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**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**NATIONAL BUSINESS COALITION ON HEALTH INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1015 18TH STREET NW 730**  
 City, town, or post office, state, and ZIP code  
**WASHINGTON, DC 20036**

**D Employer identification number**  
**65-0328971**

**E Telephone number**  
**(202) 775-9300**

**F Name and address of principal officer: ANDREW WEBBER**  
**SAME AS C ABOVE**

**G Gross receipts \$** **2,898,247.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **HTTP://WWW.NBCH.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1996** **M State of legal domicile:** **DC**

**H(c) Group exemption number** ▶

| Part I Summary  |  | Prior Year                | Current Year |
|---|--|---------------------------|--------------|
| Activities & Governance   | 1 Briefly describe the organization's mission or most significant activities: <b>TO ACCELERATE THE NATION'S PROGRESS TOWARDS SAFE, EFFICIENT, HIGH-QUALITY HEALTH CARE</b> |                           |              |
|   | 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                         | 15           |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4                         | 15           |
|   | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)   | 5                         | 10           |
|   | 6 Total number of volunteers (estimate if necessary)   | 6                         | 0            |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a                        | 0.           |
| b Net unrelated business taxable income from Form 990-T, line 34              | 7b   | 0.                        |              |
| Revenue   | 8 Contributions and grants (Part VIII, line 1h)  | 311,077.                  | 622,939.     |
|   | 9 Program service revenue (Part VIII, line 2g)   | 2,388,534.                | 2,266,899.   |
|   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 8,852.                    | 8,409.       |
|   | 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)  | 2,708,463.                | 2,898,247.   |
| Expenses  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 57,500.                   | 207,800.     |
|   | 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)   | 1,343,581.                | 1,311,343.   |
|   | 16a Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                        | 0.           |
|   | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>  |                           |              |
|   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 1,527,461.                | 1,445,779.   |
| 18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25) | 2,928,542.   | 2,964,922.                |              |
| 19 Revenue less expenses. Subtract line 18 from line 12                       | <220,079.>   | <66,675.>                 |              |
| Net Assets or Fund Balances   | 20 Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | 21 Total liabilities (Part X, line 26)   | 1,481,464.                | 1,091,891.   |
|   | 22 Net assets or fund balances. Subtract line 21 from line 20  | 763,408.                  | 440,510.     |
|   |  | 718,056.                  | 651,381.     |

**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: *[Signature]* Date: **10/25/13**  
**KAREN LINSOTT, CHIEF OPERATING OFFICER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **BERT L. SWAIN**  
 Firm's name: **DIXON HUGHES GOODMAN LLP**  
 Firm's address: **111 ROCKVILLE PIKE, 6TH FLOOR ROCKVILLE, MD 20850**  
 Preparer's signature: *[Signature]* Date: **10/20/13**  
 Check if self-employed:  PTIN: **P00238304**  
 Firm's EIN: **56-0747981**  
 Phone no.: **240.403.3700**

SCANNED NOV 20 2013

**RECEIVED**  
**NOV 6 5 2013**  
**OPEN UP**

**Part III Statement of Program Service Accomplishments**

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

X

1 Briefly describe the organization's mission:

**TO 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 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

NATIONAL BUSINESS COALITION ON HEALTH  
INC.

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**Part IV Checklist of Required Schedules**

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

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INC.

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

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

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

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

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

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|    | 15   |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|    | 15   |     |    |
| 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?  |     | X  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   | X   |    |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body?  | X   |    |
| b  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (202) 775-9300**  
**1015 18TH STREET NW, NO. 730, WASHINGTON, DC 20036**

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INC.

