


Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
	<b>2011</b>  <b>Open to Public Inspection</b>	

<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		<b>D Employer identification number</b> 13-3156952	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E Telephone number</b> (212) 252-7440	
<b>C</b> Name of organization NORTHEAST BUSINESS GROUP ON HEALTH INC		<b>G</b> Gross receipts \$ 1,467,242	
Doing Business As			
Number and street (or P O box if mail is not delivered to street address) Room/suite 61 BROADWAY SUITE 2705			
City or town, state or country, and ZIP + 4 NEW YORK, NY 100062821			
<b>F</b> Name and address of principal officer LAUREL PICKERING 61 BROADWAY SUITE 2705 NEW YORK, NY 100062821		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ NEBGH.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1983	<b>M</b> State of legal domicile NY

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities EMPOWERING OUR MEMBERS TO DRIVE EXCELLENCE AND ACHIEVE THE HIGHEST VALUE IN HEALTHCARE DELIVERY AND THE CONSUMER EXPERIENCE			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . .	<b>3</b>	23	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . .	<b>4</b>	23	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . .	<b>5</b>	9	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . .	<b>6</b>	2	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . .		<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . .		<b>7b</b>	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	205,400	221,100
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	1,179,482	1,192,448
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	6,306	4,784
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,070	-2,208
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,384,118	1,416,124
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	603,116	697,395
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	743,646	710,084
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,346,762	1,407,479
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	37,356	8,645
	Net Assets or Fund Balances			<b>Beginning of Current Year</b>
<b>20</b>		Total assets (Part X, line 16) . . . . .	1,194,044	1,073,715
<b>21</b>		Total liabilities (Part X, line 26) . . . . .	762,758	633,784
<b>22</b>		Net assets or fund balances Subtract line 21 from line 20 . . . . .	431,286	439,931

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 taxpayer) is based on all information of which preparer has knowledge.	
Sign Here	<div>*****</div> <div>Signature of officer</div>
	<div>LAUREL PICKERING PRESIDENT &amp; CEO</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>JEFFREY M POPPER</div> <div>Date</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>POPPER &amp; COMPANY LLP</div> <div>192 LEXINGTON AVENUE</div> <div>NEW YORK, NY 100166823</div>

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

EMPOWERING OUR MEMBERS TO DRIVE EXCELLENCE AND ACHIEVE THE HIGHEST VALUE IN HEALTHCARE DELIVERY AND THE CONSUMER EXPERIENCE

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 168,859 including grants of \$ ) (Revenue \$ 166,853 )

EDUCATIONAL SERVICES SEMINARS ON HEALTH CARE ISSUES

4b

(Code ) (Expenses \$ 342,844 including grants of \$ ) (Revenue \$ 338,771 )

MEMBERSHIP SERVICES SEMINARS FOR NEW & PROSPECTIVE MEMBERS

4c

(Code ) (Expenses \$ 233,413 including grants of \$ ) (Revenue \$ 230,640 )

EVALU8 OFFERED IN COOPERATION WITH THE NATIONAL BUSINESS COALITION ON HEALTH, IS THE NATION'S LEADING, EVIDENCE-BASED TOOL FOR ASSESSING AND MANAGING THE QUALITY OF HEALTH CARE PLANS. EVALU8 ENABLES NEBGH MEMBERS TO ASSESS THE PERFORMANCE OF HEALTH PLANS IN NEW YORK, NEW JERSEY, CONNECTICUT AND MASSACHUSETTS, AND MAKE INFORMED PURCHASING AND BENEFITS DECISIONS.

(Code ) (Expenses \$ 96,142 including grants of \$ ) (Revenue \$ 95,000 )

MULTI-PAYER HEDIS - 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.

(Code ) (Expenses \$ 124,479 including grants of \$ ) (Revenue \$ 123,000 )

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.

(Code ) (Expenses \$ 6,578 including grants of \$ ) (Revenue \$ 6,500 )

HPA CONSULTING - NEW YORK HEALTH PLAN ASSOCIATION COUNCIL INC. HAS CONTRACTED WITH NEBGH TO LAUNCH A PROJECT SIMILAR TO MULTI-PAYER HEDIS. EXECUTIVE DIRECTOR LAUREL PICKERING IS PROVIDING THE CONSULTING SERVICES FOR THE PROJECT.

