

COMMITTEE ON NATURAL RESOURCES
113th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Legislative hearing on: **H.R. 3229 (Young of AK)**, *"Indian Health Service Advance Appropriations Act of 2013."* **H.R. 4546 (DeFazio)**, *"Department of the Interior Tribal Self-Governance Act of 2014."* **H.R. 4867 (Ruiz)**, *"Economic Development Through Tribal Land Exchange Act."*; and **S. 1603 (Stabenow)**, *"Gun Lake Trust Land Reaffirmation Act."*

July 15, 2014

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name:
Cathy Abramson, Chairperson
2. Name of Organization(s) You are Representing at the Hearing:
National Indian Health Board
3. Business Address:
[Redacted] [Information Redacted for Privacy]
[Redacted]
4. Business Email Address:
[Redacted] [Information Redacted for Privacy]
5. Business Phone Number: [Redacted]
[Information Redacted for Privacy]

For all Witnesses

Name/Organization: Cathy Abramson, National Indian Health Board

Title/Date of Hearing: Legislative hearing on: H.R. 3229 (Young of AK), "Indian Health Service Advance Appropriations Act of 2013." H.R. 4546 (DeFazio), "Department of the Interior Tribal Self-Governance Act of 2014." H.R. 4867 (Ruiz), "Economic Development Through Tribal Land Exchange Act."; and S. 1603 (Stabenow), "Gun Lake Trust Land Reaffirmation Act." / July 15, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- BA, Business Administration

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Bemidji Area Representative, Secretary's Tribal Advisory Committee
- Elected Councilwoman, Sault Ste Marie Board of Directors (18 years)

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and/or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

- Please see attached.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

- N/A

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

- N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

The National Health Board (NIHB) is a 501(c) 3 not for profit, charitable organization providing health care advocacy services, facilitating Tribal budget consultation and providing timely information and other services to all Tribal Governments. Whether Tribes operate their own health care delivery systems through contracting and compacting or receive health care directly from the Indian Health Services (IHS), NIHB is their advocate. Because the NIHB serves all federally-recognized tribes, it is important that the work of the NIHB reflect the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. The NIHB is governed by a Board of Directors consisting of representatives elected by the Tribes in each of the twelve IHS Areas. Each Area Health Board elects a representative and an alternate to sit on the NIHB Board of Directors.

Witnesses Representing Organizations

Name/Organization: Cathy Abramson, National Indian Health Board

Title/Date of Hearing: Legislative hearing on: H.R. 3229 (Young of AK), "Indian Health Service Advance Appropriations Act of 2013." H.R. 4546 (DeFazio), "Department of the Interior Tribal Self-Governance Act of 2014." H.R. 4867 (Ruiz), "Economic Development Through Tribal Land Exchange Act."; and S. 1603 (Stabenow), "Gun Lake Trust Land Reaffirmation Act." / July 15, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

- Chairperson, National Indian Health Board

i. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

- Please see attached.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

- N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

- N/A

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

- Please see attached.

National Indian Health Board
 Federal Grant Awards Since 2010
 Updated July 10, 2014

Grant Number:	Grant Program	Project Title	Award Issue Date	Project Period	Total Approved Budget (Federal)
U251IHS0003-02-06	National Indian Health Board (NIHB)	Tribal Health Care Advocacy Program	6/30/2011	02/01/2009 to 08/31/2011	\$ 1,736,894
U253IHS0005-01-00	National Indian Health Outreach & Education (NIHOE)	National Indian Health Board MSPI and HIV/AIDS Cooperative Agreement	9/23/2011	09/30/2011 to 09/29/2012	\$ 125,000
U253IHS0006-01-00	National Indian Health Outreach & Education (NIHOE)	Health care reform and Indian Health Care Improvement Act Outreach and Education	9/26/2011	09/30/2011 to 09/29/2012	\$ 150,000
U253IHS0001-02-01	National Indian Health Outreach & Education (NIHOE)	National Indian Health Outreach and Education	2/10/2012	09/15/2010 to 09/29/2012	\$ 385,000
U253IHS0002-01-01	National Indian Health Outreach & Education (NIHOE)	National Indian Health Outreach and Education	8/15/2012	08/16/2011 to 09/15/2012	\$ 600,000
U253IHS0003-01-02	National Indian Health Outreach & Education (NIHOE)	National Indian Health Outreach and Education	8/17/2012	08/16/2011 to 09/15/2012	\$ 530,798
U253IHS0001-03-00	National Indian Health Outreach & Education (NIHOE)	HHS-2012-IHS-NIHOE-0003	9/21/2012	09/30/2012 to 09/29/2013	\$ 366,000
U253IHS0003-02-00	National Indian Health Outreach & Education (NIHOE)	HHS-2012-IHS-NIHOE-0001	9/21/2012	09/30/2012 to 09/29/2013	\$ 947,553
U253IHS0010-01-00	National Indian Health Outreach & Education (NIHOE)	MSPI Cooperative Agreement	9/25/2012	09/30/2012 to 09/29/2013	\$ 150,000

National Indian Health Board
Federal Grant Awards Since 2010

Grant Number:	Grant Program	Project Title	Award Issue Date	Project Period	Total Approved Budget (Federal)
U253IHS0011-01-01	National Indian Health Outreach & Education (NIHOE)	MSPI Cooperative Agreement - HIV/AIDS component	9/30/2012	09/30/2012 to 09/29/2013	\$ 102,074
1U38OT000193-01	Building Capacity of the Public Health System	PPHF 2013: OSTLTS Partnerships CBA of the Public Health System	9/18/2013	9/29/2013 to 6/30/2018	\$ 200,000
1M0CMS331078-02-00	Centers For Medicare and Medicaid Services	NIHB	9/20/2013	09/20/2012 to 09/19/2017	\$ 935,000
U253IHS0003-03-00	National Indian Health Outreach & Education (NIHOE)	National Indian Health Outreach and Education I	9/27/2013	09/30/2013 to 09/29/2014	\$ 684,752
U253IHS0010-02-00	National Indian Health Outreach & Education (NIHOE)	National Indian Health Outreach and Education II	9/27/2013	09/30/2013 to 09/29/2014	\$ 150,000
U253IHS0011-02-00	National Indian Health Outreach & Education (NIHOE)	HHS-2013-IHS-NIHOE-0002	9/27/2013	09/30/2013 to 09/29/2014	\$ 100,000
U253IHS0001-04-01	National Indian Health Outreach & Education (NIHOE)	NIHOE III ACA Outreach & Education	10/29/2013	09/30/2013 to 09/29/2014	\$ 743,922
90RC0060/01-07	Health Information Technology Extension Program (REC)	American Indian/Alaska Native National HITECH REC	4/03/2014	04/06/2010 to 04/05/2015	\$ 15,842,318
5U38OT000193-02	Building Capacity of the Public Health System	PPHF 2013: OSTLTS Partnerships CBA of the Public Health System	6/25/14	07/01/2013 to 6/30/2018	\$ 200,000

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL INDIAN HEALTH BOARD		D Employer identification number 23-7226316
	Doing Business As		E Telephone number 202-507-4070
Number and street (or P.O. box if mail is not delivered to street address) Room/suite		G Gross receipts \$ 6,350,253.	
926 PENNSYLVANIA AVE., SE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City, town, or post office, state, and ZIP code		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WASHINGTON, DC 20003		If "No," attach a list. (see instructions)	
F Name and address of principal officer: STACY BOHLEN SAME AS C ABOVE		H(c) Group exemption number ▶	
I 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			
J Website: ▶ WWW.NIHB.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WORK IN CLOSE COOPERATION WITH INDIAN TRIBES, HEALTH BOARDS, TRIBAL ORGANIZATIONS, THE INDIAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,176,411.	6,027,749.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	304,595.	303,862.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,263.	18,642.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,516,269.	6,350,253.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,978,424.	3,749,613.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	963,334.	1,094,735.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,481,237.	1,458,053.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,422,995.	6,302,401.
19 Revenue less expenses. Subtract line 18 from line 12	93,274.	47,852.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	740,055.	1,556,381.
	22 Net assets or fund balances. Subtract line 21 from line 20	204,860.	973,334.
		535,195.	583,047.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	STACY BOHLEN, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CAROL MOUNT	Preparer's signature <i>Carol Mount</i>	Date 10/21/13	Check if self-employed <input type="checkbox"/>	PTIN P00699613
	Firm's name ▶ HALT, BUZAS & POWELL, LTD.	Firm's EIN ▶ 26-0004395	Phone no. (703) 836-1350		
Firm's address ▶ 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

NIHB WORKS IN CLOSE COOPERATION WITH INDIAN TRIBES, HEALTH BOARDS, TRIBAL ORGANIZATIONS, THE INDIAN HEALTH SERVICE, AND THE U.S. CONGRESS FOR THE PURPOSE OF RAISING THE HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST POSSIBLE LEVEL.

