

AMENDED

990

## Return of Organization Exempt From Income Tax

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

OMB N 1545-0047

2007

Open to Public Inspection

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

For the 2007 calendar year or tax year beginning

and ending

<b>C Name of organization</b> <b>THE NEW YORK BUSINESS GROUP ON HEALTH, INC</b>		<b>D Employer identification number</b> <b>13-3156952</b>	
<b>E Telephone number</b> <b>212-252-7440</b>		<b>F Accounting method</b> <input type="checkbox"/> C <input checked="" type="checkbox"/> A	
<b>Number and street (or P O box if mail is not delivered to street address)</b> <b>61 BROADWAY, SUITE 2705</b>		<b>Room/suite</b>	
<b>City or town state or country and ZIP + 4</b> <b>NEW YORK, NY 10006-2821</b>		<b>G Website</b> <b>N/A</b>	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If Yes enter number of affiliates **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If No attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number **N/A**M Check ☒ if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)L Gross receipts Add lines 6b 8b 9b and 10b to line 12 **1,346,360**

## Part I Revenue Expenses and Changes in Net Assets or Fund Balances

1	Contributions gifts grants and similar amounts received				
a	Contributions to donor advised funds				
b	Direct public support (not included on line 1a)				
c	Indirect public support (not included on line 1a)				
d	Government contributions (grants) (not included on line 1a)				
e	Total (add lines 1a through 1d) (cash \$ noncash \$)				0
2	Program service revenue including government fees and contracts (from Part VII line 93)				799,725
3	Membership dues and assessments				282,425
4	Interest on savings and temporary cash investments				20,604
5	Dividends and interest from securities				
6a	Gross rents	SEE STATEMENT 1	6a	34,030	
b	Less rental expenses	SEE STATEMENT 2	6b	34,030	
c	Net rental income or (loss) Subtract line 6b from line 6a		6c		0
7	Other investment income (describe )		7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c columns (A) and (B)	8c			
9	Special events and activities (attach schedule) If any amount is from gaming check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	197,825		
b	Less direct expenses other than fundraising expenses	9b	29,293		
c	Net income or (loss) from special events Subtract line 9b from line 9a	SEE STATEMENT 3			168,532
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				
11	Other revenue (from Part VII line 103)				11,751
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				1,283,037
13	Program services (from line 44 column (B))				1,089,813
14	Management and general (from line 44 column (C))				188,176
15	Fundraising (from line 44 column (D))				
16	Payments to affiliates (attach schedule)				
17	Total expenses Add lines 16 and 44, column (A)				1,277,989
18	Excess or (deficit) for the year Subtract line 17 from line 12				5,048
19	Net assets or fund balances at beginning of year (from line 73 column (A))				446,312
20	Other changes in net assets or fund balances (attach explanation)				0
21	Net assets or fund balances at end of year Combine lines 18 19 and 20				451,360

723001 12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice see the separate instructions

Form 990 (2007)

**THE NEW YORK BUSINESS GROUP ON  
HEALTH, INC**

Form 990 (2007)

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) ( h \$ 0 h \$ 0 ) If the m t l d f e g n g t h k h <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) ( h \$ 0 h \$ 0 ) If the m t l d f e g g t h k h <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V A	168,954	140,232	28,722	0
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V B	0	0	0	0
<b>25c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	291,337	241,810	49,527	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a-27	24,014	19,932	4,082	
<b>29</b> Payroll taxes	29,327	24,341	4,986	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	23,666	21,299	2,367	
<b>32</b> Legal fees				
<b>33</b> Supplies	14,460	13,017	1,443	
<b>34</b> Telephone	11,786	10,607	1,179	
<b>35</b> Postage and shipping	13,963	12,567	1,396	
<b>36</b> Occupancy	69,150	62,235	6,915	
<b>37</b> Equipment rental and maintenance	13,382	12,044	1,338	
<b>38</b> Printing and publications	17,019	15,317	1,702	
<b>39</b> Travel	5,701	5,131	570	
<b>40</b> Conferences, conventions, and meetings	154,334	138,901	15,433	
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize): a _____ b _____ c _____ d _____ e _____ f _____ g <b>SEE STATEMENT 4</b>	440,896	372,380	68,516	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B), (C), and (D) carry these totals to lines 13-15.)	1,277,989	1,089,813	188,176	0