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

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

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

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

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MARIANNE FAZEN<br>DIRECTOR                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) CARYOL HENDRICKS<br>DIRECTOR               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) LARRY BORESS<br>BOARD REPRESENTATIVE       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) GAYE FORTNER<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) MARILYN BELL<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) BARBARA WALLACE<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOHN MILLER<br>DIRECTOR                    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) LAUREL PICKERING<br>DIRECTOR               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) BEVERLY ROSSMILLER<br>BOARD REPRESENTATIVE | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) KAREN VAN CAULIL<br>DIRECTOR              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) CHRIS WHIPPLE<br>DIRECTOR                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) CAROLYN PARE<br>PAST CHAIR                | 1.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (13) SUSAN SZYMANSKI<br>CHAIR                  | 1.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (14) DON CREVELING<br>SECRETARY/TREASURER      | 1.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (15) CHERYL DEMARS<br>VICE CHAIR               | 1.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (16) ANDREW WEBBER<br>PRESIDENT/CEO            | 35.00<br>5.00   |   |                       | X       |              |                              |        | 248,403.   | 0.  | 21,403.   |
| (17) KAREN LINSOTT<br>CHIEF OPERATING OFFICER  | 35.00<br>5.00   |   |                       | X       |              |                              |        | 219,250.   | 0.  | 10,063.   |

NATIONAL BUSINESS COALITION ON HEALTH  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) SUSAN DORSEY<br>VP OF EDUCATIONAL PROGRAM                 | 40.00   |   |                       |         |              | X                            |        | 125,906.   | 0.  | 12,935.   |
| (19) MARIA CORNEJO<br>DIRECTOR OF OPERATIONS                   | 35.00   |   |                       |         |              | X                            |        | 106,600.   | 0.  | 10,984.   |
| (20) COLLEEN BRUCE<br>DIRECTOR OF VALUE-BASED PUCHASING AN     | 5.00  |   |                       |         |              | X                            |        | 110,500.   | 0.  | 6,580.  |
| (21) SARA HANLON<br>VP OF MEMBER SUPPORT                       | 40.00   |   |                       |         |              | X                            |        | 100,947.   | 0.  | 10,502.   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 911,606.   | 0.  | 72,467.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 911,606.   | 0.  | 72,467.   |

**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**

|   | Yes | No |
|---|-----|----|
| <b>3</b> 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  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SEQUE CONSULTING, CLAIRE BROCKBANK 665 S. NEWPORT ST., DENVER, CO 80224 | CONSULTANT                     | 114,360.            |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**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 **1**

NATIONAL BUSINESS COALITION ON HEALTH  
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**Part VIII Statement of Revenue**