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,867,898. including grants of \$ 3,424,719.) (Revenue \$)

ARRA AGREEMENT: NIHB REC STAFF DEVELOPED AND BEGAN IMPLEMENTATION OF THE NATIONAL NIHB REC OPERATIONS PLAN TO ALIGN WITH THE ONC-FUNDED PROPOSAL SUBMITTED BY NIHB. NIHB REC DEVELOPED AND BEGAN IMPLEMENTATION OF AN AREA SUB-AWARDS BUSINESS PLAN. AREA SUB-AWARDS WILL BE USED AS THE FUNDING MECHANISM TO PROVIDE DIRECT SUPPORT SERVICES TO PROVIDERS THROUGHOUT THE INDIAN HEALTH SYSTEM TO SUPPORT THEIR IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS (EHRS) AND ACHIEVEMENT OF MEANINGFUL USE OF EHRS.

4b (Code:) (Expenses \$ 1,596,470. including grants of \$ 324,894.) (Revenue \$)

IHS COOP AGREEMENT-TO ELEVATE THE HEALTH STATUS OF ALL FEDERALLY RECOGNIZED AMERICAN INDIANS AND ALASKA NATIVES TO A LEVEL COMPARABLE TO THE REST OF THE U.S. THROUGH STRONG COLLABORATION WITH THE FEDERAL GOVERNMENT, AI/AN TRIBAL GOVERNMENTS, URBAN INDIAN HEALTH CENTERS, AND OTHERS. THE NIHB SEEKS TO REDUCE HEALTH DISPARITIES AMONG AMERICAN INDIAN AND ALASKA NATIVE PEOPLE AND EXTEND THE FUNDING, PROGRAMS, POLICY, AND OUTREACH AVAILABLE TO TRIBAL GOVERNMENTS.

4c (Code:) (Expenses \$ 277,111. including grants of \$) (Revenue \$)

ASTHO CDC: THIS PROJECT FUNDED UNDER SUB-CONTRACT WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) SUPPORTS ASTHO'S COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THIS PROJECT SEEKS TO IMPROVE THE HEALTH AND WELLNESS OF AMERICAN INDIAN AND ALASKA NATIVES THROUGH THREE MAIN GOALS; 1. INCREASING COLLABORATION BETWEEN TRIBES, TRIBAL ORGANIZATIONS AND TRIBAL EPIDEMIOLOGY CENTERS AND STATE ENTITIES; 2. PROMOTING HEALTHY PEOPLE 2020 AND TRIBALLY-SPECIFIC OBJECTIVES BY DISSEMINATION INFORMATIONAL MATERIALS TO EDUCATE TRIBAL HEALTH ORGANIZATIONS/DEPARTMENTS; 3. SUPPORTING THE LAUNCH OF THE NATIONAL PUBLIC HEALTH ACCREDITATION PROGRAM AND DEVELOPMENT OF TRIBAL PUBLIC HEALTH ACCREDITATION, SPECIFICALLY AIMED AT INVOLVING TRIBAL HEALTH

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

(Expenses \$ 382,406. including grants of \$) (Revenue \$ 303,862.)

4e Total program service expenses 6,123,885.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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 box for Schedule O response

Table with columns for question number, question text, and Yes/No response. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **DC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THE ORGANIZATION - 202-507-4070
926 PENNSYLVANIA AVE., SE, WASHINGTON, DC 20003

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) CATHY ABRAMSON CHAIRPERSON	0.00	X		X				0.	0.	0.
(2) H. SALLY SMITH SECRETARY	0.00	X		X				0.	0.	0.
(3) LESTER SECATERO DIRECTOR	0.00	X						0.	0.	0.
(4) LAWRENCE JACE KILLSBACK VICE CHAIRMAN	0.00	X		X				0.	0.	0.
(5) MICHELLE HAYWARD DIRECTOR	0.00	X						0.	0.	0.
(6) BUFORD ROLIN DIRECTOR	0.00	X						0.	0.	0.
(7) REX LEE JIM MEMBER AT LARGE	0.00	X						0.	0.	0.
(8) THOMAS L. JOHN TREASURER	0.00	X		X				0.	0.	0.
(9) MARTIN HARVIER DIRECTOR	0.00	X						0.	0.	0.
(10) ANDREW JOSEPH JR. DIRECTOR	0.00	X						0.	0.	0.
(11) FRANCES G. ANFONE DIRECTOR	0.00	X						0.	0.	0.
(12) LEAH FYTEN DIRECTOR	0.00	X						0.	0.	0.
(13) STACY BOHLEN EXECUTIVE DIRECTOR	40.00			X				170,775.	0.	15,943.
(14) JENNIFER COOPER DIRECTOR OF FEDERAL RELATIONS	40.00					X		130,000.	0.	13,437.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,464,368.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	563,381.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		6,027,749.			
	Program Service Revenue	2 a CONFERENCE INCOME	Business Code 900099	303,862.	303,862.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			303,862.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	18,642.		18,642.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		18,642.				
12 Total revenue. See instructions.		6,350,253.	303,862.	0.	18,642.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	3,749,613.	3,749,613.		
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	186,718.	172,223.	14,495.	
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	750,917.	708,598.	42,319.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,960.	19,333.	1,627.	
9 Other employee benefits	62,362.	57,521.	4,841.	
10 Payroll taxes	73,778.	68,051.	5,727.	
11 Fees for services (non-employees):				
a Management				
b Legal	30,479.	27,991.	2,488.	
c Accounting	69,248.	63,594.	5,654.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	434,127.	408,933.	25,194.	
12 Advertising and promotion	20,632.	20,402.	230.	
13 Office expenses	242,524.	222,605.	19,919.	
14 Information technology	53,833.	49,438.	4,395.	
15 Royalties				
16 Occupancy	149,021.	143,878.	5,143.	
17 Travel	260,039.	234,817.	25,222.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,949.	136,300.	9,649.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,032.		2,032.	
23 Insurance	4,017.	4,017.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	37,577.	36,571.	1,006.	
b BAD DEBT EXPENSE	8,575.		8,575.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,302,401.	6,123,885.	178,516.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	178,167.	1	191,016.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	446,339.	3	1,080,408.
	4	Accounts receivable, net	78,887.	4	239,933.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,239.	9	23,633.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 140,504.		
	b	Less: accumulated depreciation	10b 139,910.	10c 2,626.	594.
	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	20,797.	15	20,797.
16	Total assets. Add lines 1 through 15 (must equal line 34)	740,055.	16	1,556,381.	
Liabilities	17	Accounts payable and accrued expenses	186,003.	17	949,334.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,857.	25	24,000.
	26	Total liabilities. Add lines 17 through 25	204,860.	26	973,334.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	445,195.	27	390,739.
	28	Temporarily restricted net assets	90,000.	28	192,308.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	535,195.	33	583,047.	
34	Total liabilities and net assets/fund balances	740,055.	34	1,556,381.	

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	6,350,253.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,302,401.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	535,195.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	583,047.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **NATIONAL INDIAN HEALTH BOARD** Employer identification number **23-7226316**

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 described in 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. See 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 - Non-functionally integrated
- 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?

	Yes	No
(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 supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 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 (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2727855.	2494534.	2942188.	5176411.	6027749.	19368737.
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	2727855.	2494534.	2942188.	5176411.	6027749.	19368737.
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)						330,589.
6 Public support. Subtract line 5 from line 4.						19038148.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2727855.	2494534.	2942188.	5176411.	6027749.	19368737.
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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,039.	6,076.	15,854.	35,263.	18,642.	84,874.
11 Total support. Add lines 7 through 10						19453611.
12 Gross receipts from related activities, etc. (see instructions)					12	1,404,884.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.86 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.28 %
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. 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 **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization NATIONAL INDIAN HEALTH BOARD	Employer identification number 23-7226316
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 5,464,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NATIONAL INDIAN HEALTH BOARD	Employer identification number 23-7226316
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NATIONAL INDIAN HEALTH BOARD	Employer identification number 23-7226316
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table: Held at the End of the Tax Year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,160.	9,566.	594.
e Other		130,344.	130,344.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				594.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	24,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,000.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements		1	6,350,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,350,253.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,350,253.