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If Yes, enter (i) the aggregate amount of these joint costs \$ N/A (ii) the amount allocated to Program services \$ N/A

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>HEALTH CARE ADVOCACY</b>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a EDUCATIONAL SERVICES - SEMINARS ON HEALTH CARE ISSUES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	310,410
<b>b MEMBERSHIP SERVICES - SEMINARS FOR NEW &amp; PROSPECTIVE MEMBERS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	284,424
<b>c SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	175,735
<b>d SEE STATEMENT 6</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	191,345
<b>e Other program services (attach schedule) SEE STATEMENT 7</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	127,899
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	1,089,813

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**Part IV Balance Sheets** (See the instructions.)

**Note** Where required, attached schedules and amounts within the description column should be for end of year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash, non interest bearing	23,342	45	232,173
	46 Savings and temporary cash investments	643,731	46	647,245
	47 a Accounts receivable	131,737		
	b Less allowance for doubtful accounts		47c	131,737
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	46,645	53	64,835
	54 a Investments, publicly traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments, other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments, land, buildings, and equipment, basis				
b Less accumulated depreciation		55c		
56 Investments, other		56		
57 a Land, buildings, and equipment, basis	6,354			
b Less accumulated depreciation STMT 8	6,354	57c		
58 Other assets, including program related investments (describe <input type="checkbox"/> SECURITY DEPOSITS )	45,114	58	45,114	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	921,980	59	1,121,104	
Liabilities	60 Accounts payable and accrued expenses	267,443	60	219,824
	61 Grants payable		61	
	62 Deferred revenue	187,156	62	421,781
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9 )	21,069	65	28,139
66 <b>Total liabilities</b> . Add lines 60 through 65	475,668	66	669,744	
Net Assets or Fund Balances	Organizations that follow SFAS 117 check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	446,312	67	451,360
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117 check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	446,312	73	451,360
	74 <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	921,980	74	1,121,104

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<b>a</b>	Total revenue gains and other support per audited financial statements		<b>a</b>	1,346,360
<b>b</b>	Amounts included on line <b>a</b> but not on Part I line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) <u>SEE STATEMENT 10</u>	<b>b4</b>	63,323	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	63,323
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,283,037
<b>d</b>	Amounts included on Part I line 12 but not on line <b>a</b>			
<b>1</b>	Investment expenses not included on Part I line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,283,037

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,341,314
<b>b</b>	Amounts included on line <b>a</b> but not on Part I line 17		<b>b</b>	
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I line 20	<b>b3</b>		
<b>4</b>	Other (specify) <u>SEE STATEMENT 11</u>	<b>b4</b>	63,325	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	63,325
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,277,989
<b>d</b>	Amounts included on Part I line 17 but not on line <b>a</b>		<b>d</b>	
<b>1</b>	Investment expenses not included on Part I line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,277,989

[illegible]



