LEVEL TO INCREASE THE NUMBER OF DIABETES RECOGNIZED

PROVIDERS THROUGH NCQAS® RECOGNITION PROGRAM.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Employer identification number
65-0328971

Part I Questions Regarding Compensation

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

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

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

132111
01-23-12

10221003 769026 2077167000

2011.04030 NATIONAL BUSINESS COALITION 207716A1

NATIONAL BUSINESS COALITION ON HEALTH
INC.

65-0328971

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation				
1 ANDREW WEBBER	242,536.	13,200.	0.	12,996.	46,530.	315,262.	0.
2 DENNIS WHITE	0.	0.	0.	0.	0.	0.	0.
3	173,592.	5,000.	0.	9,165.	12,569.	200,326.	0.
4	0.	0.	0.	0.	0.	0.	0.
5	0.	0.	0.	0.	0.	0.	0.
6	0.	0.	0.	0.	0.	0.	0.
7	0.	0.	0.	0.	0.	0.	0.
8	0.	0.	0.	0.	0.	0.	0.
9	0.	0.	0.	0.	0.	0.	0.
10	0.	0.	0.	0.	0.	0.	0.
11	0.	0.	0.	0.	0.	0.	0.
12	0.	0.	0.	0.	0.	0.	0.
13	0.	0.	0.	0.	0.	0.	0.
14	0.	0.	0.	0.	0.	0.	0.
15	0.	0.	0.	0.	0.	0.	0.
16	0.	0.	0.	0.	0.	0.	0.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization **NATIONAL BUSINESS COALITION ON HEALTH INC.** Employer identification number **65-0328971**

Part II Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ _____
► \$ _____

Part III Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total **\$**

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Schedule L (Form 990 or 990-EZ) 2011

NATIONAL BUSINESS COALITION ON HEALTH
INC.

Schedule L (Form 990 or 990-EZ) 2011 **INC.**

65-0328971 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part VI Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: COMMUNITY COALITIONS HEALTH INSTITUTE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MANAGEMENT

(C) AMOUNT OF TRANSACTION \$ 316,977.

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

Employer identification number
65-0328971

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

AT THE NATIONAL LEVEL. AS A "COALITION OF COALITIONS," NBCH SPREADS THE
TENETS AND PRACTICAL APPLICATIONS OF COMMUNITY HEALTH REFORM TO AREAS
WHERE EMPLOYERS HAVE YET TO ORGANIZE THEIR PURCHASING POWER.

NATIONAL HEALTH LEADERSHIP COUNCIL

ANOTHER NBCH MEMBERSHIP AFFILIATION IS THROUGH THE NATIONAL HEALTH
LEADERSHIP COUNCIL (NHLC), A MULTI-STAKEHOLDER GROUP ESTABLISHED BY
NBCH AS A VEHICLE FOR HIGH-LEVEL DISCUSSION OF ISSUES IMPORTANT TO
COALITION MEMBERS AND TO ALL MAJOR PARTIES IN HEALTH CARE - PURCHASERS,
PROVIDERS, INSURERS, AND SUPPLIERS. WITH MEMBERS FROM ALL SECTORS OF
THE INDUSTRY, NHLC FORUMS COVER A BROAD AGENDA OF CURRENT TOPICS AT TWO
ANNUAL MEETINGS INVOLVING SENIOR EXECUTIVES OF NHLC ORGANIZATIONS, NBCH
COALITION MEMBERS, AND COALITION EMPLOYER MEMBERS.

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

WHICH CONVENES AT NBCH'S ANNUAL CONFERENCE.

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

CCHI MANAGEMENT

CHARTERED IN 2005, THE COMMUNITY COALITIONS HEALTH INSTITUTE (CCHI) IS
A NONPROFIT AFFILIATE ORGANIZATION OF THE NATIONAL BUSINESS COALITION
ON HEALTH (NBCH), A MEMBERSHIP ASSOCIATION OF BUSINESS HEALTH CARE
COALITIONS ACROSS THE COUNTRY DEDICATED TO IMPROVING HEALTH AND
TRANSFORMING HEALTH CARE, COMMUNITY BY COMMUNITY.

