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The National Coalition on Health Care (NCHC) is a nonpartisan, nonprofit (501c3) organization of organizations dedicated to a high-quality, affordable health system. The core of NCHC’s strength is its diverse membership of health care stakeholders, including organizations representing physicians, nurses, businesses, unions, hospitals, faith-based associations, pharmacies, pension and health funds, insurers, and advocates for consumers, patients, women, children, minorities, and persons with disabilities. As the only such coalition focused on health care affordability and value, NCHC plays a unique role in Washington, DC and the health policy landscape overall.

Despite recent moderating trends, the trajectory of health care spending in the United States remains unsustainable, and real gaps in quality and access persist. Even as the 2010 Patient Protection and Affordable Care Act (ACA) expands coverage and launches promising cost-saving initiatives, costs continue to increase for government, businesses, and families alike. It is imperative that we move past today’s politicized health care debate and proceed with the hard work of building a health care future we all can afford.

That is where NCHC comes in. Working with our more than eighty member organizations and other partners, NCHC takes a comprehensive approach to health system reform by identifying opportunities to leverage positive, systemic change in United States health care and pursues those opportunities through public education, and policy development and advocacy.
Dear Friends and Supporters,

The years 2012 and 2013 were ones of rapid change for the United States health system and for the National Coalition on Health Care (NCHC).

A growing transformation in delivery and benefits helped curb per capita health spending in federal programs, even as prices continued to climb in the private sector and access and affordability challenges persisted. And to date, the much debated 2010 health care reform law has survived a Supreme Court ruling, a presidential election, a government shutdown, and the troubled launch of the healthcare.gov website.

Yet throughout 2012 and 2013, NCHC has not only maintained its focus on an affordable, high-quality health system, but also elevated our profile and enhanced our impact in the national conversation. NCHC launched a series of Capitol Hill briefings, highlighting the most promising ideas for achieving better care at lower costs. The NCHC Plan for Health and Fiscal Policy, “Curbing Costs, Improving Care: The Path to an Affordable Health Care Future,” helped spark a new expert consensus regarding the path to health care sustainability. Core components of the plan were echoed in subsequent publications from the Brookings Institution, Bipartisan Policy Center, and the Moment of Truth Project. More recently, NCHC united health care stakeholders and thought leaders behind the next steps in reform: repealing the Medicare Sustainable Growth Rate (SGR) and transforming physician payment. Our work helped set the stage for the introduction of bipartisan SGR reform legislation in both houses of Congress backed by the Chairmen and Ranking Members of key committees.

While NCHC weathered a decline in foundation support in 2013, the Coalition met the challenge by streamlining its operations and reaching out to new supporters, thereby strengthening our financial standing. In just two years, we have reinvigorated the Coalition’s membership and leadership, bringing fifteen new member organizations and adding 12 new members to the Board of Directors from across the consumer, provider, payer, and purchaser communities.

Looking ahead, NCHC has ambitious plans to widen our reach and heighten our impact on issues such as payment reform, price and quality transparency, long-term care reform, children’s health insurance, and public health. Whether as a member, a supporter, or a partner, I invite you to join us in this important work.

Sincerely,

Jack Lewin, MD
Chairman, NCHC Board of Directors
POLICY DEVELOPMENT AND ADVOCACY:
LEVERAGING MULTI-STAKEHOLDER, BIPARTISAN SUPPORT

Finding Alternatives to Cost-Shifting

Rising health care costs threaten all sectors of American society and compromise the stability of the federal budget. But many proposals to curb federal health care spending merely shift federal costs onto purchasers, providers, or consumers and/or impose blunt cuts on federal programs. In 2013, NCHC has worked to advance policy alternatives that curb costs by improving care and promote greater efficiency.

The NCHC Plan for Health and Fiscal Policy: Just two days after the 2012 elections, NCHC released its Plan for Health and Fiscal Policy, entitled “Curbing Costs, Improving Care: The Path to an Affordable Health Care Future.” The NCHC Plan laid out reforms to Medicare and the private marketplace promoting new higher-value approaches to health and health care. Its 50 specific recommendations, taken together, could produce hundreds of billions in federal savings in ways that would improve health and health care for elders and vulnerable populations, rather than shift costs or cut benefits. The recommendations were the product of a twelve-month consultation process with NCHC’s Board of Directors, member organizations, and health care experts.