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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		<b>X</b>
<b>b</b> If Yes you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	<b>82b</b>		
	<b>N/A</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>		
	<b>N/A</b>		
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		<b>X</b>
<b>b</b> If Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
	<b>N/A</b>		
<b>85 a</b> 501(c)(4) (5) or (6) Were substantially all dues nondeductible by members?	<b>85a</b>		
	<b>N/A</b>		
<b>b</b> Did the organization make only in house lobbying expenditures of \$2 000 or less?	<b>85b</b>		
If Yes was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
<b>c</b> Dues assessments and similar amounts from members	<b>85c</b>		
	<b>N/A</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
	<b>N/A</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
	<b>N/A</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
	<b>N/A</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
	<b>N/A</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
	<b>N/A</b>		
<b>86</b> 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	<b>86a</b>		
	<b>N/A</b>		
<b>b</b> Gross receipts included on line 12 for public use of club facilities	<b>86b</b>		
	<b>N/A</b>		
<b>87</b> 501(c)(12) organizations Enter a Gross income from members or shareholders	<b>87a</b>		
	<b>N/A</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
	<b>N/A</b>		
<b>88 a</b> At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	<b>88a</b>	<b>X</b>	
If Yes complete Part IX			
<b>b</b> At any time during the year did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If Yes complete Part XI	<b>88b</b>	<b>X</b>	
<b>89 a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> section 4955 <u>0</u>			
<b>b</b> 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	<b>89b</b>		<b>X</b>
If Yes attach a statement explaining each transaction			
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958 <u>0</u>			
<b>d</b> Enter Amount of tax on line 89c above reimbursed by the organization <u>0</u>			
<b>e</b> All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		<b>X</b>
<b>f</b> All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		<b>X</b>
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization or a fund maintained by a sponsoring organization have excess business holdings at any time during the year? <b>N/A</b>	<b>89g</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>NY</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12 2007	<b>90b</b>		<b>6</b>
<b>91 a</b> The books are in care of <b>THE CORPORATION</b> Telephone no <b>212-252-7440</b> Located at <b>61 BROADWAY, SUITE 2705, NEW YORK, NY</b> ZIP + 4 <b>10006-2821</b>			
<b>b</b> At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)?	<b>91b</b>		<b>X</b>
If Yes enter the name of the foreign country <b>N/A</b>			
See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts			

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**Part VI Other Information** (continued)

**Yes No**

**c** At any time during the calendar year did the organization maintain an office outside of the United States?

91c ☐ ☒

If **Yes** enter the name of the foreign country **N/A**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here ☐

and enter the amount of tax exempt interest received or accrued during the tax year

**92** **N/A**

**Part VII Analysis of Income Producing Activities** (See the instructions)

**Note** Enter gross amounts unless otherwise indicated

Unrelated business income		E I d by t 512 513 514		(E) Related or exempt function income
(A) Business code	(B) Amount	(C) E I d	(D) Amount	
<b>93</b> Program service revenue				
<b>a</b> <b>SEE STATEMENT 12</b>				<b>799,725</b>
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> Medicare/Medicaid payments				
<b>g</b> Fees and contracts from government agencies				
<b>94</b> Membership dues and assessments				<b>282,425</b>
<b>95</b> Interest on savings and temporary cash investments		<b>14</b>	<b>20,604</b>	
<b>96</b> Dividends and interest from securities				
<b>97</b> Net rental income or (loss) from real estate				
<b>a</b> debt financed property				
<b>b</b> not debt financed property		<b>16</b>		
<b>98</b> Net rental income or (loss) from personal property				
<b>99</b> Other investment income				
<b>100</b> Gain or (loss) from sales of assets other than inventory				
<b>101</b> Net income or (loss) from special events				<b>168,532</b>
<b>102</b> Gross profit or (loss) from sales of inventory				
<b>103</b> Other revenue				
<b>a</b> <b>OTHER FEES</b>				<b>11,751</b>
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>104</b> Subtotal (add columns (B), (D), and (E))	<b>0</b>		<b>20,604</b>	<b>1,262,433</b>
<b>105</b> <b>Total</b> (add line 104 columns (B), (D), and (E))				<b>1,283,037</b>

**Note** Line 105 plus line 1e Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>1</b>	<b>SEE STATEMENT 13</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
<b>NYHPA INC - 61</b>	/	<b>HEALTH INSURANCE</b>		
<b>BROADWAY SUITE 2705,</b>	/	<b>COVERAGE</b>		
<b>NEW YORK, NY 10006</b>	/			
<b>- 13-4019932</b>	<b>100.00%</b> /		<b>3,623,355</b>	<b>1,132,126</b>

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

**(a)** Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?

☐ **Yes** ☒ **No**

**(b)** Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?

☐ **Yes** ☒ **No**

**Note** If **Yes** to **(b)** file Form 8870 and Form 4720 (see instructions)

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**Part XI** Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a  
controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If Yes complete the schedule below for each controlled entity				X	
	(A) Name address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	NYHPA INC 61 BROADWAY SUITE 2705 NEW YORK, NY 10006	13-4019932	SEE STATEMENT 14	144,759	
b					
c					
<b>Totals</b>				144,759	