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

|  |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |        |
|--|--|--|---|---|---|--------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>  | <b>1 a</b> Federated campaigns   | <b>1a</b>  |   |   |   |        |
|  | <b>b</b> Membership dues   | <b>1b</b>  |   |   |   |        |
|  | <b>c</b> Fundraising events  | <b>1c</b>  |   |   |   |        |
|  | <b>d</b> Related organizations   | <b>1d</b>  |   |   |   |        |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>  |   |   |   |        |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above | <b>1f</b> 622,939.   |   |   |   |        |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$                                  |  |   |   |   |        |
|  | <b>h Total.</b> Add lines 1a-1f  |  | 622,939.  |   |   |        |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> <b>EDUCATION AND TRAINING</b>   | Business Code<br>900099  | 976,161.  | 976,161.                                |   |        |
|  | <b>b</b> <b>MEMBERSHIP DUES</b>  | 900099   | 509,000.  | 509,000.                                |   |        |
|  | <b>c</b> <b>PRODUCT AND SERVICES</b>   | 900099   | 445,250.  | 445,250.                                |   |        |
|  | <b>d</b> <b>MANAGEMENT FEES</b>  | 900099   | 336,488.  | 336,488.                                |   |        |
|  | <b>e</b>   |  |   |   |   |        |
|  | <b>f</b> All other program service revenue   |  |   |   |   |        |
|  | <b>g Total.</b> Add lines 2a-2f  |  | 2,266,899.                                      |   |   |        |
|  | <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) |   | 8,409.                                  |   | 8,409. |
| <b>4</b> Income from investment of tax-exempt bond proceeds  |  |  |   |   |   |        |
| <b>5</b> Royalties   |  |  |   |   |   |        |
| <b>6 a</b> Gross rents   |  | (i) Real   |   |   |   |        |
|  |  | (ii) Personal  |   |   |   |        |
|  |  |  |   |   |   |        |
| <b>b</b> Less rental expenses  |  |  |   |   |   |        |
| <b>c</b> Rental income or (loss)   |  |  |   |   |   |        |
| <b>d</b> Net rental income or (loss)   |  |  |   |   |   |        |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory   |  | (i) Securities   |   |   |   |        |
|  |  | (ii) Other   |   |   |   |        |
|  |  |  |   |   |   |        |
|  |  |  |   |   |   |        |
| <b>b</b> Less: cost or other basis<br>and sales expenses   |  |  |   |   |   |        |
| <b>c</b> Gain or (loss)  |  |  |   |   |   |        |
| <b>d</b> Net gain or (loss)  |  |  |   |   |   |        |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>   |  |   |   |   |        |
|  | <b>b</b> Less direct expenses  | <b>b</b>   |   |   |   |        |
|  | <b>c</b> Net income or (loss) from fundraising events                                      |  |   |   |   |        |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19  | <b>a</b>   |  |   |   |   |        |
|  | <b>b</b> Less direct expenses  | <b>b</b>   |   |   |   |        |
|  | <b>c</b> Net income or (loss) from gaming activities                                       |  |   |   |   |        |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances   | <b>a</b>   |  |   |   |   |        |
|  | <b>b</b> Less cost of goods sold   | <b>b</b>   |   |   |   |        |
|  | <b>c</b> Net income or (loss) from sales of inventory                                      |  |   |   |   |        |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>   |   |   |   |        |
| <b>11 a</b>  |  |  |   |   |   |        |
| <b>b</b>   |  |  |   |   |   |        |
| <b>c</b>   |  |  |   |   |   |        |
| <b>d</b> All other revenue   |  |  |   |   |   |        |
| <b>e Total.</b> Add lines 11a-11d  |  |  |   |   |   |        |
| <b>12 Total revenue.</b> See instructions.   |  | 2,898,247.   | 2,266,899.                                      | 0.                                      | 8,409.  |        |

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 207,800.              |                                 |  |                             |
| 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  | 509,386.              |                                 |  |                             |
| 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  | 680,324.              |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 14,326.               |                                 |  |                             |
| 9 Other employee benefits   | 34,186.               |                                 |  |                             |
| 10 Payroll taxes  | 73,121.               |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 6,699.                |                                 |  |                             |
| c Accounting  | 41,071.               |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 403,450.              |                                 |  |                             |
| 12 Advertising and promotion  | 6,117.                |                                 |  |                             |
| 13 Office expenses  | 60,616.               |                                 |  |                             |
| 14 Information technology   | 111,768.              |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 111,379.              |                                 |  |                             |
| 17 Travel   | 118,581.              |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 508,774.              |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 13,913.               |                                 |  |                             |
| 23 Insurance  | 6,842.                |                                 |  |                             |
| 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 <b>PRODUCT &amp; SERVICES</b>   | 47,188.               |                                 |  |                             |
| b <b>DUES &amp; SUBSCRIPTIONS</b>   | 9,381.                |                                 |  |                             |
| c _____   |                       |                                 |  |                             |
| d _____   |                       |                                 |  |                             |
| e All other expenses _____  |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 2,964,922.            |                                 |  |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