(Code ) (Expenses \$ 28,210 including grants of \$ ) (Revenue \$ 27,875 )

SIC PAIN MANAGEMENT - NEBGH'S SOLUTIONS AND INNOVATIONS CENTER, IN LATE 2011, CONDUCTED AN EXPLORATORY INVESTIGATION INTO CURRENT ACTIVITY AND THINKING AROUND PAIN MANAGEMENT IN THE WORKPLACE. THE COORDINATION OF EFFECTIVE PAIN MANAGEMENT IS A MAJOR CONCERN AMONG EMPLOYERS. THUS, NEBGH TOOK A FRESH, EMPLOYER-FOCUSED LOOK AT THE IMPACT OF PAIN IN THE WORKPLACE. A MULTI-STAKEHOLDER ROUNDTABLE CONSISTING OF LARGE NATIONAL EMPLOYERS, HEALTH PLANS, AND OTHER STAKEHOLDERS WAS HELD TO SERVE AS A FORUM IN WHICH THESE GROUPS COULD EXPLORE ISSUES AND OPPORTUNITIES IN THIS ARENA. THEY SHARED THEIR PERSPECTIVES ON AND INSIGHT INTO THE CURRENT STATE OF WORKPLACE-BASED PAIN MANAGEMENT TECHNIQUES AND STRATEGIES, AND CONSIDERED IDEAS FOR HOW THE CURRENT BODY OF KNOWLEDGE AND WORK COULD BE ADVANCED IN THE SHORT- AND LONG-TERM. A FINAL REPORT SUMMARIZING THE CONVENING WAS DEVISED AND SUBMITTED TO THE PROJECT FUNDERS.

(Code ) (Expenses \$ 44,485 including grants of \$ ) (Revenue \$ 43,956 )

WORKSITE WELLNESS RESOURCE CENTER - IN PARTNERSHIP WITH THE AMERICAN DIABETES ASSOCIATION, NORTHEAST BUSINESS GROUP ON HEALTH WAS AWARDED A GRANT FROM THE NYS HEALTH FOUNDATION TO ASSESS AND IDENTIFY EFFECTIVE WELLNESS MODELS AND PROGRAMS, INCLUDING A NEEDS ASSESSMENT OF SMALL BUSINESSES AND DOCUMENTATION OF BEST PRACTICES. THE GOALS WERE TO CREATE A MODEL FOR A WORKSITE WELLNESS CENTER FOR THE SMALL BUSINESS SECTOR AND TO CREATE A STOP DIABETES WORKFORCE WELLNESS TOOLKIT FOR EMPLOYERS. IT WAS ENVISIONED THAT THE CENTER WOULD SERVE THREE FUNCTIONS: CREATE A REPOSITORY OF RESOURCES AND BEST PRACTICES, DISSEMINATE RESOURCES AND BEST PRACTICE, AND PROVIDE TECHNICAL ASSISTANCE.

(Code ) (Expenses \$ 144,719 including grants of \$ ) (Revenue \$ 143,000 )

SIC HOSPITAL READMISSIONS REDUCTION PROJECT - PREVENTABLE READMISSIONS TO THE HOSPITAL ARE COSTLY, SUGGEST POOR QUALITY OF CARE, AND OCCUR FAR TOO FREQUENTLY. DISPARATE HEALTH CARE SYSTEM STAKEHOLDERS HAVE BEEN UNDERTAKING VARIOUS EFFORTS TO STEM THE RISING TIDE OF PREVENTABLE READMISSIONS, BUT THEIR EFFORTS ARE TYPICALLY CARRIED OUT INDEPENDENTLY OF ONE ANOTHER AND WITHOUT COORDINATION AT THE CARE MANAGEMENT AND PATIENT COMMUNICATION LEVELS. NEBGH'S SOLUTIONS AND INNOVATIONS CENTER THUS SOUGHT OUT TO FACILITATE GREATER STAKEHOLDER COLLABORATION AND COORDINATION IN EFFORTS AIMED AT REDUCING PREVENTABLE HOSPITAL READMISSIONS. THROUGH IN-DEPTH RESEARCH, A SERIES OF MULTI-STAKEHOLDER ROUNDTABLE DISCUSSIONS AND INTERVIEWS, NEBGH CONSTRUCTED A REPORT THAT PROVIDES AN OVERVIEW OF THE ISSUE AND MAKES RECOMMENDATIONS FOR FUTURE STAKEHOLDER COLLABORATION IN THE READMISSIONS REDUCTION ARENA.