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If Yes complete the schedule below for each controlled entity				X	
	(A) Name address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	NYHPA INC 61 BROADWAY SUITE 2705 NEW YORK, NY 10006	13-4019932	SEE STATEMENT 15	63,516	
b					
c					
<b>Totals</b>				63,516	

		Yes	No
108 Did the organization have a binding written contract in effect on August 17 2006 covering the interest rents royalties and annuities described in question 107 above?			X

Please Sign Here	Signature of officer	
	Type or print name and title	Laurel Pickering, President
Paid Preparer's Use Only	Preparer's signature	
	Firm (if employer) Name Address City State ZIP	POPPER & COMPANY LLP 192 LEXINGTON AVENUE NEW YORK, NY 10016-6823

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e) 501(f) 501(k)  
501(n) or 4947(a)(1) Nonexempt Charitable Trust

OMB N 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information (See separate instructions)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **THE NEW YORK BUSINESS GROUP ON HEALTH, INC** Employer identification number **13 3156952**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers Directors and Trustees**

(See page 1 of the instructions List each one If there are none enter None )

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Compensation by type of compensation	(e) Expense account and other allowances
JANAERA GASTON MT VERNON, NY	DIRECTOR OF PROGRAMS 40 00	81,698	1,343	
MARILYN WOLFF-DIAMOND BRONX, NY	DIR OF QUALITY 40 00	70,781	6,560	
JEROLD VOLK WEST ORANGE, NJ	DIR OF DEVELOPMENT 30 00	60,000	0	0
Total number of other employees paid over \$50,000	0			

**Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none enter None )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
I PRO 1979 MARCUS AVENUE, LAKE SUCCESS, NY 11042	CONSULTING	175,000
NATIONAL BUSINESS COALITION ON HEALTH 1015 18TH STREET, NW SUITE 730, WASHINGTON, D C	CONSULTING	90,500
Total number of others receiving over \$50,000 for professional services	0	

**Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services whether individuals or firms If there are none enter None See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

<p><b>1</b> During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If Yes, enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking Yes must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities.</p>	<p><b>1</b></p>		<p><b>X</b></p>
<p><b>2</b> During the year, has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated, as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is Yes, attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	<p><b>2a</b></p>		<p><b>X</b></p>
<p><b>b</b> Lending of money or other extension of credit?</p>	<p><b>2b</b></p>		<p><b>X</b></p>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<p><b>2c</b></p>		<p><b>X</b></p>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p><b>2d</b></p>	<p><b>X</b></p>	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<p><b>2e</b></p>		<p><b>X</b></p>
<p><b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If Yes, attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	<p><b>3a</b></p>		<p><b>X</b></p>
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<p><b>3b</b></p>	<p><b>X</b></p>	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, attach a detailed statement.</p>	<p><b>3c</b></p>		<p><b>X</b></p>
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p><b>3d</b></p>		<p><b>X</b></p>
<p><b>4 a</b> Did the organization maintain any donor advised funds? If Yes, complete lines 4b through 4g. If No, complete lines 4f and 4g.</p>	<p><b>4a</b></p>		<p><b>X</b></p>
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<p><b>4b</b></p>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p><b>4c</b></p>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year.</p>			<p><b>N/A</b></p>
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.</p>			<p><b>N/A</b></p>
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.</p>			<p><b>0</b></p>
<p><b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year.</p>			<p><b>0</b></p>

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non Private Foundation Status** (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III Functionally Integrated ☐ Type III Other

**Provide the following information about the supported organizations** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV A****Support Schedule** (Complete only if you checked a box on line 10 11 or 12) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)				286,535	286,535
<b>16</b> Membership fees received	275,251	272,431	231,476	221,380	1,000,538
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	754,648	601,190	707,882	204,319	2,268,039
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	19,533	38,013	2,718	1,289	61,553
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,910	3,005	39,161	6,041	50,117
<b>23</b> Total of lines 15 through 22	1,051,342	914,639	981,237	719,564	3,666,782
<b>24</b> Line 23 minus line 17	296,694	313,449	273,355	515,245	1,398,743
<b>25</b> Enter 1/ of line 23	10,513	9,146	9,812	7,196	

**26 Organizations described on lines 10 or 11** a Enter 2/ of amount in column (e) line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a.