Common Ground for Uncommon Allies

In April 2013, NCHC joined four other organizations representing diverse constituencies involved in the nation’s health care to present five consensus recommendations for improving health care quality while lowering costs nationwide. Calling themselves the Partnership for Sustainable Health Care
and supported by the Robert Wood Johnson Foundation, the partners in this effort—America’s Health Insurance Plans, Ascension Health, Families USA, NCHC, and the Pacific Business Group on Health—devoted 18 months of confidential discussions to the project. The resulting report, Strengthening Affordability and Quality in America’s Health System, drew upon the recommendations included in the NCHC Plan for Health and Fiscal Policy, and charted a path to a more sustainable health care system.

Despite a shared interest in reform, health care stakeholders too often find themselves at odds with organizations focused on budgetary and fiscal responsibility. But in September 2013, NCHC joined with the Moment of Truth Project, an organization led by Budget Commission co-chairs Alan Simpson and Erskine Bowles, to outline an emerging consensus around health care reforms that produce scoreable savings while improving quality of care. The two organizations released the joint report Achieving Real Savings through Better Care: Policy Options for Improving Care and Slowing Cost Growth through Bipartisan Delivery System and Payment Reform.

Advancing Change through Strong Alliances

In 2012, NCHC and Best Doctors, Inc. collaborated to conduct a joint survey, “Exploring Diagnostic Accuracy in Cancer: A Nationwide Survey of 400 Leading Cancer Specialists.” This survey of oncologists, identified through Best Doctors’ database, assessed physicians’ views on misdiagnoses, including the frequency of misdiagnoses, barriers to accurate identification of cancer, and the tools needed for improvement.

Transforming Physician Payment

When the committees of jurisdiction in Congress committed to repealing the Sustainable Growth Rate (SGR) early in 2013, conventional wisdom indicated that Congress would continue to kick the can down the road and that political division would prove insurmountable to achieving broader reform. But for NCHC, SGR reform is about more than Medicare reimbursement for physicians. Moving past today’s broken, volume-based payment system is vital to the affordability of health care, today and in the future.
Stakeholder Backing: As physicians and key lawmakers began to coalesce around a shared approach to SGR repeal, NCHC reached out to other important health care stakeholders, ranging from industry groups like the Blue Cross Blue Shield Association, the National Business Coalition on Health, and the Healthcare Leadership Council, to consumer advocates like AARP, US PIRG, and Families USA. This coalition-building produced a letter, released on April 26, 2013, from twenty national stakeholder groups. The letter urged Congress to act that year on strong payment and delivery reforms as part of an SGR repeal package.

Support from Left, Right, and Center: To build on the momentum behind reform in the summer of 2013 and win support from policymakers across the political spectrum, NCHC brought together national health care thought leaders, ranging from the Center for American Progress’ Ezekiel Emanuel to Third Way’s Jim Kessler to the Hoover Institution’s Lanhee Chen, in an letter released on October 9 urging Congress to enact strong reforms that establish a clear path toward new payment models.

Responsible Offsets for SGR Reform: Throughout 2013, NCHC members and staff have worked to advance proposals that could offset the cost of SGR reform without shifting costs or imposing blunt arbitrary cuts to beneficiaries or providers. Through extensive consultation with member groups, NCHC has forged a consensus around specific, scoreable policies which have now been provided to key Congressional Committees. These efforts yielded detailed recommendations to phase in episodic bundling payment in Medicare, harness generic competition to lower prescription drug costs, and deter unnecessary readmissions without punishing hospitals serving higher-risk, lower-income patients. With a newly reduced CBO estimate of $116 billion for SGR repeal, NCHC is working with policymakers to craft an offset package that promotes sustainability in the health care system by reorganizing fundamental incentive structures in favor of increased value and quality.