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

1	Total expenses and losses per audited financial statements		1	6,302,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,302,401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,302,401.

Part XIII Supplemental Information

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

PART X, LINE 2: GENERALLY TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO SEVEN YEARS FROM THE DATE A COMPLETED RETURN IS FILED. MANAGEMENT OF THE ORGANIZATION BELIEVES THAT FOR ALL THE YEARS STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES THAT ALL TAX POSITIONS ARE SUPPORTED BY THE RELEVANT INTERNAL REVENUE CODE, AND NO ADJUSTMENTS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA RURAL INDIAN HEALTH 4400 AUBURN BLVD., 2ND FLOOR SACRAMENTO, CA 95841	23-7052541	501(C)(3)	292,143.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD - 2121 SW BROADWAY, SUITE 300 - PORTLAND, OR 97201	93-0718154	501(C)(3)	239,386.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
UNITED SOUTH AND EASTERN TRIBES, INC - 711 STEWARTS FERRY PIKE, SUITE 100 - NASHVILLE, TN 37214	59-1315904	501(C)(3)	2,140,879.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DRIVE - ANCHORAGE, AK 99508	92-0162721	501(C)(3)	979,085.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
NATIONAL NATIVE AMERICAN AIDS PREVENTION - 720 S. COLORADO BLVD., SUITE 650 S - DENVER, CO 80246	94-3065291	501(C)(3)	95,000.	0.			TO OPERATE CERTAIN COMPONENTS OF THE NIHOE HIV/AIDS AWARENESS PROJECT (FROM THE INDIAN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

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

SCHEDULE I, PART I, LINE 2: NIHB GRANTS FUNDS BASED ON A CONTRACTUAL AGREEMENT WITH THE GRANTEEES WHICH ENUNCIATES THE DELIVERABLES AND OBJECTIVES FOR THE GRANT. THE GRANTOR IS REQUIRED TO SUBMIT PERIODICAL REPORTS ON THE PROGRESS MADE TO ACHIEVE THE DELIVERABLES OF THE GRANT. GRANTEEES ARE ALSO REQUIRED TO SUBMIT THEIR FINAL REPORT WITHIN THE SPECIFIED TIME IN THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA RURAL INDIAN HEALTH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED SOUTH AND EASTERN TRIBES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH

Part IV Supplemental Information

RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL NATIVE AMERICAN AIDS PREVENTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OPERATE CERTAIN COMPONENTS OF THE NIHOE HIV/AIDS AWARENESS PROJECT (FROM THE INDIAN HEALTH SERVICE) INCLUDING: CULTURALLY APPROPRIATE TRAINING, TECHNICAL ASSISTANCE, EDUCATIONAL MATERIALS DEVELOPMENT AND INPUT ON THE GRANTING AGENCIES PROGRAMMING AS IT RELATES TO EDUCATION AND OUTREACH ON HIV/AIDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a Receive a severance payment or change-of-control payment? **4a**
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization? **5a**
- b Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a The organization? **6a**
- b Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2012

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH SERVICE, AND THE U.S. CONGRESS FOR THE PURPOSE OF RAISING THE
HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST
POSSIBLE LEVEL.

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

ORGANIZATIONS/DEPARTMENTS.

THE ULTIMATE BENEFIT FROM THIS PROJECT IS PROVIDING TRIBES, TRIBAL
LEADERS, TRIBAL HEALTH PROVIDERS, TRIBAL EPIDEMIOLOGY CENTERS, AND
TRIBAL MEMBERS WITH THE INFORMATION REGARDING IMPORTANT PUBLIC HEALTH
REGARDING TRIBAL/STATE RELATIONS, HEALTHY PEOPLE 2020, AND PUBLIC
HEALTH ACCREDITATION EFFORTS, WHICH WILL EMPOWER THE TRIBES TO REDUCE
HEALTH DISPARITIES FOR AMERICAN INDIAN AND ALASKA NATIVES. THIS REMAINS
THE SHARED GOAL OF ALL THE PARTNERS AND STAKEHOLDERS INVOLVED IN THIS
COOPERATIVE AGREEMENT.

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

NATIONAL OPINION RESEARCH CENTER - COLLABORATING WITH NORC ON THE
EVALUATION OF THE TRIBAL HEALTH PROFESSIONS OPPORTUNITIES GRANTS
PROGRAM FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION
OF CHILDREN AND FAMILIES: PARTICIPATE IN PROJECT MANAGEMENT ACTIVITIES
INCLUDING MEETINGS, FEEDBACK, DISSEMINATION, AND COLLABORATION WITH THE
ADVISORY COMMITTEE; REVIEW AND PROVIDE FEEDBACK ON THE STRATEGY FOR
CONTACTING POTENTIAL SITES AND ASSISTING WITH GRANT PROFILES;

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

PARTICIPATE IN TECHNICAL ASSISTANCE AS NEEDED; REVIEW CONTENT IN DATA COLLECTION INSTRUMENTATION AND OFFER FEEDBACK RELATED TO CULTURAL APPROPRIATENESS; ASSIST WITH THE DEVELOPMENT AND DISSEMINATION OF PRACTICE BRIEFS ON AN ANNUAL AND SEMI-ANNUAL BASIS; ASSIST WITH THE DEVELOPMENT OF PRESENTATIONS AND ACTIVELY PARTICIPATE IN ONE PRESENTATION A YEAR; ACTIVE PARTICIPATION IN 1 SITE VISIT IN YEAR 2; ASSIST WITH THE DEVELOPMENT OF AN INTERIM REPORT AND OUTLINE AND REVIEW AND COMMENT ON SAID REPORT; ASSIST NORC WITH RAPIDLY RESPONDING TO SPECIAL RESEARCH REQUESTS FROM ACF AND ASSIST WITH NO MORE THAN 10 SPECIAL PROJECTS OVER THE ENTIRE PROJECT PERFORMANCE PERIOD.

ASTHO CDC:

PROGRAM ACCOMPLISHMENTS: THIS PROJECT FUNDED UNDER SUB-CONTRACT WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) SUPPORTS ASTHO'S COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THIS PROJECT SEEKS TO IMPROVE THE HEALTH AND WELLNESS OF AMERICAN INDIAN AND ALASKA NATIVES THROUGH THREE MAIN GOALS; 1. INCREASING COLLABORATION BETWEEN TRIBES, TRIBAL ORGANIZATIONS AND TRIBAL EPIDEMIOLOGY CENTERS AND STATE ENTITIES; 2. PROMOTING HEALTHY PEOPLE 2020 AND TRIBALLY-SPECIFIC OBJECTIVES BY DISSEMINATION INFORMATIONAL MATERIALS TO EDUCATE TRIBAL HEALTH ORGANIZATIONS/DEPARTMENTS.; 3. SUPPORTING THE LAUNCH OF THE NATIONAL PUBLIC HEALTH ACCREDITATION PROGRAM AND DEVELOPMENT OF TRIBAL PUBLIC HEALTH ACCREDITATION, SPECIFICALLY AIMED AT INVOLVING TRIBAL HEALTH ORGANIZATIONS/DEPARTMENTS.

THE ULTIMATE BENEFIT FROM THIS PROJECT IS PROVIDING TRIBES, TRIBAL LEADERS, TRIBAL HEALTH PROVIDERS, TRIBAL EPIDEMIOLOGY CENTERS, AND TRIBAL MEMBERS WITH THE INFORMATION REGARDING IMPORTANT PUBLIC HEALTH

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

REGARDING TRIBAL/STATE RELATIONS, HEALTHY PEOPLE 2020, AND PUBLIC HEALTH ACCREDITATION EFFORTS, WHICH WILL EMPOWER THE TRIBES TO REDUCE HEALTH DISPARITIES FOR AMERICAN INDIAN AND ALASKA NATIVES. THIS REMAINS THE SHARED GOAL OF ALL THE PARTNERS AND STAKEHOLDERS INVOLVED IN THIS COOPERATIVE AGREEMENT.