(Code ) (Expenses \$ 12,347 including grants of \$ ) (Revenue \$ 12,200 )

NJBGH - A GRANT FROM PFIZER TO EXPAND OUR PRESENCE IN NEW JERSEY WHICH INCLUDED HIRING A CONSULTANT, RUNNING VARIOUS EDUCATIONAL PROGRAMS AND NETWORKING EVENTS, AND EXPANDING EVALU8.

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 4,653 )

PBM ACCESS FEES

4d

Other program services (Describe in Schedule O )
















(Expenses \$ 456,960 including grants of \$ ) (Revenue \$ 456,184 )

4e

Total program service expenses \$ 1,202,076

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3		No
4	<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? If "Yes," complete Schedule C, Part II . . . . .	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV . . . . .	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV . . . . .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .			18	
1a					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.			9	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.				3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.				7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?				9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				10b	
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.				11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a	
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.				13b	
c Enter the aggregate amount of reserves on hand.				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	THE CORPORATION 61 BROADWAY SUITE 2705 NEW YORK, NY 100062821 (212) 252-7440

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY BRADLEY CHAIR	0 00	X		X				0	0	0
(2) JEFFREY H BECKER ESQ SECRETARY	0 00	X		X				0	0	0
(3) MICHELLE MARTIN VICE CHAIR	0 00	X		X				0	0	0
(4) MARCO DIAZ TREASURER	0 00	X		X				0	0	0
(5) RICHARD ALLEN BOARD OF DIRECTORS	0 00	X						0	0	0
(6) ANN ASBATY BOARD OF DIRECTORS	0 00	X						0	0	0
(7) JOHN J CONNOLLY BOARD OF DIRECTORS	0 00	X						0	0	0
(8) CARLA EDELSTEIN BOARD OF DIRECTORS	0 00	X						0	0	0
(9) STEVEN A FIRST BOARD OF DIRECTORS	0 00	X						0	0	0
(10) WILLIAM E GOLD PHD BOARD OF DIRECTORS	0 00	X						0	0	0
(11) KATHLEEN B KOSTECKI BOARD OF DIRECTORS	0 00	X						0	0	0
(12) MELISSA LEVINE LENAHAN BOARD OF DIRECTORS	0 00	X						0	0	0
(13) ILENE MARGOLIN BOARD OF DIRECTORS	0 00	X						0	0	0
(14) JOSEPH J MARTINGALE FORMER BOARD OF DIRECTORS	0 00	X						0	0	0
(15) JIM MASELLA FORMER BOARD OF DIRECTORS	0 00	X						0	0	0
(16) SHEILA E MEEHAN BOARD OF DIRECTORS	0 00	X						0	0	0
(17) AMANDA PARSONS LAGANGA BOARD OF DIRECTORS	0 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HECTOR J REYES BOARD OF DIRECTORS	0 00	X						0	0	0
(19) WILLIAM SHANAHAN BOARD OF DIRECTORS	0 00	X						0	0	0
(20) ANITA SHAUGHNESSY BOARD OF DIRECTORS	0 00	X						0	0	0
(21) SHELLEY J SINCLAIR BOARD OF DIRECTORS	0 00	X						0	0	0
(22) LORI H SZERENCSY BOARD OF DIRECTORS	0 00	X						0	0	0
(23) WALTER B TAYLOR BOARD OF DIRECTORS	0 00	X						0	0	0
(24) MICHAEL THOMPSON BOARD OF DIRECTORS	0 00	X						0	0	0
(25) DOROTHY A WOLFE BOARD OF DIRECTORS	0 00	X						0	0	0
(26) LAUREL PICKERING PRESIDENT & CEO	40 00			X				222,308	0	13,130
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								222,308	0	13,130