Advancing Transparency and Competition

In partnership with the Council for Affordable Health Coverage (CAHC), NCHC has assembled a broad purchaser/consumer task force dedicated to translating increased interest in health care transparency into concrete policy solutions. Participating organizations in the task force crafted a detailed set of recommendations to expand access to Medicare cost and quality data and promote increased transparency as part of any eventual SGR fix. These new reforms would increase patients and providers’ awareness of the cost of services at the point of delivery. The collective efforts of the task force helped shape the transparency provisions of Senate Finance and House Ways and Means SGR repeal legislation, as well as the stand-alone, bipartisan Quality Data, Quality Health Care Act (S 1758) introduced by Senator Tammy Baldwin (D-WI) and Senator John Thune (R-SD).
PUBLIC EDUCATION:
SHAPING THE NATIONAL CONVERSATION ON HEALTH CARE COSTS

Thought Leadership

Since the release of the NCHC Plan for Health and Fiscal Policy, its primary theme—that there are viable, responsible alternatives to across-the-board cuts to providers and beneficiaries of public programs—has been taken up by major think tanks and stakeholder groups. In the months following the release of the Plan, the Urban Institute, Commonwealth Fund, National Commission on Physician Payment Reform, Center for American Progress, and the Partnership for Sustainable Healthcare released policy proposals that overlap substantially with both NCHC’s message and recommendations.

As the debate over health care costs evolved, NCHC’s leadership continued to make strong contributions. NCHC Board Chair Jack Lewin and Policy Director Larry McNeely joined Larry Atkins, President of the National Academy of Social Insurance, to publish “The Elusive Path to Health Care Sustainability” in the Journal of the American Medical Association. The article outlines the surprising commonalities among health policy recommendations from think tanks and stakeholders across the political spectrum.

NCHC President and CEO John Rother was a prolific voice in both earned media and opinion media in 2012 and 2013. Rother’s writing was published in the Atlantic Monthly, Washington Post, Politico, Christian Science Monitor, Forbes, MedPage Today, Aging Today, and Health Affairs Blog. And in February 2013, NCHC Board member and former Senator David Durenberger (R-MN) highlighted NCHC’s bipartisan agenda for real reform of the US health system in his op-ed “Checking the vitals of health reform,” published in Politico.

NCHC Capitol Hill Roundtable

This November, NCHC initiated a series of events tailored to elevate pressing issues in US health care and outline their most promising solutions. This new series will feature bipartisan elected officials, industry CEOs, and thought leaders whose contributions are shaping the future of US health care policy.
Our first roundtable “Innovation in Health Care Delivery and Benefits: What’s Worked in Medicare Advantage? What’s Needed Today?” featured Senator Johnny Isakson (R-GA) and Senator Ron Wyden (D-OR), who discussed their then forthcoming plan to transform chronic care in Medicare by leveraging the best innovations of private sector health plans and providers, now titled the Better Care, Lower Cost Act (S 1932). Lanhee Chen of Stanford University’s Hoover Institution and Ken Thorpe of Emory University’s Rollins School of Public Health also presented at the event, which was co-sponsored by the Partnership for the Future of Medicare.

NCHC Policy Forum Series

NCHC policy forums, typically sponsored by NCHC members or supporters, bring together stakeholder organizations, thought leaders, and Congressional staffers to promote ways to improve performance and value while lowering costs.
2012 Policy Forums

March 22
“Withholds, Accountable Care, and Affordable Medicare Policy”
with Dr. Elliott Fisher of The Dartmouth Institute

May 15
“Innovative Private Sector Strategies to Curb Health Costs”
with Larry Boress of the Midwest Business Group on Health and Dr. Tom Leyden of Blue Cross Blue Shield of Michigan

June 21
“New Paths to Health Care Value: Perspectives on Medicare Policy from Cost and Quality Leaders”
with Dr. Greg Poulsen of Intermountain Healthcare and Chris Wing of SCAN Health Plan

July 16
“Curbing Costs While Expanding Coverage: Strategies from Massachusetts and California for a Post-SCOTUS World”
with Dr. David Cutler of Harvard University and William Kramer of the Pacific Business Group on Health

October 19
“Innovations in Health Care Delivery and Benefits: Real World Solutions”
with Joelle Frizzera of Evercare Mid-Atlantic, William J. Estabrook of the Ohio Police & Fire Pension Fund, and Dr. Jerry Penso of the American Medical Group Association

November 29
“Medication Adherence: Better Outcomes, Lower Costs”
with Josh Benner of RxAnte, Dr. Troy Trygstad of Community Care of North Carolina, Dr. Brian K. Solow of OptumRx, and Dr. Sachin Jain Merck and Co.