ATSDR THINK TANK:

THE OFFICE OF TRIBAL AFFAIRS AT THE CENTER'S FOR DISEASE CONTROL AND PREVENTION, AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY IS SEEKING TO ESTABLISH ITS OWN NATIONAL TRIBAL ENVIRONMENTAL HEALTH (NTEH) THINK TANK. NIHB DURING THIS PROJECT COMPLETED FOUR OBJECTIVES; 1. COORDINATE 3 NTEH THINK TANK MEETINGS AND ROUTINE CONFERENCE CALLS; 2. FACILITATE 3 NTEH THINK TANK MEETINGS AND ROUTINE CONFERENCE CALLS; 3. ESTABLISH ENVIRONMENTAL PUBLIC HEALTH PRIORITIES IN INDIAN COUNTRY; 4. EVALUATE THE NTEH THINK TANK AND DEVELOP A REPORT ON THE MEETINGS.

CALIFORNIA ENDOWMENT

THE PURPOSE THIS GRANT INCLUDES TO SUPPORT EFFORTS AIMED AT PROVIDING HEALTH CARE REFORM INFORMATION AND EDUCATION TO TRIBAL ORGANIZATIONS ON ISSUES RELATED TO HEALTH CARE REFORM THAT WILL IMPACT HEALTH ACCESS FOR THE CALIFORNIA INDIAN POPULATION. THROUGH THE GENEROUS SUPPORT OF THIS FUNDING, NIHB PROVIDED TRAINING WITH TRAINING MATERIALS ON THE AFFORDABLE CARE ACT AND INDIAN HEALTH CARE IMPROVEMENTS TO TRIBAL REPRESENTATIVES AT THE CALIFORNIA RURAL INDIAN HEALTH BOARD, OCTOBER 23, 2010. NIHB SHARED THIS TRAINING AND TRAINING MATERIALS TO OTHER AREA INDIAN HEALTH BOARDS THROUGHOUT THE COUNTRY. IN ADDITION, NIHB HOSTED A 2 DAY NATIONAL TRAINING ON NATIONAL TRIBAL HEALTH CARE REFORM IN WASHINGTON, DC IN APRIL 2011. OVER 100 INDIVIDUALS ATTENDED THIS

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

TRAINING.HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

ON SEPTEMBER 26, 2011 IN CONJUNCTION WITH THE NATIONAL INDIAN HEALTH BOARD (NIHB) 28TH ANNUAL CONSUMER CONFERENCE IN ANCHORAGE, ALASKA, THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) CONDUCTED A FACE-TO-FACE TRIBAL KICK-OFF CONSULTATION SESSION WITH TRIBAL LEADERS REGARDING THE PROPOSED UPDATED HRSA TRIBAL CONSULTATION POLICY. PARTICIPANTS WERE INVITED TO SHARE THEIR VIEWS AND CONCERNS ON THE PROPOSED UPDATED POLICY. NINETY-THREE INDIVIDUALS ATTENDED THIS CONSULTATION SESSION. NIHB COMPLETED A SURVEY OF THE CONSULTATION SESSION AND WROTE A FINAL REPORT ON THE SESSION.

UNIVERSITY OF ALABAMA:

AS A PARTNER ON THIS PROJECT, NIHB WILL PROVIDE KEY CULTURAL COMPETENCY SUPPORT TO THE RESEARCH TEAM TO ENSURE THE SUCCESSFUL OUTCOMES OF THIS RESEARCH ACTIVITY. MORE SPECIFICALLY, NIHB'S CULTURAL COMPETENCY CONSULTATION WILL PROVIDE VALUABLE INPUTS IN THE DEVELOPMENT OF RESEARCH INSTRUMENTS, PLANNING DATA COLLECTION, AND IN THE ANALYSIS AND INTERPRETATION OF RESEARCH FINDINGS; INVOLVING TRIBAL LEADERS AND TRIBAL HEALTH DEPARTMENTS IN THE RESEARCH EFFORT; SHARING THE PROJECT FINDINGS WITH OUR TRIBAL MEMBERS AND NATIONAL PARTNER AGENCIES; PRESENTING RESEARCH RESULTS AT NIHB'S ANNUAL CONSUMER CONFERENCE AND TRIBAL LIAISON MEETINGS; AND USING THE DATA GATHERED TO CONTRIBUTE BEST PRACTICES PROFILES TO NIHB'S PROMISING PREVENTION PRACTICES, AN ON-LINE RESOURCE GUIDE FOR TRIBAL HEALTH DEPARTMENTS THAT PROMOTES THE REPLICATION OF SUCCESSFUL PUBLIC HEALTH INTERVENTIONS.

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

THE SPECIFIC TASKS TO BE ACCOMPLISHED BY NIHB WILL INCLUDE:

1. PROVIDE CRITICAL CULTURAL COMPETENCY CONSULTATION TO THE RESEARCH TEAM IN DEVELOPING OF RESEARCH INSTRUMENTS, PLANNING DATA COLLECTION, AND UNDERTAKING REVIEW OF AI/AN SPECIFIC IRB PROTOCOLS AT THE TRIBAL AND NATIONAL LEVELS, AS INDICATED FOR THIS PROJECT.

2. WORKING WITH THE RESEARCH TEAM TO GAIN ACCESS TO TRIBAL LEADERSHIP AND TO IDENTIFY TRIBAL HEALTH DEPARTMENTS TO PARTICIPATE IN THE RESEARCH.

3. ASSIST THE PROJECT TEAM WITH IDENTIFYING TRIBAL HEALTH DEPARTMENTS WHERE PARTNERSHIPS HAVE BEEN LEVERAGED BETWEEN THE INDIAN HEALTH CARE SYSTEM (IHCS), TITLE V PROGRAMS AND OTHER MCH PARTNERS.

4. CONTRIBUTING NIHB STAFF AND MEMBER EXPERTISE IN TRIBAL HEALTH INFRASTRUCTURE TO THE ANALYSIS OF KEY ORGANIZATIONAL AND STRUCTURAL CHARACTERISTICS OF IHCS AND TITLE V AGENCIES.

5. DISSEMINATING INFORMATION ABOUT THE PROJECT AND PROJECT FINDINGS IN NIHB NEWSLETTERS, THE NIHB WEBSITE, THE NIHB ANNUAL PUBLIC HEALTH SUMMIT, AND THE NIHB ANNUAL CONSUMER HEALTH CONFERENCE.

6. REVIEWING RESEARCH DATA AND ASSISTING IN THE ANALYSIS OF KEY AMERICAN INDIAN AND ALASKA NATIVE THEMES AND TRENDS IDENTIFIED IN THE RESEARCH.

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

7. ASSISTING THE PROJECT STAFF TO CREATE BEST PRACTICES PROFILES OF IHCS AND TITLE V COLLABORATION TO BE INCLUDED IN NIHB'S PROMISING PREVENTION PRACTICES, AN ON-LINE RESOURCE GUIDE THAT PROFILES PUBLIC HEALTH INTERVENTIONS AND THE FACTORS THAT CONTRIBUTE TO EFFECTIVE PARTNERSHIPS AND IMPLEMENTATION FOR FUTURE REPLICATION AMONG TRIBAL COMMUNITIES.

8. SERVING ON THE PROJECT'S ADVISORY COMMITTEE.

CDC COOP AGREEMENT - THE OVERARCHING PURPOSE OF THE COOPERATIVE AGREEMENT BETWEEN NIHB AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IS TO IMPROVE THE HEALTH OF THE UNDERSERVED AMERICAN INDIANS AND ALASKA NATIVES (AI/AN) BY STRENGTHENING THE NIHB EFFORTS TO BUILD PUBLIC HEALTH CAPACITY THROUGHOUT INDIAN COUNTRY AND FOSTER CULTURALLY APPROPRIATE PUBLIC HEALTH CARE SERVICES THAT FOCUS ON PARTNERSHIP BUILDING, HEALTH ADVOCACY, PROMOTION, EDUCATION, AND PREVENTION.

CONFERENCES AND OTHER PROGRAM SERVICES

EXPENSES \$ 382,406. INCLUDING GRANTS OF \$ 0. REVENUE \$ 303,862.

FORM 990, PART VI, SECTION B, LINE 11: THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL RECEIVE AN ELECTRONIC COPY OF THE 990. THE RESPONSIBILITY OF THE BOARD TREASURER IS TO REVIEW AND AUTHORIZE THE FILING OF THE 990.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE RECOMMENDS

CONTRACT APPROVAL AND COMPENSATION LEVEL TO THE FULL BOARD OF DIRECTORS.