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

NATIONAL BUSINESS COALITION ON HEALTH  
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**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |               | (B)<br>End of year |
|------------------------------------|---|---|---------------|--------------------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing   |               | 1                  |
|                                    | 2   | Savings and temporary cash investments  | 1,277,548.    | 2 269,909.         |
|                                    | 3   | Pledges and grants receivable, net  |               | 3                  |
|                                    | 4   | Accounts receivable, net  | 93,520.       | 4 130,118.         |
|                                    | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |               | 5                  |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |               | 6                  |
|                                    | 7   | Notes and loans receivable, net   |               | 7                  |
|                                    | 8   | Inventories for sale or use   |               | 8                  |
|                                    | 9   | Prepaid expenses and deferred charges   | 93,321.       | 9 40,806.          |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 110,358.      |                    |
|                                    | 10b   | Less: accumulated depreciation  | 62,498.       | 10c 47,860.        |
|                                    | 11  | Investments - publicly traded securities  |               | 11 603,198.        |
|                                    | 12  | Investments - other securities. See Part IV, line 11  |               | 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                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 1,481,464.  | 16 1,091,891. |                    |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 133,491.      | 17 109,225.        |
|                                    | 18  | Grants payable  |               | 18                 |
|                                    | 19  | Deferred revenue  | 629,917.      | 19 324,405.        |
|                                    | 20  | Tax-exempt bond liabilities   |               | 20                 |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |               | 21                 |
|                                    | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |               | 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   | 0.            | 25 6,880.          |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 763,408.      | 26 440,510.        |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |               |                    |
|                                    | 27  | Unrestricted net assets   | 718,056.      | 27 416,554.        |
|                                    | 28  | Temporarily restricted net assets   |               | 28 234,827.        |
|                                    | 29  | Permanently restricted net assets   |               | 29                 |
|                                    | Organizations that do not follow SFAS 117 (ASC 958), 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                                 | <b>Total net assets or fund balances</b>  | 718,056.  | 33 651,381.   |                    |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>   | 1,481,464.  | 34 1,091,891. |                    |

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INC.

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**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  | 2,898,247. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 2,964,922. |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | <66,675.>  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 718,056.   |
| 5  | Net unrealized gains (losses) on investments  | 5  |            |
| 6  | Donated services and use of facilities  | 6  |            |
| 7  | Investment expenses   | 7  |            |
| 8  | Prior period adjustments  | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 0.         |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 651,381.   |

**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 _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis               | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| 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?   |     | 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   |     |    |

Form 990 (2012)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041  
01-07-13

NATIONAL BUSINESS COALITION ON HEALTH

Schedule C (Form 990 or 990-EZ) 2012 INC.

65-0328971 Page 2

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

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

| Limits on Lobbying Expenditures<br>(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   |  |                                  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>  | <b>The lobbying nontaxable amount is:</b>          |                                  |                             |
| 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? |  |                                  |                             |

Yes  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<br>(or fiscal year beginning in)               | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2012

NATIONAL BUSINESS COALITION ON HEALTH

**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?                      | X   |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | X   |    |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? |     | 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? | 4  |  |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**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

**2012**  
Open 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).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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.

Schedule D (Form 990) 2012

65-0328971 Page 2

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIII 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  |                                      | 92,938.                         | 45,521.                      | 47,417.        |
| e Other  |                                      | 17,420.                         | 16,977.                      | 443.           |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 47,860.        |

Schedule D (Form 990) 2012

**NATIONAL BUSINESS COALITION ON HEALTH  
INC.**

Schedule D (Form 990) 2012

65-0328971 Page 3

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |
| <b>Total.</b> (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)  |                |   |
| <b>Total.</b> (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)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DEFERRED REVENUE  | 6,880.         |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 6,880.         |

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

NATIONAL BUSINESS COALITION ON HEALTH  
INC.

Schedule D (Form 990) 2012

65-0328971 Page 4

| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |    |    |
|---|---|----|----|
| 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 XIII.)  | 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 XIII.)  | 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  |

| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |    |    |
|--|--|----|----|
| 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 XIII.)   | 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 XIII.)   | 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 XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED**

**STATES OF AMERICA REQUIRES THE COALITIONS' MANAGEMENT TO EVALUATE 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 EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE COALITIONS' MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COALITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD**

Schedule D (Form 990) 2012



**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

**2012**

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. Part II can be duplicated if additional space is needed