2013 Policy Forums

February 12
“Sugary Drinks: A Public Health Challenge; Using Tax Policy to Promote Wellness and Prevention”
with Robert Greenstein of the Center on Budget and Policy Priorities, Dr. Michael F. Jacobson of Center for Science in the Public Interest, and Dr. Rachel Johnson of the American Heart Association’s Nutrition Committee

March 26
“Separating Politics from Health Care Choices: Key “Purple” Messages for All Consumers”
with Leah Binder of The Leapfrog Group, Ann Boynton of CalPERS, Dr. Wendy Lynch of the Altarum Institute Center for Consumer Choice in Health Care, and Dr. Jonathan Skinner of the Dartmouth Institute

May 9
“After the SGR: Building a Transformed Payment and Delivery System”
with Blair Childs of Premier Healthcare Alliance, R. Shawn Martin of the American Academy of Family Physicians, and Dr. Kim Allan Williams of the American College of Cardiology

September 12
“Moment of Truth Project, NCHC Release Paper on Smart Health Care Savings”
with Ed Lorenzen of the Moment of Truth Project, Keith Fontenot of the Brookings Institution, and Katherine Hayes of the Bipartisan Policy Center

December 9
“Improving Patient Quality of Life: The Role of Palliative Care”
with Amy Berman of the Hartford Foundation, and Drs. Diane Meier and Sean Morrison of the Mount Sinai Medical Center
To strengthen NCHC’s capacity to contribute to the national health policy debate, NCHC’s Board of Directors and staff launched a concerted effort to build the Coalition in 2012 and 2013. The aim was to bring new providers, business, and payer voices to complement the disease groups, consumer advocates, providers, and religious organizations who have long sat at the NCHC table. These efforts have yielded a broader, stronger Coalition with an expanded Board of Directors and 14 new member organizations.

**New Member Organizations**

Altarum Institute  
American College of Clinical Pharmacy  
American Academy of Dermatology  
Best Doctors  
Blue Cross Blue Shield Association  
Blue Shield of California  
Catholic Health Association  
Cardiovascular Research Foundation  
Committee for Economic Development  
CVS Caremark  
Medical Group Management Association  
National Alliance for Hispanic Health  
Pacific Business Group on Health  
Premier healthcare alliance  
SCAN Health Plan
OUR BOARD OF DIRECTORS

Jack Lewin
Board Chairman
Principal and Founder,
JCL Health Innovation Strategies LLC

Michael Maccoby
President,
The Maccoby Group

John Rother
President and CEO,
National Coalition on Health Care

Sonia Millsom*
Vice President of Payor Strategy,
Best Doctors, Inc.

Blair Childs*
Senior Vice President of Public Affairs,
Premier, Inc.

Joe Minarik*
Senior Vice President and Director of Research,
Committee for Economic Development

Debra Barrett
Senior Vice President of Global Government Affairs
and Public Policy,
Teva Pharmaceuticals

Ralph Neas
President and CEO,
Generic Pharmaceutical Association

George Diehr
Vice President,
CalPERS Board of Administration

John Seffrin
CEO,
American Cancer Society

Dave Dobbins
COO,
American Legacy Foundation

John Sweeney
President Emeritus,
AFL-CIO

The Honorable David Durenberger
Former U.S. Senator from Minnesota
Senior Health Policy Fellow,
University of St. Thomas

Susan Turney*
President and CEO,
Medical Group Management Association

Evan Falchuk*
Vice Chairman,
Best Doctors, Inc.