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▶1

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	221,100				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		221,100				
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES AND AS	900099	338,771	338,771			
	b	EVALUATION PROGRAM	541900	230,640	230,640			
	c	CONFERENCE FEES	611710	166,853	166,853			
	d	READMISSIONS PROJECT	541900	143,000	143,000			
	e	MH - DSTIPC	541900	123,000	123,000			
	f	All other program service revenue		190,184	190,184			
	g	Total. Add lines 2a-2f . . . . .		1,192,448				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,784			4,784	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross rents	(i) Real	(ii) Personal				
			22,210					
			22,210					
			0					
	d	Net rental income or (loss) . . . . .		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ 221,100 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	26,700				
	b	Less direct expenses . . . . .	b	28,908				
	c	Net income or (loss) from fundraising events . .		-2,208			-2,208	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .		1,416,124	1,192,448	0	2,576		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	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 . . . . .	222,308	184,516	37,792	
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	396,673	329,239	67,434	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	34,989	29,041	5,948	
10	Payroll taxes . . . . .	43,425	36,043	7,382	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	8,659		8,659	
c	Accounting . . . . .	76,000	29,700	46,300	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .	55,160	49,644	5,516	
13	Office expenses . . . . .	17,122	15,410	1,712	
14	Information technology . . . . .	16,667	15,000	1,667	
15	Royalties . . . . .				
16	Occupancy . . . . .	78,162	70,346	7,816	
17	Travel . . . . .	10,559	9,503	1,056	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	86,070	77,463	8,607	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .				
23	Insurance . . . . .	6,698	6,028	670	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	GRANT PROJECT	155,580	155,580		
b	EVALUE8 EXPENSES - NBCH	79,022	79,022		
c	MULTI-PAYER HEDIS	71,372	71,372		
d	EQUIPMENT RENTAL	14,957	13,461	1,496	
e					
f	All other expenses	34,056	30,708	3,348	
25	Total functional expenses. Add lines 1 through 24f	1,407,479	1,202,076	205,403	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			72,347	1	166,204
	2	Savings and temporary cash investments . . . . .			939,179	2	715,819
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			91,204	4	138,377
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			46,200	9	24,901
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	6,354			
	b	Less: accumulated depreciation . . . . .	10b	6,354	0	10c	0
	11	Investments—publicly traded securities . . . . .				11	
	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 . . . . .			45,114	15	28,414
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			1,194,044	16	1,073,715
Liabilities	17	Accounts payable and accrued expenses . . . . .			333,976	17	364,636
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			360,279	19	253,392
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			68,503	25	15,756
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			762,758	26	633,784
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			431,286	27	439,931
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	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> . . . . .			431,286	33	439,931
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			1,194,044	34	1,073,715

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	1,416,124
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,407,479
3	Revenue less expenses Subtract line 2 from line 1	3	8,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	431,286
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	439,931

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 13-3156952  
Name: NORTHEAST BUSINESS GROUP ON HEALTH INC