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

CONTEMPORANEOUS DISCUSSION OCCURS AND IT IS FORMALIZED IN A WRITTEN CONTRACT. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR COMPENSATION TO ALL EMPLOYEES. COMPARABILITY DATA AND SUBSTANTIATION DATA IS MAINTAINED BY THE EXECUTIVE DIRECTOR IN SUPPORT OF COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions NATIONAL INDIAN HEALTH BOARD	Employer identification number (EIN) or 23-7226316
	Number, street, and room or suite no. If a P.O. box, see instructions. 926 PENNSYLVANIA AVE., SE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20003	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

THE ORGANIZATION

• The books are in the care of **926 PENNSYLVANIA AVE., SE - WASHINGTON, DC 20003**
Telephone No. **202-507-4070** FAX No. _____

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013.**

5 For calendar year **2012**, or other tax year beginning _____, and ending _____.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature _____ Title **CPA** Date _____

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning and ending

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

C Name of organization
NATIONAL INDIAN HEALTH BOARD
 Doing Business As

D Employer identification number
 23-7226316

E Telephone number
 202-507-4070

F Name and address of principal officer: STACY BOHLEN
 926 PENNSYLVANIA AVE., SE, WASHINGTON, DC 20003

G Gross receipts \$ 5,516,269.

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

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

J Website: WWW.NIHB.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1972 **M State of legal domicile:** CO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WORK IN CLOSE COOPERATION WITH INDIAN TRIBES, HEALTH BOARDS, TRIBAL ORGANIZATIONS, THE INDIAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,942,188.	5,176,411.
	9 Program service revenue (Part VIII, line 2g)	197,225.	304,595.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,854.	35,263.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,155,267.	5,516,269.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	269,187.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,139,154.	963,334.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,704,741.	1,481,237.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,113,082.	5,422,995.	
19 Revenue less expenses. Subtract line 18 from line 12	42,185.	93,274.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 691,996.	End of Year 740,055.
	21 Total liabilities (Part X, line 26)	250,075.	204,860.
	22 Net assets or fund balances. Subtract line 21 from line 20	441,921.	535,195.

Part II Signature Block

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

Sign Here
 Signature of officer: *Stacy Bohlen* Date: 10-31-12
 STACY BOHLEN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: CAROL MOUNT Preparer's signature: *Carol Mount* Date: 10/18/12 Check if self-employed: PTIN: P00699613
 Firm's name: HALT, BUZAS & POWELL, LTD. Firm's EIN: 26-0004395
 Firm's address: 1199 NORTH FAIRFAX STREET, 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NIHB WORKS IN CLOSE COOPERATION WITH INDIAN TRIBES, HEALTH BOARDS, TRIBAL ORGANIZATIONS, THE INDIAN HEALTH SERVICE, AND THE U.S. CONGRESS FOR THE PURPOSE OF RAISING THE HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST POSSIBLE LEVEL.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 1,028,230. including grants of \$ 25,000.) (Revenue \$) IHS COOP AGREEMENT - TO ELEVATE THE HEALTH STATUS OF ALL FEDERALLY RECOGNIZED AMERICAN INDIANS AND ALASKA NATIVES TO A LEVEL COMPARABLE TO THE REST OF THE U.S. THROUGH STRONG COLLABORATION WITH THE FEDERAL GOVERNMENT, AI/AN TRIBAL GOVERNMENTS, URBAN INDIAN HEALTH CENTERS, AND OTHERS. THE NIHB SEEKS TO REDUCE HEALTH DISPARITIES AMONG AMERICAN INDIAN AND ALASKA NATIVE PEOPLE AND EXTEND THE FUNDING, PROGRAMS, POLICY, AND OUTREACH AVAILABLE TO TRIBAL GOVERNMENTS.

4b (Code:) (Expenses \$ 3,507,235. including grants of \$ 2,951,489.) (Revenue \$) ARRA GRANT - NIHB REC STAFF DEVELOPED AND BEGAN IMPLEMENTATION OF THE NATIONAL NIHB REC OPERATIONS PLAN TO ALIGN WITH THE ONC-FUNDED PROPOSAL SUBMITTED BY NIHB. NIHB REC DEVELOPED AND BEGAN IMPLEMENTATION OF AN AREA SUB-AWARDS BUSINESS PLAN. AREA SUB-AWARDS WILL BE USED AS THE FUNDING MECHANISM TO PROVIDE DIRECT SUPPORT SERVICES TO PROVIDERS THROUGHOUT THE INDIAN HEALTH SYSTEM TO SUPPORT THEIR IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS (EHR) AND ACHIEVEMENT OF MEANINGFUL USE OF EHR.

4c (Code:) (Expenses \$ 173,220. including grants of \$) (Revenue \$ 304,595.) ANNUAL CONSUMER CONFERENCE - TO PROVIDE THE TOOLS TO EMPOWER INDIAN HEALTH ADVOCATES TO UNITE AND ENSURE A HEALTHY FUTURE FOR ALL AMERICAN INDIANS AND ALASKA NATIVES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 496,085. including grants of \$ 1,935.) (Revenue \$)

4e Total program service expenses 5,204,770.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 8282.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **DC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 202-507-4070**
926 PENNSYLVANIA AVE., SE, WASHINGTON, DC 20003

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) H SALLY SMITH SECRETARY	0.00	X		X				0.	0.	0.
(2) BUFORD ROLIN DIRECTOR	0.00	X						0.	0.	0.
(3) LESTER SECATERO DIRECTOR	0.00	X						0.	0.	0.
(4) CATHY ABRAMSON CHAIRPERSON	0.00	X		X				0.	0.	0.
(5) THOMAS L. JOHN TREASURER	0.00	X		X				0.	0.	0.
(6) LAWRENCE JACE KILLSBACK VICE CHAIRMAN	0.00	X		X				0.	0.	0.
(7) MARTIN HARVIER DIRECTOR	0.00	X						0.	0.	0.
(8) JOHN YELLOWBIRD STEEL DIRECTOR	0.00	X						0.	0.	0.
(9) ANDREW JOSEPH, JR. DIRECTOR	0.00	X						0.	0.	0.
(10) MICHELLE HAYWARD DIRECTOR	0.00	X						0.	0.	0.
(11) REX LEE JIM MEMBER AT LARGE	0.00	X						0.	0.	0.
(12) FRANCES G. ANTONE DIRECTOR	0.00	X						0.	0.	0.
(13) STACY BOHLEN EXECUTIVE DIRECTOR	40.00			X				170,775.	0.	16,611.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,644,315.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	532,096.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		5,176,411.				
	Program Service Revenue	2 a	CONFERENCE INCOME	Business Code 900099	304,595.	304,595.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		304,595.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	35,263.			35,263.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		35,263.					
12	Total revenue. See instructions.		5,516,269.	304,595.	0.	35,263.		

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	2,978,424.	2,978,424.		
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	187,386.	151,783.	35,603.	
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	638,460.	609,855.	28,605.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	16,856.	15,685.	1,171.	
9 Other employee benefits	61,244.	55,433.	5,811.	
10 Payroll taxes	59,388.	53,031.	6,357.	
11 Fees for services (non-employees):				
a Management				
b Legal	70,322.	66,016.	4,306.	
c Accounting	69,438.	65,186.	4,252.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	433,250.	409,195.	24,055.	
12 Advertising and promotion	1,895.	1,895.		
13 Office expenses	177,809.	176,080.	1,729.	
14 Information technology	39,537.	37,116.	2,421.	
15 Royalties				
16 Occupancy	155,587.	150,244.	5,343.	
17 Travel	259,725.	233,341.	26,384.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	150,483.	146,480.	4,003.	
20 Interest	16,365.	14,543.	1,822.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,450.	418.	2,032.	
23 Insurance	3,921.	3,885.	36.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	61,222.		61,222.	
b MISCELLANEOUS	26,552.	23,479.	3,073.	
c STAFF SUPPORT SERVICES	12,681.	12,681.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,422,995.	5,204,770.	218,225.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	95,149.	1	178,167.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	504,499.	3	446,339.
	4	Accounts receivable, net	48,666.	4	78,887.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17,531.	9	13,239.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 140,504.		
	b	Less: accumulated depreciation	10b 137,878.	10c 5,076.	2,626.
	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	21,075.	15	20,797.
16	Total assets. Add lines 1 through 15 (must equal line 34)	691,996.	16	740,055.	
Liabilities	17	Accounts payable and accrued expenses	227,361.	17	186,003.
	18	Grants payable		18	
	19	Deferred revenue	9,000.	19	
	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	13,714.	25	18,857.
	26	Total liabilities. Add lines 17 through 25	250,075.	26	204,860.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	173,138.	27	445,195.
	28	Temporarily restricted net assets	268,783.	28	90,000.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	441,921.	33	535,195.	
34	Total liabilities and net assets/fund balances	691,996.	34	740,055.	