| 1 (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 valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| VA BUSINESS COALITION ON HEALTH<br>287 INDEPENDENCE BOULEVARD,<br>PEMBROKE TWO, SUITE 120 - VIRGINIA<br>BEACH, VA 234 | 54-1271014 | 501 (C)(3)                    | 29,000.                  | 0.                                |   |  | THE AMERICAN HEALTH STRATEGIES PROJECT (AHSP) IS A PILOT PROGRAM LED BY BUSINESS COALITIONS IN 6 |
| MIDWEST BUSINESS GROUP<br>35 E. WACKER DRIVE, SUITE 1500<br>CHICAGO, IL 60601   | 36-3059249 | 501 (C)(3)                    | 5,000.                   | 0.                                |   |  | AMERICAN HEALTH STRATEGIES PROJECT (AHSP)  |
| DFW BUSINESS GROUP ON HEALTH<br>11520 NORTH CENTRAL EXPY., SUITE 201<br>DALLAS, TX 75243                              | 75-1924594 | 501 (C)(3)                    | 30,000.                  | 0.                                |   |  | AMERICAN HEALTH STRATEGIES PROJECT (AHSP)  |
| OREGON COALITION OF HEALTH CARE<br>PURCHASERS - 812 SEW TENTH AVENUE,<br>SUITE 204 - PORTLAND, OR 97205               | 93-1104945 | 501 (C)(6)                    | 5,000.                   | 0.                                |   |  | AMERICAN HEALTH STRATEGIES PROJECT (AHSP)  |
| PITTSBURG BUSINESS GROUP<br>P.O. BOX 208<br>AMBRIDGE, PA 15003  | 25-1420994 | 501 (C)(3)                    | 5,000.                   | 0.                                |   |  | AMERICAN HEALTH STRATEGIES PROJECT (AHSP)  |
| MID-AMERICA COALITION ON<br>HEALTHCARE - 6901 SHAWNEE MISSION<br>PARKWAY - OVERLAND PARK, KS 66202                    | 43-1248648 | 501 (C)(3)                    | 35,000.                  | 0.                                |   |  | 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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**NATIONAL BUSINESS COALITION ON HEALTH  
INC.**

Schedule I (Form 990) **65-0328971** Page 1

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |   |  |   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (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 valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
| MID ATLANTIC BUSINESS GROUP ON HEALTH - P.O. BOX 0866 - GREENBELT, MD 20768  | 52-1324879 | 501 (C)(3)                    | 12,000.                  | 0.                                |   |  | ADULT IMMUNIZATION SEED GRANT           |
| HEALTHCARE 21 BUSINESS COALITION 625 MARKET STREET, SUITE 900, KNOXVILLE, TN 37902   | 62-1709733 | 501 (C)(3)                    | 32,000.                  | 0.                                |   |  | ADULT IMMUNIZATION SEED GRANT           |
| NEVADA HEALTH CARE COALITION 1775 E. PLUMB LANE STE. 107 RENO, NV 89502  | 88-0348643 | 501 (C)(6)                    | 16,800.                  | 0.                                |   |  | ADULT IMMUNIZATION SEED GRANT           |
| WICHITA BUSINESS COALITION ON HEALTH CARE - 350 W. DOUGLAS - WICHITA, KS 67202   | 26-2661690 | 501 (C)(3)                    | 35,000.                  | 0.                                |   |  | DIABETES RECOGNITION PROGRAM INITIATIVE |
| COALITION WORKS 1109 MOORE HOUSE RD, YORKTOWN, VA 23690  | 26-2837633 |                               | 3,000.                   | 0.                                |   |  | ADULT IMMUNIZATION SEED GRANT           |
|  |            |                               |                          |                                   |   |  |   |
|  |            |                               |                          |                                   |   |  |   |
|  |            |                               |                          |                                   |   |  |   |
|  |            |                               |                          |                                   |   |  |   |

Schedule I (Form 990)

**NATIONAL BUSINESS COALITION ON HEALTH  
INC.**

Schedule I (Form 990) (2012) **65-0328971** Page 2

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**PART II, LINE 1, COLUMN (H):**  
**NAME OF ORGANIZATION OR GOVERNMENT: VA BUSINESS COALITION ON HEALTH**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: THE AMERICAN HEALTH STRATEGIES PROJECT (AHSP) IS A PILOT PROGRAM LED BY BUSINESS COALITIONS IN 6 MARKETS ACROSS THE COUNTRY. NBCH SUPPORTS THESE COALITIONS IN BUILDING STRONGER EMPLOYER NETWORKS FOCUSED ON USING DATA TO INCREASE VALUE BASED PURCHASING DECISIONS. THIS PROJECT HAS INVOLVED OVER 60 EMPLOYERS, IMPACTING ACCESS TO DATA, BENEFIT DESIGN STRATEGIES, EMPLOYEE ENGAGEMENT, AND VENDOR MANAGEMENT.**