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

4d. Other program services				
(Code	) (Expenses \$	96,142	including grants of \$	) (Revenue \$ 95,000 )
MULTI-PAYER HEDIS - THE PURPOSE OF THIS PROJECT IS TO IMPROVE THEQUALITY OF HEALTH CARE BEING DELIVERED IN THE NY METRO AREA THECURRENT EFFORT IS TO PROVIDE PHYSICIANS WITH MORE COMPREHENSIVEPERFORMANCE REPORTS BASED ON AGGREGATED DATA FROM ALL NY METRO AREAHEALTH PLANS PERFORMANCE DATA ON HEDIS MEASURES IN THE AREAS OFASTHMA PREVENTION, CARDIOVASCULAR DISEASE, DIABETES AND DEPRESSION WILLBE AGGREGATED AND RELEASED TO PHYSICIANS AND PARTICIPATING HEALTHPLANS LONG TERM GOALS INCLUDE PUBLIC REPORTING OF DATA TO EMPLOYERSAND HEALTHCARE CONSUMERS, QUALITY IMPROVEMENT, COLLABORATION AMONGSTAKEHOLDERS AND FOR PAY-FOR -PERFORMANCE ULTIMATELY, THE MEASURE OFSUCCESS IS IMPROVED HEALTH CARE WITHIN THE REGION				
(Code	) (Expenses \$	124,479	including grants of \$	) (Revenue \$ 123,000 )
MENTAL HEALTH TASK FORCE - THE TASK FORCE IS COMPRISED OF THE NEWYORKCITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYC DOHMH), PRIMARY CAREPHYSICIANS, MENTAL HEALTH PROFESSIONALS, COMMERCIAL HEALTH PLANS, EMPLOYERS AND CONSUMERS IT FOCUSES ON THE IMPACT OF MENTAL HEALTHISSUES ON EMPLOYEE HEALTH AND PRODUCTIVITY THE CURRENT PROJECT,ONE VOICE, IS A MULTI-STAKEHOLDER EFFORT AIMED AT IMPROVING SCREENINGAND TREATMENT FOR DEPRESSION BY PRIMARY CARE PHYSICIANS				

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

4d. Other program services			
(Code )	(Expenses \$ 6,578	including grants of \$ )	(Revenue \$ 6,500 )
HPA CONSULTING - NEW YORK HEALTH PLAN ASSOCIATION COUNCIL INC HAS CONTRACTED WITH NEBGH TO LAUNCH A PROJECT SIMILAR TO MULTI PAYER HEDIS EXECUTIVE DIRECTOR LAUREL PICKERING IS PROVIDING THE CONSULTING SERVICES FOR THE PROJECT			
(Code )	(Expenses \$ 28,210	including grants of \$ )	(Revenue \$ 27,875 )
SIC PAIN MANAGEMENT NEBGH'S SOLUTIONS AND INNOVATIONS CENTER, IN LATE 2011, CONDUCTED AN EXPLORATORY INVESTIGATION INTO CURRENT ACTIVITY AND THINKING AROUND PAIN MANAGEMENT IN THE WORKPLACE THE COORDINATION OF EFFECTIVE PAIN MANAGEMENT IS A MAJOR CONCERN AMONG EMPLOYERS THUS, NEBGH TOOK A FRESH, EMPLOYER-FOCUSED LOOK AT THE IMPACT OF PAIN IN THE WORKPLACE A MULTI-STAKEHOLDER ROUNDTABLE CONSISTING OF LARGE NATIONAL EMPLOYERS, HEALTH PLANS, AND OTHER STAKEHOLDERS WAS HELD TO SERVE AS A FORUM IN WHICH THESE GROUPS COULD EXPLORE ISSUES AND OPPORTUNITIES IN THIS ARENA THEY SHARED THEIR PERSPECTIVES ON AND INSIGHT INTO THE CURRENT STATE OF WORKPLACE-BASED PAIN MANAGEMENT TECHNIQUES AND STRATEGIES, AND CONSIDERED IDEAS FOR HOW THE CURRENT BODY OF KNOWLEDGE AND WORK COULD BE ADVANCED IN THE SHORT- AND LONG-TERM A FINAL REPORT SUMMARIZING THE CONVENING WAS DEVISED AND SUBMITTED TO THE PROJECT FUNDERS			