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	5,516,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,422,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	93,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	441,921.
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	535,195.

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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

Part II Support Schedule for Organizations Described in Sections 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 (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.")	1556071.	2727855.	2494534.	2942188.	5176411.	14897059.
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	1556071.	2727855.	2494534.	2942188.	5176411.	14897059.
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)						330,166.
6 Public support. Subtract line 5 from line 4.						14566893.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1556071.	2727855.	2494534.	2942188.	5176411.	14897059.
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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,465.	9,039.	6,076.	15,854.	35,263.	77,697.
11 Total support. Add lines 7 through 10						14974756.
12 Gross receipts from related activities, etc. (see instructions)					12	1,443,132.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.28	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	95.51	%
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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 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.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

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 stop here. The organization qualifies as a publicly supported organization

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 stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

NATIONAL INDIAN HEALTH BOARD

23-7226316

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization NATIONAL INDIAN HEALTH BOARD	Employer identification number 23-7226316
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 4,644,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATIONAL INDIAN HEALTH BOARD

23-7226316

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NATIONAL INDIAN HEALTH BOARD	Employer identification number 23-7226316
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

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

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

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

	Yes	No
(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		130,344.	130,344.	0.
e Other		10,160.	7,534.	2,626.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,626.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	18,857.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	18,857.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,516,269.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,422,995.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	93,274.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	93,274.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,516,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,516,269.
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 must equal Form 990, Part I, line 12.)	5	5,516,269.

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

1	Total expenses and losses per audited financial statements	1	5,422,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,422,995.
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 must equal Form 990, Part I, line 18.)	5	5,422,995.

Part XIV Supplemental Information

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

PART X, LINE 2: GENERALLY TAX RETURNS ARE SUBJECT TO EXAMINATION BY

TAXING AUTHORITIES FOR UP TO SEVEN YEARS FROM THE DATE A COMPLETED RETURN

IS FILED. MANAGEMENT OF THE ORGANIZATION BELIEVES THAT FOR ALL THE YEARS

STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES THAT ALL TAX

POSITIONS ARE SUPPORTED BY THE RELEVANT INTERNAL REVENUE CODE, AND NO

ADJUSTMENTS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA RURAL INDIAN HEALTH 4400 AUBURN BLVD., 2ND FLOOR SACRAMENTO, CA 95841	23-7052541	501(C)(3)	210,369.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD - 2121 SW BROADWAY, SUITE 300 - PORTLAND, OR 97201	93-0718154	501(C)(3)	147,100.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
UNITED SOUTH AND EASTERN TRIBES, INC - 711 STEWARTS FERRY PIKE, SUITE 100 - NASHVILLE, TN 37214	59-1315904	501(C)(3)	2,143,231.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DRIVE - ANCHORAGE, AK 99508	92-0162721	501(C)(3)	450,790.	0.			DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN
NATIONAL NATIVE AMERICAN AIDS PREVENTION - 720 S. COLORADO BLVD., SUITE 650-S - DENVER, CO 80246	94-3065291	501(C)(3)	25,000.	0.			TO OPERATE CERTAIN COMPONENTS OF THE NIHOE HIV/AIDS AWARENESS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **5.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: NIHB GRANTS FUNDS BASED ON A CONTRACTUAL AGREEMENT WITH THE GRANTEEES WHICH ENUNCIATES THE DELIVERABLES AND OBJECTIVES FOR THE GRANT. THE GRANTOR IS REQUIRED TO SUBMIT PERIODICAL REPORTS ON THE PROGRESS MADE TO ACHIEVE THE DELIVERABLES OF THE GRANT. GRANTEEES ARE ALSO REQUIRED TO SUBMIT THEIR FINAL REPORT WITHIN THE SPECIFIED TIME IN THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA RURAL INDIAN HEALTH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED SOUTH AND EASTERN TRIBES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM. SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH

Part IV Supplemental Information

RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN; PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.⓪

NAME OF ORGANIZATION OR GOVERNMENT:

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: DELIVER HEALTH INFORMATION

TECHNOLOGY SERVICES THROUGHOUT INDIAN COUNTRY IN ACCORDANCE WITH THE OFFICE OF THE NATIONAL COORDINATOR'S REGIONAL EXTENSION CENTER PROGRAM.

SUB-RECIPIENT HAS THE CLINICAL PRACTICE EXPERIENCE AND HEALTH PROGRAM

ADMINISTRATION EXPERTISE TO SUPPORT DEPLOYMENT OF ELECTRONIC HEALTH

RECORDS ACROSS THE NATION. WORK INCLUDES ELECTRONIC HEALTH RECORD

SELECTION, IMPLEMENTATION, AND TRAINING; PRACTICE WORKFLOW REDESIGN;

PRIVACY AND SECURITY BEST PRACTICES; AND UNTIMELY ATTAIN MEANINGFUL USE

OF THEIR ELECTRONIC HEALTH RECORD PROGRAM.⓪

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL NATIVE AMERICAN AIDS PREVENTION

(H) PURPOSE OF GRANT OR ASSISTANCE:

TO OPERATE CERTAIN COMPONENTS OF THE NIHOE HIV/AIDS AWARENESS PROJECT

(FROM THE INDIAN HEALTH SERVICE) INCLUDING: CULTURALLY APPROPRIATE

TRAINING, TECHNICAL ASSISTANCE, EDUCATIONAL MATERIALS DEVELOPMENT AND

INPUT ON THE GRANTING AGENCIES PROGRAMMING AS IT RELATES TO EDUCATION AND

OUTREACH ON HIV/AIDS.⓪

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STACY BOHLEN	(i) 170,775.	0.	0.	8,539.	8,072.	187,386.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH SERVICE, AND THE U.S. CONGRESS FOR THE PURPOSE OF RAISING THE
HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST
POSSIBLE LEVEL.

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

ROBERT WOOD JOHNSON GRANT - TO EXPLORE THE FEASIBILITY OF PROMOTING
VOLUNTARY HEALTH ACCREDITATION AND PUBLIC HEALTH STANDARDS WITH INDIAN
COUNTRY AND TO DEVELOP A STRATEGY TO IMPROVE THE PUBLIC HEALTH CAPACITY
OF TRIBAL HEALTH DEPARTMENTS.

DEVELOP AND IMPLEMENT AN AMERICAN INDIAN AND ALASKA NATIVE
ACCREDITATION STRATEGIC PLANNING TEAM.

DEFINE NEED AND EXPLORE PERCEPTIONS OF ACCREDITATION AND PERFORMANCE
STANDARDS IN INDIAN COUNTRY.

IDENTIFY WAYS TO DEVELOP AND IMPROVE TRIBAL AND NON-TRIBAL PARTNERSHIPS
IN OTHER PUBLIC HEALTH AREAS.

EXPENSES \$ 128,782. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NATIONAL OPINION RESEARCH CENTER - COLLABORATING WITH NORC ON THE
EVALUATION OF THE TRIBAL HEALTH PROFESSIONS OPPORTUNITIES GRANTS
PROGRAM FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION
OF CHILDREN AND FAMILIES: PARTICIPATE IN PROJECT MANAGEMENT ACTIVITIES
INCLUDING MEETINGS, FEEDBACK, DISSEMINATION, AND COLLABORATION WITH THE
ADVISORY COMMITTEE; REVIEW AND PROVIDE FEEDBACK ON THE STRATEGY FOR
CONTACTING POTENTIAL SITES AND ASSISTING WITH GRANT PROFILES;
PARTICIPATE IN TECHNICAL ASSISTANCE AS NEEDED; REVIEW CONTENT IN DATA

Name of the organization NATIONAL INDIAN HEALTH BOARD	Employer identification number 23-7226316
--	--

COLLECTION INSTRUMENTATION AND OFFER FEEDBACK RELATED TO CULTURAL APPROPRIATENESS; ASSIST WITH THE DEVELOPMENT AND DISSEMINATION OF PRACTICE BRIEFS ON AN ANNUAL AND SEMI-ANNUAL BASIS; ASSIST WITH THE DEVELOPMENT OF PRESENTATIONS AND ACTIVELY PARTICIPATE IN ONE PRESENTATION A YEAR; ACTIVE PARTICIPATION IN 1 SITE VISIT IN YEAR 2; ASSIST WITH THE DEVELOPMENT OF AN INTERIM REPORT AND OUTLINE AND REVIEW AND COMMENT ON SAID REPORT; ASSIST NORC WITH RAPIDLY RESPONDING TO SPECIAL RESEARCH REQUESTS FROM ACF AND ASSIST WITH NO MORE THAN 10 SPECIAL PROJECTS OVER THE ENTIRE PROJECT PERFORMANCE PERIOD.
EXPENSES \$ 46,646. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ASTHO CDC:

PROGRAM ACCOMPLISHMENTS: THIS PROJECT FUNDED UNDER SUB-CONTRACT WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) SUPPORTS ASTHO'S COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THIS PROJECT SEEKS TO IMPROVE THE HEALTH AND WELLNESS OF AMERICAN INDIAN AND ALASKA NATIVES THROUGH THREE MAIN GOALS; 1. INCREASING COLLABORATION BETWEEN TRIBES, TRIBAL ORGANIZATIONS AND TRIBAL EPIDEMIOLOGY CENTERS AND STATE ENTITIES; 2. PROMOTING HEALTHY PEOPLE 2020 AND TRIBALLY-SPECIFIC OBJECTIVES BY DISSEMINATION INFORMATIONAL MATERIALS TO EDUCATE TRIBAL HEALTH ORGANIZATIONS/DEPARTMENTS.; 3. SUPPORTING THE LAUNCH OF THE NATIONAL PUBLIC HEALTH ACCREDITATION PROGRAM AND DEVELOPMENT OF TRIBAL PUBLIC HEALTH ACCREDITATION, SPECIFICALLY AIMED AT INVOLVING TRIBAL HEALTH ORGANIZATIONS/DEPARTMENTS.

THE ULTIMATE BENEFIT FROM THIS PROJECT IS PROVIDING TRIBES, TRIBAL LEADERS, TRIBAL HEALTH PROVIDERS, TRIBAL EPIDEMIOLOGY CENTERS, AND TRIBAL MEMBERS WITH THE INFORMATION REGARDING IMPORTANT PUBLIC HEALTH

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

REGARDING TRIBAL/STATE RELATIONS, HEALTHY PEOPLE 2020, AND PUBLIC HEALTH ACCREDITATION EFFORTS, WHICH WILL EMPOWER THE TRIBES TO REDUCE HEALTH DISPARITIES FOR AMERICAN INDIAN AND ALASKA NATIVES. THIS REMAINS THE SHARED GOAL OF ALL THE PARTNERS AND STAKEHOLDERS INVOLVED IN THIS COOPERATIVE AGREEMENT.

ATSDR THINK TANK:

THE OFFICE OF TRIBAL AFFAIRS AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY IS SEEKING TO ESTABLISH ITS OWN NATIONAL TRIBAL ENVIRONMENTAL HEALTH (NTEH) THINK TANK. NIHB DURING THIS PROJECT COMPLETED FOUR OBJECTIVES; 1. COORDINATE 3 NTEH THINK TANK MEETINGS AND ROUTINE CONFERENCE CALLS; 2. FACILITATE 3 NTEH THINK TANK MEETINGS AND ROUTINE CONFERENCE CALLS; 3. ESTABLISH ENVIRONMENTAL PUBLIC HEALTH PRIORITIES IN INDIAN COUNTRY; 4. EVALUATE THE NTEH THINK TANK AND DEVELOP A REPORT ON THE MEETINGS.

CALIFORNIA ENDOWMENT

THE PURPOSE THIS GRANT INCLUDES TO SUPPORT EFFORTS AIMED AT PROVIDING HEALTH CARE REFORM INFORMATION AND EDUCATION TO TRIBAL ORGANIZATIONS ON ISSUES RELATED TO HEALTH CARE REFORM THAT WILL IMPACT HEALTH ACCESS FOR THE CALIFORNIA INDIAN POPULATION. THROUGH THE GENEROUS SUPPORT OF THIS FUNDING, NIHB PROVIDED TRAINING WITH TRAINING MATERIALS ON THE AFFORDABLE CARE ACT AND INDIAN HEALTH CARE IMPROVEMENTS TO TRIBAL REPRESENTATIVES AT THE CALIFORNIA RURAL INDIAN HEALTH BOARD, OCTOBER 23, 2010. NIHB SHARED THIS TRAINING AND TRAINING MATERIALS TO OTHER AREA INDIAN HEALTH BOARDS THROUGHOUT THE COUNTRY. IN ADDITION, NIHB HOSTED A 2 DAY NATIONAL TRAINING ON NATIONAL TRIBAL HEALTH CARE REFORM IN WASHINGTON, DC IN APRIL 2011. OVER 100 INDIVIDUALS ATTENDED THIS

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

TRAINING.HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)ON SEPTEMBER 26, 2011 IN CONJUNCTION WITH THE NATIONAL INDIAN HEALTH BOARD (NIHB) 28TH ANNUAL CONSUMER CONFERENCE IN ANCHORAGE, ALASKA, THEHEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) CONDUCTED AFACE-TO-FACE TRIBAL KICK-OFF CONSULTATION SESSION WITH TRIBAL LEADERSREGARDING THE PROPOSED UPDATED HRSA TRIBAL CONSULTATION POLICY.PARTICIPANTS WERE INVITED TO SHARE THEIR VIEWS AND CONCERNS ON THEPROPOSED UPDATED POLICY. NINETY-THREE INDIVIDUALS ATTENDED THISCONSULTATION SESSION. NIHB COMPLETED A SURVEY OF THE CONSULTATIONSESSION AND WROTE A FINAL REPORT ON THE SESSION.UNIVERSITY OF ALABAMA:AS A PARTNER ON THIS PROJECT, NIHB WILL PROVIDE KEY CULTURAL COMPETENCYSUPPORT TO THE RESEARCH TEAM TO ENSURE THE SUCCESSFUL OUTCOMES OF THISRESEARCH ACTIVITY. MORE SPECIFICALLY, NIHB'S CULTURAL COMPETENCYCONSULTATION WILL PROVIDE VALUABLE INPUTS IN THE DEVELOPMENT OFRESEARCH INSTRUMENTS, PLANNING DATA COLLECTION, AND IN THE ANALYSIS ANDINTERPRETATION OF RESEARCH FINDINGS; INVOLVING TRIBAL LEADERS ANDTRIBAL HEALTH DEPARTMENTS IN THE RESEARCH EFFORT; SHARING THE PROJECTFINDINGS WITH OUR TRIBAL MEMBERS AND NATIONAL PARTNER AGENCIES;PRESENTING RESEARCH RESULTS AT NIHB'S ANNUAL CONSUMER CONFERENCE ANDTRIBAL LIAISON MEETINGS; AND USING THE DATA GATHERED TO CONTRIBUTE BESTPRACTICES PROFILES TO NIHB'S PROMISING PREVENTION PRACTICES, AN ON-LINERESOURCE GUIDE FOR TRIBAL HEALTH DEPARTMENTS THAT PROMOTES THEREPLICATION OF SUCCESSFUL PUBLIC HEALTH INTERVENTIONS.

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

THE SPECIFIC TASKS TO BE ACCOMPLISHED BY NIHB WILL INCLUDE:

1. PROVIDE CRITICAL CULTURAL COMPETENCY CONSULTATION TO THE RESEARCH TEAM IN DEVELOPING OF RESEARCH INSTRUMENTS, PLANNING DATA COLLECTION, AND UNDERTAKING REVIEW OF AI/AN SPECIFIC IRB PROTOCOLS AT THE TRIBAL AND NATIONAL LEVELS, AS INDICATED FOR THIS PROJECT.

2. WORKING WITH THE RESEARCH TEAM TO GAIN ACCESS TO TRIBAL LEADERSHIP AND TO IDENTIFY TRIBAL HEALTH DEPARTMENTS TO PARTICIPATE IN THE RESEARCH.

3. ASSIST THE PROJECT TEAM WITH IDENTIFYING TRIBAL HEALTH DEPARTMENTS WHERE PARTNERSHIPS HAVE BEEN LEVERAGED BETWEEN THE INDIAN HEALTH CARE SYSTEM (IHCS), TITLE V PROGRAMS AND OTHER MCH PARTNERS.

4. CONTRIBUTING NIHB STAFF AND MEMBER EXPERTISE IN TRIBAL HEALTH INFRASTRUCTURE TO THE ANALYSIS OF KEY ORGANIZATIONAL AND STRUCTURAL CHARACTERISTICS OF IHCS AND TITLE V AGENCIES.