Name of the organization	NATIONAL BUSINESS COALITION ON HEALTH INC.
--------------------------	--

Employer identification number	65-0328971
--------------------------------	------------

GRANTS MANAGEMENT

NBCH/CCHI MANAGES A VARIETY OF GRANTS RECEIVED FROM VARIOUS FUNDERS AND ALSO AWARDS GRANTS TO NBCH MEMBER COALITIONS. THESE GRANT ACTIVITIES SUPPORT OUR MEMBERS' EFFORTS TO IMPLEMENT VALUE-BASED PURCHASING IN THEIR COMMUNITIES. NBCH/CCHI ENSURES APPROPRIATE FISCAL AND PROGRAM MANAGEMENT OF ALL GRANT-RELATED UNDERTAKINGS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP SHALL BE LIMITED TO STATE, LOCAL AND REGIONAL COALITIONS WHOSE PRIMARY PURPOSE IS IMPROVING HEALTH AND HEALTH CARE SERVICES THROUGH ADVANCING VALUE BASED PURCHASING. COALITIONS MAY BE ORGANIZED AS NOT-FOR-PROFIT CORPORATIONS AND MAY BE EXEMPT FROM FEDERAL INCOME TAXATION PURSUANT TO SECTION 501 (A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. A MAJORITY OF THE DECISION MAKING BODY OF EACH MEMBER MUST BE MADE UP OF REPRESENTATIVES OF HEALTH CARE PURCHASERS WHO ARE NOT PROVIDERS OF HEALTH CARE/EMPLOYEE BENEFIT SERVICES OR PRODUCTS OR PROVIDERS OF SERVICES TO HEALTH CARE PROVIDERS. THE BOARD OF GOVERNORS OF THE CORPORATION SHALL HAVE THE RIGHT, AT ITS SOLE DISCRETION, TO PERMIT ENTITIES NOT MEETING THE ABOVE REQUIREMENTS TO PARTICIPATE AS PART OF AN AFFILIATE ORGANIZATION. SUCH PROPOSED AFFILIATE ORGANIZATIONS SHALL SUPPORT THE MEMBERSHIP'S MISSION TO ADVANCE VALUE BASED PURCHASING AND SHALL INCLUDE PURCHASER REPRESENTATION (UNDER THE AFOREMENTIONED DEFINITION OF PURCHASER) ON THEIR GOVERNING BOARDS. SUCH PROPOSED AFFILIATE ORGANIZATIONS SHALL AGREE THAT ACCESS TO AND PARTICIPATION IN THE CORPORATION'S MEETINGS, ACTIVITIES, AND SERVICES SHALL BE LIMITED TO THOSE STIPULATED BY THE BOARD OF GOVERNORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE SHALL, IN ITS ANNUAL CALL FOR NOMINATIONS, DISTRIBUTE TO ALL MEMBERS A LIST OF

132212
01-23-12

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

Name of the organization	NATIONAL BUSINESS COALITION ON HEALTH INC.	Employer identification number
		65-0328971

COALITION LEADERS ELIGIBLE TO SERVE, A LIST OF BOARD RESPONSIBILITIES, AND THE INDIVIDUAL SKILL SETS AND COALITION TYPES NEEDED TO ADD DIVERSITY TO THE BOARD. MEMBERS WHO RESPOND WITH A FORMAL STATEMENT OF INTEREST IN SERVING SHALL BE ENCOURAGED TO IDENTIFY HOW THEIR QUALIFICATIONS AND EXPERIENCE MATCH BOARD SKILLS AND DIVERSIFICATION NEEDS. ALL MEMBERS NOMINATED SHALL BE PLACED ON A BALLOT AND A VOTE OF THE FULL MEMBERSHIP SHALL BE CONDUCTED. IN THE EVENT OF A TIE, THE NOMINATING COMMITTEE SHALL CHOOSE A NOMINEE WHO WILL BEST REPRESENT THE COALITION MOVEMENT, TAKING INTO CONSIDERATION SUCH FACTORS AS SIZE, MEMBERSHIP, AND NATURE OF COALITION ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11: REVIEW CONDUCTED BY THE FINANCE COMMITTEE

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THIS POLICY ESTABLISHES ONLY THE FRAMEWORK WITHIN WHICH NBCH WISHES THE BUSINESS TO OPERATE. THE PURPOSE OF THESE GUIDELINES IS TO PROVIDE GENERAL DIRECTION SO THAT EMPLOYEES CAN SEEK FURTHER CLARIFICATION ON ISSUES RELATED TO THE SUBJECT OF ACCEPTABLE STANDARDS OF OPERATION.