**Do not file this list with your return.** Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24 column (e)

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

<b>26a</b>	N/A
<b>26b</b>	N/A
<b>26c</b>	N/A
<b>26d</b>	N/A
<b>26e</b>	N/A
<b>26f</b>	N/A

**27 Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of and total amounts received in each year from each disqualified person. **Do not file this list with your return.** Enter the sum of such amounts for each year.

(2006) 0 (2005) 0 (2004) 0 (2003) 0

b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2006) 0 (2005) 0 (2004) 0 (2003) 0

c Add Amounts from column (e) for lines 15 286,535 16 1,000,538  
17 2,268,039 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add Line 27a total 0 and line 27b total 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount on line 23 column (e)

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

<b>27c</b>	3,555,112
<b>27d</b>	0
<b>27e</b>	3,555,112
<b>27f</b>	3,666,782
<b>27g</b>	96.9546%
<b>27h</b>	1.6787%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If Yes, please describe; if No, please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered No to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered Yes to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered Yes to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If No, attach an explanation.		

Schedule A (Form 990 or 990-EZ) 2007

**Part VI A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked **a** and limited control provisions apply**Limits on Lobbying Expenditures**

(The term expenditures means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table	41													
<table border="0"> <tr> <td><b>If the amount on line 40 is</b></td> <td><b>The lobbying nontaxable amount is</b></td> </tr> <tr> <td>N/A \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td><input type="radio"/> \$500,000 or less</td> <td>\$100,000 plus 15% of the amount over \$500,000</td> </tr> <tr> <td><input type="radio"/> \$1,000,000 or less</td> <td>\$175,000 plus 10% of the amount over \$1,000,000</td> </tr> <tr> <td><input type="radio"/> \$1,500,000 or less</td> <td>\$225,000 plus 5% of the amount over \$1,500,000</td> </tr> <tr> <td><input type="radio"/> \$17,000,000 or less</td> <td>\$1,000,000</td> </tr> </table>				<b>If the amount on line 40 is</b>	<b>The lobbying nontaxable amount is</b>	N/A \$500,000	20% of the amount on line 40	<input type="radio"/> \$500,000 or less	\$100,000 plus 15% of the amount over \$500,000	<input type="radio"/> \$1,000,000 or less	\$175,000 plus 10% of the amount over \$1,000,000	<input type="radio"/> \$1,500,000 or less	\$225,000 plus 5% of the amount over \$1,500,000	<input type="radio"/> \$17,000,000 or less	\$1,000,000
<b>If the amount on line 40 is</b>	<b>The lobbying nontaxable amount is</b>														
N/A \$500,000	20% of the amount on line 40														
<input type="radio"/> \$500,000 or less	\$100,000 plus 15% of the amount over \$500,000														
<input type="radio"/> \$1,000,000 or less	\$175,000 plus 10% of the amount over \$1,000,000														
<input type="radio"/> \$1,500,000 or less	\$225,000 plus 5% of the amount over \$1,500,000														
<input type="radio"/> \$17,000,000 or less	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44													

**Caution** If there is an amount on either line 43 or line 44 you must file Form 4720**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 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4 Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI A) (See page 14 of the instructions)

N/A

During the year did the organization attempt to influence 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 c through h)
- 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 other means
- i** Total lobbying expenditures (Add lines c through h)

If Yes to any of the above also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

**b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization.

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) <sup>1</sup>Rental of facilities equipment or other assets

(iv) Reimbursement arrangements

(v) <sup>11</sup>Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities equipment mailing lists other assets or paid employees

**d** If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**52 a** Is the organization directly or indirectly affiliated with or related to one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

**b** If Yes complete the following schedule

N/A

[illegible]



Asset ID	Description	Date Acquired	Method	Life	LN	Unadjusted Cost Or Basis	Bus / Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	FURNITURE & FIXTURES	01/01/98	200DB	7 00	17	1 146			1 146	1 146		0
12	COMPUTER	12/31/98	200DB	5 00	17	5 208			5 208	5 208		0
	* TOTAL 990 PAGE 2 DEPR					6 354		0	6 354	6 354	0	0