Debra Whitman*
Executive Vice President of Policy, Strategy and
International Affairs,
AARP

Darryl Leedom*
National Social Services Secretary,
The Salvation Army

*denotes a new member of the NCHC Board of Directors in 2012-2013
**Statement of Activities for the Year Ended December 31, 2012**

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL</th>
</tr>
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<tbody>
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<td><strong>REVENUES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Contribution revenue</td>
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<td>$400,000</td>
<td>$872,712</td>
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<tr>
<td>Grant revenue</td>
<td>452,000</td>
<td>-</td>
<td>452,000</td>
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<tr>
<td>Other income</td>
<td>20,000</td>
<td>-</td>
<td>20,000</td>
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<tr>
<td>In-kind contributions</td>
<td>1,655</td>
<td>-</td>
<td>1,655</td>
</tr>
<tr>
<td>Loss on sale of equipment</td>
<td>(292)</td>
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<td>(292)</td>
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<td>Net assets released from restrictions:</td>
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<td></td>
<td></td>
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<tr>
<td>Satisfaction of donor restrictions</td>
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<td>(157,447)</td>
<td>-</td>
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<td><strong>Total revenues</strong></td>
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<td>242,553</td>
<td>1,346,075</td>
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<td><strong>EXPENSES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Program services</td>
<td>936,274</td>
<td>-</td>
<td>936,274</td>
</tr>
<tr>
<td>Support services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>257,397</td>
<td>-</td>
<td>257,397</td>
</tr>
<tr>
<td>Fundraising</td>
<td>131,469</td>
<td>-</td>
<td>131,469</td>
</tr>
<tr>
<td>Total support services</td>
<td>388,866</td>
<td>-</td>
<td>388,866</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>1,325,140</td>
<td>-</td>
<td>1,325,140</td>
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<td><strong>CHANGE IN NET ASSETS</strong></td>
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<td><strong>NET ASSETS, DECEMBER 31, 2013</strong></td>
<td>$ (231,449)</td>
<td>$329,880</td>
<td>$98,431</td>
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</table>
## Schedule of Functional Expenses for the Year Ended December 31, 2012