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OCCURS WHEN AN EMPLOYEE IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR THAT EMPLOYEE OR FOR A RELATIVE AS A RESULT OF NBCH'S BUSINESS DEALINGS. FOR THE PURPOSES OF THIS POLICY, A RELATIVE IS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE RELATIONSHIP WITH THE EMPLOYEE IS SIMILAR TO THAT OF PERSONS WHO ARE RELATED BY BLOOD OR MARRIAGE.

Name of the organization	NATIONAL BUSINESS COALITION ON HEALTH INC.	Employer identification number 65-0328971
--------------------------	--	--

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP WITH OUTSIDE FIRMS. HOWEVER, IF EMPLOYEES HAVE ANY INFLUENCE ON TRANSACTIONS INVOLVING PURCHASES, CONTRACTS, OR LEASES, IT IS IMPERATIVE THAT THEY DISCLOSE TO AN OFFICER OF NBCH AS SOON AS POSSIBLE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

PERSONAL GAIN MAY RESULT NOT ONLY IN CASES WHERE AN EMPLOYEE OR RELATIVE HAS A SIGNIFICANT OWNERSHIP IN A FIRM WITH WHICH NBCH DOES BUSINESS, BUT ALSO WHEN AN EMPLOYEE OR RELATIVE RECEIVES ANY KICKBACK, BRIBE, SUBSTANTIAL GIFT, OR SPECIAL CONSIDERATION AS A RESULT OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING NBCH.

FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE COMPENSATION APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: PROVIDING COPIES ON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED. THE ORGANIZATION HAS A COMMITTEE TO SELECT THE INDEPENDENT ACCOUNTANT AND OVERSEE THE AUDIT ENGAGEMENT.

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

Name of the organization

Employer identification number
65-0328971

Related Organizations and Unrelated Partnerships

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

ATIONAL BUSINESS COALITION ON HEALTH
NC.

Date

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

Identification of Beliefs

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

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

Part III Identification of Related Organizations Taxable as a Partnership during the tax year.)

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

Identification of Related Organizations Taxable as a Corporation

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related

NATIONAL BUSINESS COALITION ON HEALTH
INC.

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY COALITIONS HEALTH INSTITUTE	M	252,782. TIMESHEETS	
(2) COMMUNITY COALITIONS HEALTH INSTITUTE	N	64,195. ALLOCATION METHOD	
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

NATIONAL BUSINESS COALITION ON HEALTH
INC.

65-0328971 Page 5

Schedule R (Form 990) 2011

Part VII **Supplemental Information**

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COMMUNITY COALITIONS HEALTH INSTITUTE

EIN: 76-0801205

1015 18TH STREET NW SUITE 730

WASHINGTON, DC 20036

PRIMARY ACTIVITY: COMMUNITY HEALTH REFORM

DIRECT CONTROLLING ENTITY: N/A

**NATIONAL BUSINESS COALITION ON HEALTH
INC.**

65-0328971 Page 2

Form 4562 (2011)

Part V

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	---	------------------------	--------------------------	-------------------------------	---------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

	%							
	%							
	%							

26 Property used more than 50% in a qualified business use:

	%				S/L -			
	%				S/L -			
	%				S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes <input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2011 tax year:

43 Amortization of costs that began before your 2011 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions NATIONAL BUSINESS COALITION ON HEALTH INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 65-0328971
	Number, street, and room or suite no. If a P.O. box, see instructions 1015 18TH STREET NW, NO. 730	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

0 1

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

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

ANDREW WEBBER

- The books are in the care of ► **1015 18TH STREET NW, NO. 730 - WASHINGTON, DC 20036**

Telephone No ► **(202) 775-9300** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

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

5 For calendar year **2011**, or other tax year beginning and ending

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

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED FOR THE PROPER COMPLETION OF THE FORM

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

Signature and Verification must be completed for Part II only.

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

Signature ►

Title ► **PRESIDENT**

Date ►

Form 8868 (Rev. 1-2012)

123842
01-06-12