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE SPACE SUBLEASE	1	34 030
TOTAL TO FORM 990 PART I LINE 6A		34 030

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE		34 030	
- SUBTOTAL -	1		34 030
TOTAL TO FORM 990 PART I LINE 6B			34 030

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
ANNUAL FUNDRAISER	197 825		197 825	29 293	168 532
TOTAL TO FORM 990 PART I LINE 9	197 825		197 825	29 293	168 532

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	63 368		63 368	
COMPUTER EXPENSES	17 664	15 898	1 766	
INSURANCE	4 520	4 068	452	
DATA PROCESSING	2 612	2 351	261	
DUES AND				
SUBSCRIPTIONS	5 921	5 329	592	
MARKETING	4 093	3 684	409	
EVALUATION EXPENSES -				
NBCH	101 389	101 389		

MEALS & ENTERTAINMENT	2 557	2 301	256
MULTI-PAYER HEDIS	176 221	176 221	
GRANT PROJECT EXPENSE	47 980	47 980	
REPAIRS	1 292	1 163	129
BANK CHARGES	3 804	3 424	380
PROFESSIONAL DEVELOPMENT	9 030	8 127	903
NEWSLETTER EXPENSE	445	445	
TOTAL TO FORM 990 LN 43	440 896	372 380	68 516

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

## DESCRIPTION OF PROGRAM SERVICE THREE

STANDARDIZATION & EVALUATION - NYBGH MEMBERS ARE WORKING WITH THE NATIONAL BUSINESS COALITION ON HEALTH TO STANDARDIZE THE WAY HEALTH PLAN PURCHASE INFORMATION IS REQUESTED DELIVERED AND EVALUATED ACROSS THE COUNTRY USING THE NBCH EVALU8 TOOL NYBGH IS ASSESSING THE QUALITY OF HEALTH PLANS BASED ON A COMMON SET OF CRITERIA THAT MEASURE KEY AREAS FROM PROVIDER PERFORMANCE AND DISEASE MANAGEMENT TO MEMBER SATISFACTION NYBGH COORDINATES THE EMPLOYER VOICE BY BRINGING MANY EMPLOYERS TOGETHER TO SEND A COMMON MESSAGE AND SHARE RESOURCES

	GRANTS	EXPENSES
TO FORM 990 PART III LINE C		175 735

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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## DESCRIPTION OF PROGRAM SERVICE FOUR

THE PURPOSE OF THIS PROJECT IS TO IMPROVE THE QUALITY OF HEALTH CARE BEING DELIVERED IN THE NY METRO AREA THE CURRENT EFFORT IS TO PROVIDE PHYSICIANS WITH MORE COMPREHENSIVE PERFORMANCE REPORTS BASED ON AGGREGATED DATA FROM ALL NY METRO AREA HEALTH PLANS PERFORMANCE DATA ON HEDIS MEASURES IN THE AREAS OF ASTHMA PREVENTION CARDIOVASCULAR DISEASE DIABETES AND DEPRESSION WILL BE AGGREGATED AND RELEASED TO PHYSICIANS AND PARTICIPATING HEALTH PLANS LONG TERM GOALS INCLUDE PUBLIC REPORTING OF DATA TO EMPLOYERS AND HEALTHCARE CONSUMERS QUALITY IMPROVEMENT COLLABORATION AMONG STAKEHOLDERS AND FOR PAY-FOR- PERFORMANCE ULTIMATELY THE MEASURE OF SUCCESS IS IMPROVED HEALTH CARE WITHIN THE REGION