<table>
<thead>
<tr>
<th></th>
<th>Program Support Services</th>
<th>Management and General</th>
<th>Fundraising Support Services</th>
<th>Total Support Services</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$532,949</td>
<td>$114,599</td>
<td>$89,150</td>
<td>$203,749</td>
<td>$736,698</td>
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<td>Payroll Taxes</td>
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<td>7,384</td>
<td>5,211</td>
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</tr>
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<td>Employee benefits</td>
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<td>9,599</td>
<td>9,401</td>
<td>19,000</td>
<td>75,245</td>
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<td>Professional fees</td>
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<td>2,350</td>
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<td>2,350</td>
<td>3,850</td>
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<tr>
<td>Accounting fees</td>
<td>-</td>
<td>25,356</td>
<td>-</td>
<td>25,356</td>
<td>25,356</td>
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<tr>
<td>Legal fees</td>
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<td>-</td>
<td>8,348</td>
<td>8,348</td>
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<td>Supplies</td>
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<td>2,015</td>
<td>6,139</td>
</tr>
<tr>
<td>Telephone</td>
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<td>1,556</td>
<td>4,221</td>
<td>14,274</td>
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<td>Postage and shipping</td>
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<td>908</td>
<td>-</td>
<td>908</td>
<td>1,187</td>
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<tr>
<td>Rent expense</td>
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<td>20,612</td>
<td>16,623</td>
<td>37,235</td>
<td>149,474</td>
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<td>Equipment rental and maintenance</td>
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<td>14,316</td>
<td>4,166</td>
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<td>44,026</td>
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<td>Printing and publications</td>
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<td>3,177</td>
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<td>Conferences, conventions, and meetings</td>
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<td>5,443</td>
<td>19,102</td>
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<td>Depreciation and amortization</td>
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<td>3,089</td>
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<td>Consultants</td>
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<td>75,751</td>
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<td>Advertising and promotions</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<td>Insurance</td>
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<td>1,673</td>
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<td>Interest</td>
<td>-</td>
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<td>Subscriptions and publications</td>
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<td>6,680</td>
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<td>Bank fees</td>
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<td>Website maintenance</td>
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<td>651</td>
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<td>Miscellaneous expense</td>
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<td>6,755</td>
<td>6,755</td>
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<td>License and dues</td>
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<td>1,339</td>
<td>-</td>
<td>1,339</td>
<td>1,787</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$936,274</td>
<td>$257,397</td>
<td>$131,469</td>
<td>$388,866</td>
<td>$1,325,140</td>
</tr>
</tbody>
</table>
## Statement of Activities for the Year Ended December 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Contribution revenue</td>
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<td>$720,100</td>
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<td>Other income</td>
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<td>5,741</td>
</tr>
<tr>
<td>In-kind contributions</td>
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<td>3,249</td>
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<tr>
<td>Loss on sale of equipment</td>
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<td>-</td>
<td>(800)</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of donor restrictions</td>
<td>276,708</td>
<td>(276,708)</td>
<td>-</td>
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<tr>
<td><strong>Total revenues</strong></td>
<td>1,004,998</td>
<td>(276,708)</td>
<td>728,290</td>
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<tr>
<td><strong>EXPENSES</strong></td>
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<td></td>
</tr>
<tr>
<td>Program services</td>
<td>506,921</td>
<td>-</td>
<td>506,921</td>
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<tr>
<td>Support services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>240,975</td>
<td>-</td>
<td>240,975</td>
</tr>
<tr>
<td>Fundraising</td>
<td>77,095</td>
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<td>77,095</td>
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<td><strong>Total support services</strong></td>
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<td>318,070</td>
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<tr>
<td><strong>Total expenses</strong></td>
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<td>824,991</td>
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<tr>
<td><strong>CHANGE IN NET ASSETS</strong></td>
<td>180,007</td>
<td>(276,708)</td>
<td>(96,701)</td>
</tr>
<tr>
<td><strong>NET (DEFICIT) ASSETS, JANUARY 1, 2013</strong></td>
<td>(231,449)</td>
<td>329,880</td>
<td>98,431</td>
</tr>
<tr>
<td><strong>NET ASSETS, DECEMBER 31, 2013</strong></td>
<td>$ (51,442)</td>
<td>$ 53,172</td>
<td>$ 1,730</td>
</tr>
</tbody>
</table>
## Schedule of Functional Expenses for the Year Ended December 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>Program Service</th>
<th>Management and General</th>
<th>Fundraising</th>
<th>Support Services</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$379,933</td>
<td>$70,530</td>
<td>$56,991</td>
<td>$127,521</td>
<td>$507,454</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>20,431</td>
<td>3,793</td>
<td>3,065</td>
<td>6,858</td>
<td>27,289</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>23,605</td>
<td>8,367</td>
<td>2,407</td>
<td>10,774</td>
<td>33,779</td>
</tr>
<tr>
<td>Professional fees</td>
<td>4,075</td>
<td>37,983</td>
<td>466</td>
<td>38,449</td>
<td>42,524</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>845</td>
<td>14,688</td>
<td>108</td>
<td>14,796</td>
<td>15,641</td>
</tr>
<tr>
<td>Legal fees</td>
<td></td>
<td>276</td>
<td></td>
<td>276</td>
<td>276</td>
</tr>
<tr>
<td>Supplies</td>
<td>200</td>
<td>3,242</td>
<td>47</td>
<td>3,289</td>
<td>3,489</td>
</tr>
<tr>
<td>Telephone</td>
<td>248</td>
<td>6,371</td>
<td>52</td>
<td>6,423</td>
<td>6,671</td>
</tr>
<tr>
<td>Postage and shipping</td>
<td></td>
<td>767</td>
<td></td>
<td>767</td>
<td>767</td>
</tr>
<tr>
<td>Rent expense</td>
<td>59,641</td>
<td>43,886</td>
<td>12,246</td>
<td>56,132</td>
<td>115,773</td>
</tr>
<tr>
<td>Equipment rental and maintenance</td>
<td>6,159</td>
<td>6,394</td>
<td>1,517</td>
<td>7,911</td>
<td>14,070</td>
</tr>
<tr>
<td>Printing and publications</td>
<td>215</td>
<td>1,964</td>
<td>70</td>
<td>2,034</td>
<td>2,249</td>
</tr>
<tr>
<td>Travel</td>
<td>2,105</td>
<td>8,539</td>
<td></td>
<td>8,539</td>
<td>10,644</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
<td>9,568</td>
<td>1,836</td>
<td>1,836</td>
<td>11,404</td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td></td>
<td>5,756</td>
<td></td>
<td>5,756</td>
<td>5,756</td>
</tr>
<tr>
<td>Consultants</td>
<td></td>
<td>1,354</td>
<td></td>
<td>1,354</td>
<td>1,354</td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td>4,611</td>
<td></td>
<td>4,611</td>
<td>4,611</td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td>2,938</td>
<td></td>
<td>2,938</td>
<td>2,938</td>
</tr>
<tr>
<td>Subscriptions and publications</td>
<td></td>
<td>2,217</td>
<td></td>
<td>2,217</td>
<td>2,217</td>
</tr>
<tr>
<td>Bank fees</td>
<td></td>
<td>4,459</td>
<td></td>
<td>4,459</td>
<td>4,459</td>
</tr>
<tr>
<td>Website maintenance</td>
<td>496</td>
<td>3,590</td>
<td>126</td>
<td>3,716</td>
<td>4,212</td>
</tr>
<tr>
<td>Miscellaneous expense</td>
<td></td>
<td>6,414</td>
<td></td>
<td>6,414</td>
<td>6,414</td>
</tr>
<tr>
<td>License and dues</td>
<td></td>
<td>500</td>
<td></td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Bad debt</td>
<td></td>
<td>500</td>
<td></td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$506,921</td>
<td>$240,975</td>
<td>$77,095</td>
<td>$318,070</td>
<td>$824,991</td>
</tr>
</tbody>
</table>
OUR MEMBERS