**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 NCQA'S 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

**2012**

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     |    |
| <b>5b</b> |     |    |
| <b>6a</b> |     |    |
| <b>6b</b> |     |    |
| <b>7</b>  |     |    |
| <b>8</b>  |     |    |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2012







**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

**2012**

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<br>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

|   |  |
|---|--|
| Name of the organization<br>NATIONAL BUSINESS COALITION ON HEALTH<br>INC. | Employer identification number<br>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 <b>NATIONAL BUSINESS COALITION ON HEALTH<br/>INC.</b> | Employer identification number<br><b>65-0328971</b> |
|--|---|

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 IX, LINE 11G, OTHER FEES:

CONSULTANTS:

|                |          |
|----------------|----------|
| TOTAL EXPENSES | 403,450. |
|----------------|----------|

|  |          |
|--|----------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 403,450. |
|--|----------|





NATIONAL BUSINESS COALITION ON HEALTH

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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)<br>Name of other organization         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved | Yes | No |
|---|-------------------------------|------------------------|--|-----|----|
| (1) COMMUNITY COALITIONS HEALTH INSTITUTE | N                             | 82,351                 | ALLOCATION METHOD                            |     | X  |
| (2) COMMUNITY COALITIONS HEALTH INSTITUTE | O                             | 254,137                | TIMESHEETS                                   |     | X  |
| (3)                                       |                               |                        |  |     |    |
| (4)                                       |                               |                        |  |     |    |
| (5)                                       |                               |                        |  |     |    |
| (6)                                       |                               |                        |  |     |    |



**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

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

OMB No 1545-0172

**2012**

Attachment  
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **NATIONAL BUSINESS COALITION ON HEALTH INC.**  
 Business or activity to which this form relates: **FORM 990 PAGE 10**  
 Identifying number: **65-0328971**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,000,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |         |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 13,913. |

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012  | 17 |                          |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

|     |            |   |         |    |     |  |
|-----|------------|---|---------|----|-----|--|
| 20a | Class life |   |         |    | S/L |  |
| b   | 12-year    |   | 12 yrs. |    | S/L |  |
| c   | 40-year    | / | 40 yrs. | MM | S/L |  |

**Part IV Summary** (See instructions)

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28   | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 13,913. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |

**NATIONAL BUSINESS COALITION ON HEALTH  
INC.**

Form 4562 (2012)

65-0328971 Page 2

**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)<br>Type of property<br>(list vehicles first)  | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|---|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                                     |  |                               |  |                           |                              | <b>25</b>                        |                                       |
| <b>26</b> Property used more than 50% in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
| <b>27</b> Property used 50% or less in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |                                     |  |                               |  |                           |                              | <b>28</b>                        |                                       |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1  |                                     |  |                               |  |                           |                              |                                  | <b>29</b>                             |

**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

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

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  |     |    |
| <b>38</b> 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 |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?   |     |    |
| <b>40</b> 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?   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?  |     |    |

**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)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2012 tax year:               |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
| <b>43</b> Amortization of costs that began before your 2012 tax year                 |                                    |                              |                        |   | <b>43</b>                            |
| <b>44</b> Total. Add amounts in column (f). See the instructions for where to report |                                    |                              |                        |   | <b>44</b>                            |

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

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

**01**

| Application Is For                      | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ                 | 01          |                    |             |
| Form 990-BL                             | 02          | Form 1041-A        | 08          |
| Form 4720 (individual)                  | 03          | 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.**

**THE ORGANIZATION**

• 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, 2013**.

5 For calendar year **2012**, 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**

|  |           |    |    |
|--|-----------|----|----|
| <b>8a</b> 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  | <b>8a</b> | \$ | 0. |
| <b>b</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. | <b>8b</b> | \$ | 0. |
| <b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> | \$ | 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

Date