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

4d. Other program services				
(Code )	(Expenses \$ 44,485	including grants of \$	(Revenue \$ 43,956	)
WORKSITE WELLNESS RESOURCE CENTER IN PARTNERSHIP WITH THE AMERICAN DIABETES ASSOCIATION, NORTHEAST BUSINESS GROUP ON HEALTH WAS AWARDED A GRANT FROM THE NYS HEALTH FOUNDATION TO ASSESS AND IDENTIFY EFFECTIVE WELLNESS MODELS AND PROGRAMS, INCLUDING A NEEDS ASSESSMENT OF SMALL BUSINESSES AND DOCUMENTATION OF BEST PRACTICES THE GOALS WERE TO CREATE A MODEL FOR A WORKSITE WELLNESS CENTER FOR THE SMALL BUSINESS SECTOR AND TO CREATE A STOP DIABETES WORKFORCE WELLNESS TOOLKIT FOR EMPLOYERS IT WAS ENVISIONED THAT THE CENTER WOULD SERVE THREE FUNCTIONS CREATE A REPOSITORY OF RESOURCES AND BEST PRACTICES, DISSEMINATE RESOURCES AND BEST PRACTICE, AND PROVIDE TECHNICAL ASSISTANCE				
(Code )	(Expenses \$ 144,719	including grants of \$	(Revenue \$ 143,000	)
SIC HOSPITAL READMISSIONS REDUCTION PROJECT PREVENTABLE READMISSIONS TO THE HOSPITAL ARE COSTLY, SUGGEST POOR QUALITY OF CARE, AND OCCUR FAR TOO FREQUENTLY DISPARATE HEALTH CARE SYSTEM STAKEHOLDERS HAVE BEEN UNDERTAKING VARIOUS EFFORTS TO STEM THE RISING TIDE OF PREVENTABLE READMISSIONS, BUT THEIR EFFORTS ARE TYPICALLY CARRIED OUT INDEPENDENTLY OF ONE ANOTHER AND WITHOUT COORDINATION AT THE CARE MANAGEMENT AND PATIENT COMMUNICATION LEVELS NEBGH'S SOLUTIONS AND INNOVATIONS CENTER THUS SOUGHT OUT TO FACILITATE GREATER STAKEHOLDER COLLABORATION AND COORDINATION IN EFFORTS AIMED AT REDUCING PREVENTABLE HOSPITAL READMISSIONS THROUGH IN-DEPTH RESEARCH,A SERIES OF MULTI-STAKEHOLDER ROUNDTABLE DISCUSSIONS AND INTERVIEWS, NEBGH CONSTRUCTED A REPORT THAT PROVIDES AN OVERVIEW OF THE ISSUE AND MAKES RECOMMENDATIONS FOR FUTURE STAKEHOLDER COLLABORATION IN THE READMISSIONS REDUCTION ARENA				

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

4d. Other program services				
(Code	) (Expenses \$	12,347	including grants of \$	) (Revenue \$ 12,200 )
NJBGH A GRANT FROM PFIZER TO EXPAND OUR PRESENCE IN NEW JERSEY WHICH INCLUDED HIRING A CONSULTANT, RUNNING VARIOUS EDUCATIONAL PROGRAMS AND NETWORKING EVENTS, AND EXPANDING EVALUE8				
(Code	) (Expenses \$		including grants of \$	) (Revenue \$ 4,653 )
PBM ACCESS FEES				



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization NORTHEAST BUSINESS GROUP ON HEALTH INC	Employer identification number 13-3156952
--	--

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	282,425	279,725	295,525	324,873	338,771	1,521,319
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	784,725	826,014	835,875	794,946	849,024	4,090,584
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,067,150	1,105,739	1,131,400	1,119,819	1,187,795	5,611,903
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6 )						5,611,903

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,067,150	1,105,739	1,131,400	1,119,819	1,187,795	5,611,903
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,606	16,533	10,570	6,307	4,784	58,800
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	20,606	16,533	10,570	6,307	4,784	58,800
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,750	7,295	6,747	4,863	4,653	35,308
13 Total support (Add lines 9, 10c, 11 and 12.)	1,099,506	1,129,567	1,148,717	1,130,989	1,197,232	5,706,011
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98.350 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.130 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1.030 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.320 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION OTHER INCOME CONSISTS OF RECEIPTS RECEIVED FOR PBM & ACCESS FEE PRIVILEGES

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
NORTHEAST BUSINESS GROUP ON HEALTH INC

Employer identification number  
13-3156952

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶
- Permanent endowment ▶
- Term endowment ▶

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

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		6,354	6,354	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				0