	GRANTS	EXPENSES
TO FORM 990 PART III LINE D		191 345

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
GSK WEIGHT MANAGEMENT PROJECT- NYBGH ADDRESSED OBESITY AND WEIGHT MANAGEMENT AT THE WORKPLACE INTERVIEWED, EMPLOYERS AND IS WORKING ON A REPORT TO SUMMARIZE THE FINDINGS	0	65 460
MENTAL HEALTH TASK FORCE THE TASK FORCE IS COMPRISED OF THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYC DOHMH) PRIMARY CARE PHYSICIANS MENTAL HEALTH PROFESSIONALS COMMERCIAL HEALTH PLANS EMPLOYERS AND CONSUMERS IT FOCUSES ON THE IMPACT OF MENTAL HEALTH ISSUES ON EMPLOYEE HEALTH AND PRODUCTIVITY THE CURRENT PROJECT ONE VOICE IS A MULTI-STAKEHOLDER EFFORT AIMED AT IMPROVING SCREENING AND TREATMENT FOR DEPRESSION BY PRIMARY CARE PHYSICIANS	0	62 439
TOTAL TO FORM 990 PART III LINE E		127 899

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES	1 146	1 146	0
COMPUTER	5 208	5 208	0
TOTAL TO FORM 990 PART IV LN 57	6 354	6 354	0

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FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS PAYABLE	0	14 046
DUE TO RELATED PARTY	21 069	14 093
TOTAL TO FORM 990 PART IV LINE 65	21 069	28 139

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
TRIBUTE TO LEADERSHIP EXPENSE	29 293
RENT EXPENSE	34 030
TOTAL TO FORM 990 PART IV-A	63 323

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
TRIBUTE TO LEADERSHIP EXPENSE	29 293
RENT EXPENSE	34 032
TOTAL TO FORM 990 PART IV-B	63 325

FORM 990	PROGRAM SERVICE REVENUE	STATEMENT 12
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
CONFERENCE FEES					308 225
EVALUATION PROGRAM					174 500
MULTI-PAYER REPORT PROJECT					190 000
MENTAL HEALTH					62 000
GSK WEALTH MANAGEMENT					65 000
TO FORM 990 PART VII LINE 93					799 725

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 13
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONFERENCES PERMIT NETWORKING OF BUSINESS HEALTH & GOVERNMENT SECTORS AROUND CRITICAL HEALTH ISSUES
93B	EVALUATIONS OF HEALTH CARE PLANS
93C	REPORTS WHICH AGGREGATE DATA FROM MULTIPLE HEALTH PLANS FOR PHYSICIANS AND INSURERS
93D	RESEARCH ADDRESSING OBESITY AND WEIGHT MANAGEMENT AT THE WORKPLACE
93E	TASK FORCE PROJECT FOCUSING ON THE IMPACT OF MENTAL HEALTH ISSUES ON EMPLOYEE HEALTH AND PRODUCTIVITY
94	PROVIDE THE FINANCIAL BASE WHICH ENABLES NYBGH TO MEET ITS DEFINED GOALS IN THE HEALTH CARE AREA

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FORM 990	DESCRIPTION OF TRANSFER	STATEMENT 14
	PART XI LINE 106	

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NAME OF CONTROLLED ENTITY	EMPLOYER ID
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NYHPA INC

13-4019932

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DESCRIPTION OF TRANSFER

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REIMBURSED EXPENSES TO RELATED PARTY

FORM 990	DESCRIPTION OF TRANSFER PART XI LINE 107	STATEMENT 15
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NAME OF CONTROLLED ENTITY	EMPLOYER ID
NYHPA INC	13-4019932

## DESCRIPTION OF TRANSFER

REIMBURSED EXPENSES FROM RELATED PARTY

SCHEDULE A	OTHER INCOME	STATEMENT 16
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DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	1 910	3 005	39 161	6 041
TOTAL TO SCHEDULE A LINE 22	1 910	3 005	39 161	6 041



THE NEW YORK BUSINESS GROUP ON HEALTH INC  
EIN 13 3156952  
2007 FORM 990

AMENDED TAX RETURN STATEMENT

AN AMENDED RETURN HAS BEEN FILED TO ADJUST FOR CHANGES DUE TO THE COMPLETION OF  
INDEPENDENT ACCOUNTANTS AUDITED FINANCIAL STATEMENTS  
AS ORIGINALLY FILED TOTAL REVENUE WAS UNDERSTATED BY \$18 523 TOTAL EXPENSES WERE  
UNDERSTATED BY \$42 130 AND TOTAL NET ASSETS WERE OVERSTATED BY \$80 943