AARP
Actors’ Equity Association
Adrian Dominican Sisters
AFL-CIO
Altarum Institute
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Birth Centers
American Cancer Society
American College of Cardiology
American College of Emergency Physicians
American College Of Nurse-Midwives
American College of Surgeons
American Dental Education Association
American Federation of State, County, and Municipal Employees (AFSCME)
American Federation of Teachers
American Heart Association
American Legacy Foundation
American Library Association
American Lung Association
Asian & Pacific Islander American Health Forum
Association of American Medical Colleges
Best Doctors, Inc.
Blue Cross Blue Shield Association
Blue Shield of California
C-Change
California Public Employees’ Retirement Systems (CalPERS)
California State Teachers’ Retirement System (CalSTRS)
Catholic Health Association of the United States
Childbirth Connection
Children’s Defense Fund
CodeBlueNow!
Colorado Public Employee Retirement Association
Committee for Economic Development
Common Cause
Communications Workers of America
Consortium for Citizens with Disabilities
CVS Caremark
Duke Energy
Easter Seals
Evangelical Lutheran Church in America
Georgetown University Center for Children and Families
Giant Food, Inc.
Gross Electric, Inc.
International Brotherhood of Electrical Workers (IBEW)
International Brotherhood of Teamsters
International Federation of Professional and Technical Engineers (IFPTE)
International Foundation for Employee Benefit Plans
Japanese American Citizens League (JACL)
League of Women Voters
Midwest Business Group on Health
Motion Picture Association of America
National Alliance for Hispanic Health
National Association for the Advancement of Colored People (NAACP)
National Association of Community Health Centers
National Community Action Foundation
National Conference on Public Employee Retirement Systems
National Consumers League
National Coordinating Committee for Multiemployer Plans
National Council of Churches of Christ in the USA
National Council of La Raza
National Council on Teacher Retirement
National Multiple Sclerosis Society
National Quality Forum
National Rural Health Association
New York State Teachers
Pacific Business Group on Health
Premier
Presbyterian Church, USA
Religious Action Center of Reform Judaism
SAG-AFTRA
Sheet Metal Workers’ International Association
Small Business Majority
Stop and Shop, Inc.
Teva Pharmaceuticals, Ltd.
The Episcopal Church
The Salvation Army
U.S. PIRG
Union for Reform Judaism
United Food & Commercial Workers
United Methodist Church, General Board of Church and Society
Verizon
Wisconsin Medical Society