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,416,124
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,407,479
3	Excess or (deficit) for the year Subtract line 2 from line 1	8,645
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	8,645

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	11,467,242
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d51,118	
e	Add lines 2a through 2d . . . . .2e	51,118
3	Subtract line 2e from line 1 . . . . .3	1,416,124
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	1,416,124

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1,458,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d51,118	
e	Add lines 2a through 2d . . . . .2e	51,118
3	Subtract line 2e from line 1 . . . . .3	1,407,478
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	1,407,478

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
		PART XII, LINE 2D RENTAL REVENUE AND FUNDRAISING EXPENSES PART XIII, LINE 2D RENTAL REVENUE AND FUNDRAISING EXPENSES



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
NORTHEAST BUSINESS GROUP ON HEALTH INC

Employer identification number  
13-3156952

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		2011 LEADERSHIP TRIBUTE (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	247,800		247,800
	2	Less Charitable contributions . . . .	221,100		221,100
	3	Gross income (line 1 minus line 2) . . . .	26,700		26,700
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	15,806		15,806
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	13,102		13,102
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					( 28,908 )
					-2,208

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d). . . . . ▶			
					( )

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
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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, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047  
  
2011  
  
Open to Public Inspection

Name of the organization NORTHEAST BUSINESS GROUP ON HEALTH INC	Employer identification number 13-3156952
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Part I

Questions Regarding Compensation

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

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

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
NORTHEAST BUSINESS GROUP ON HEALTH INC**Employer identification number**

13-3156952

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AND IS FILED UPON THEIR APPROVAL OF THE RETURN
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE, COMPRISED OF THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES
	FORM 990, PART VI, SECTION C, LINE 19	THE NORTHEAST BUSINESS GROUP ON HEALTH, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THEIR WEBSITE
		THE PROCESS HAS NOT BEEN CHANGED FROM PRIOR YEARS
	AMENDED TAX RETURN STATEMENT	AN AMENDED RETURN IS BEING FILED TO REFLECT CHANGES WHICH RESULTED FROM THE COMPLETION OF THE AUDIT BY OUR INDEPENDENT AUDITOR'S AND THE ISSUANCE OF OUR AUDITED FINANCIAL STATEMENT S AS ORIGINALLY FILED, TOTAL REVENUE WAS UNDERSTATED BY \$ 18,457, TOTAL EXPENSES WERE UNDERSTATED BY \$ 38,297, AND TOTAL NET ASSETS WERE UNDERSTATED BY \$33,241

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NORTHEAST BUSINESS GROUP ON HEALTH INC

Employer identification number  
13-3156952

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No



Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NYHPA INC 61 BROADWAY SUITE 2705 NEW YORK, NY 10006 13-4019932	TO PROVIDE AN AFFORDABLE WAY FOR SMALL BUSINESSES TO OFFER HEALTH BENEFITS	NY	NORTHEAST BUSINESS GROUP ON HEALTH INC	C	6,259,022	2,396,178	100 000 %
(2) STRATEGIC HEALTH OPTIONS INC C/O NYHPA INC - 61 BROADWAY SUITE 2 NEW YORK, NY 10006 41-2037230	SERVICES	NY	NYHPA INC	C	323,798	451,213	100 000 %

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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 (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

Yes

No

No

2

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NEW YORK HEALTH PURCHASING ALLIANCE INC	O	198,981	BOOKS AND RECORDS
(2) NEW YORK HEALTH PURCHASING ALLIANCE INC	P	75,182	BOOKS AND RECORDS
(3) NEW YORK HEALTH PURCHASING ALLIANCE INC	K	24,793	BOOKS AND RECORDS
(4) NEW YORK HEALTH PURCHASING ALLIANCE INC	M	45,528	BOOKS AND RECORDS
(5) NEW YORK HEALTH PURCHASING ALLIANCE INC	N	70,374	BOOKS AND RECORDS
(6)			

Schedule R (Form 990) 2011

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

[illegible]

**Part VII**

**Supplemental Information**

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

Identifier	Return Reference	Explanation	
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