5. DISSEMINATING INFORMATION ABOUT THE PROJECT AND PROJECT FINDINGS IN NIHB NEWSLETTERS, THE NIHB WEBSITE, THE NIHB ANNUAL PUBLIC HEALTH SUMMIT, AND THE NIHB ANNUAL CONSUMER HEALTH CONFERENCE.

6. REVIEWING RESEARCH DATA AND ASSISTING IN THE ANALYSIS OF KEY AMERICAN INDIAN AND ALASKA NATIVE THEMES AND TRENDS IDENTIFIED IN THE RESEARCH.

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

7. ASSISTING THE PROJECT STAFF TO CREATE BEST PRACTICES PROFILES OF IHCS AND TITLE V COLLABORATION TO BE INCLUDED IN NIHB'S PROMISING PREVENTION PRACTICES, AN ON-LINE RESOURCE GUIDE THAT PROFILES PUBLIC HEALTH INTERVENTIONS AND THE FACTORS THAT CONTRIBUTE TO EFFECTIVE PARTNERSHIPS AND IMPLEMENTATION FOR FUTURE REPLICATION AMONG TRIBAL COMMUNITIES.

8. SERVING ON THE PROJECT'S ADVISORY COMMITTEE.

EXPENSES \$ 211,390. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CDC COOP AGREEMENT - THE OVERARCHING PURPOSE OF THE COOPERATIVE AGREEMENT BETWEEN NIHB AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IS TO IMPROVE THE HEALTH OF THE UNDERSERVED AMERICAN INDIANS AND ALASKA NATIVES (AI/AN) BY STRENGTHENING THE NIHB EFFORTS TO BUILD PUBLIC HEALTH CAPACITY THROUGHOUT INDIAN COUNTRY AND FOSTER CULTURALLY APPROPRIATE PUBLIC HEALTH CARE SERVICES THAT FOCUS ON PARTNERSHIP BUILDING, HEALTH ADVOCACY, PROMOTION, EDUCATION, AND PREVENTION.

EXPENSES \$ 109,267. INCLUDING GRANTS OF \$ 1,935. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL RECEIVE AN ELECTRONIC COPY OF THE 990. THE RESPONSIBILITY OF THE BOARD TREASURER IS TO REVIEW AND AUTHORIZE THE FILING OF THE 990.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE RECOMMENDS CONTRACT APPROVAL AND COMPENSATION LEVEL TO THE FULL BOARD OF DIRECTORS.

CONTEMPORANEOUS DISCUSSION OCCURS AND IT IS FORMALIZED IN A WRITTEN

Name of the organization
NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

CONTRACT. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR COMPENSATION TO ALL EMPLOYEES. COMPARABILITY DATA AND SUBSTANTIATION DATA IS MAINTAINED BY THE EXECUTIVE DIRECTOR IN SUPPORT OF COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions NATIONAL INDIAN HEALTH BOARD	Enter filer's identifying number, see instructions	
	Number, street, and room or suite no. If a P.O. box, see instructions. 926 PENNSYLVANIA AVE., SE	<input checked="" type="checkbox"/> Employer identification number (EIN) or	23-7226316
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20003	<input type="checkbox"/> Social security number (SSN)	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

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

THE ORGANIZATION

The books are in the care of **926 PENNSYLVANIA AVE., SE - WASHINGTON, DC 20003**
 Telephone No. **202-507-4070** FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

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

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

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

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

Signature and Verification must be completed for Part II only.

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

Signature **Carroll** Title **CPA** Date **8/1/12**

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning _____ and ending _____

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

C Name of organization
NATIONAL INDIAN HEALTH BOARD
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
926 PENNSYLVANIA AVE., SE
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20003

D Employer identification number
23-7226316

E Telephone number
202-507-4070

G Gross receipts \$ **3,155,267.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

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

J Website: ▶ **WWW.NIHB.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1972** **M** State of legal domicile: **CO**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WORK IN CLOSE COOPERATION WITH INDIAN TRIBES, HEALTH BOARDS, TRIBAL ORGANIZATIONS, THE INDIAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,494,534.	2,942,188.
	9 Program service revenue (Part VIII, line 2g)	264,352.	197,225.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,076.	15,854.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,764,962.	3,155,267.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	128,800.	269,187.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	919,264.	1,139,154.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,026,512.	1,704,741.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,074,576.	3,113,082.
19 Revenue less expenses. Subtract line 18 from line 12	-309,614.	42,185.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 590,822.	End of Year 691,996.
	21 Total liabilities (Part X, line 26)	191,086.	250,075.
	22 Net assets or fund balances. Subtract line 21 from line 20	399,736.	441,921.

Part II Signature Block

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

Sign Here ▶ *Signature of officer* Date _____
STACY BOHLEN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **CAROL MOUNT** Preparer's signature: *Carol Mount* Date: **08/01/11** Check if self-employed: PTIN: _____
 Firm's name: ▶ **HALT, BUZAS & POWELL, LTD.** Firm's EIN: _____
 Firm's address: ▶ **1199 NORTH FAIRFAX STREET, 10TH FLOOR** Phone no.: **(703) 836-1350**
ALEXANDRIA, VA 22314

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
NIHB WORKS IN CLOSE COOPERATION WITH INDIAN TRIBES, HEALTH BOARDS, TRIBAL ORGANIZATIONS, THE INDIAN HEALTH SERVICE, AND THE U.S. CONGRESS FOR THE PURPOSE OF RAISING THE HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST POSSIBLE LEVEL.

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 1,677,386. including grants of \$ 245,692.) (Revenue \$)
IHS COOP AGREEMENT - TO ELEVATE THE HEALTH STATUS OF ALL FEDERALLY RECOGNIZED AMERICAN INDIANS AND ALASKA NATIVES TO A LEVEL COMPARABLE TO THE REST OF THE U.S. THROUGH STRONG COLLABORATION WITH THE FEDERAL GOVERNMENT, AI/AN TRIBAL GOVERNMENTS, URBAN INDIAN HEALTH CENTERS, AND OTHERS. THE NIHB SEEKS TO REDUCE HEALTH DISPARITIES AMONG AMERICAN INDIAN AND ALASKA NATIVE PEOPLE AND EXTEND THE FUNDING, PROGRAMS, POLICY, AND OUTREACH AVAILABLE TO TRIBAL GOVERNMENTS.

4b (Code:) (Expenses \$ 273,235. including grants of \$ 23,495.) (Revenue \$)
CDC COOP AGREEMENT - THE OVERARCHING PURPOSE OF THE COOPERATIVE AGREEMENT BETWEEN NIHB AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IS TO IMPROVE THE HEALTH OF THE UNDERSERVED AMERICAN INDIANS AND ALASKA NATIVES (AI/AN) BY STRENGTHENING THE NIHB EFFORTS TO BUILD PUBLIC HEALTH CAPACITY THROUGHOUT INDIAN COUNTRY AND FOSTER CULTURALLY APPROPRIATE PUBLIC HEALTH CARE SERVICES THAT FOCUS ON PARTNERSHIP BUILDING, HEALTH ADVOCACY, PROMOTION, EDUCATION, AND PREVENTION. AT CENTER OF THESE PUBLIC HEALTH INITIATIVES IS THE STRONG, COLLABORATIVE RELATIONSHIP BETWEEN THE NIHB AND THE CDC, WHICH IS VITAL TO SUCCESSFULLY ACHIEVING CRITICAL HEALTH OUTCOMES FOR AI/AN POPULATIONS THROUGHOUT THE US. THE FOUR GOAL AREAS OF THE YEAR 4 COOPERATIVE AGREEMENT ARE: 1) SUPPORT THE COLLABORATION FOR THE CDC

4c (Code:) (Expenses \$ 179,786. including grants of \$) (Revenue \$ 146,400.)
ANNUAL CONSUMER CONFERENCE - TO PROVIDE THE TOOLS TO EMPOWER INDIAN HEALTH ADVOCATES TO UNITE AND ENSURE A HEALTHY FUTURE FOR ALL AMERICAN INDIANS AND ALASKA NATIVES.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 674,872. including grants of \$) (Revenue \$ 50,825.)

4e Total program service expenses 2,805,279.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		12
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **DC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 202-507-4070**
926 PENNSYLVANIA AVE., SE, WASHINGTON, DC 20003

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
H SALLY SMITH DIRECTOR		X						0.	0.	0.
BUFORD ROLIN VICE CHAIRMAN		X		X				0.	0.	0.
LESTER SECATERO DIRECTOR		X						0.	0.	0.
CATHY ABRAMSON DIRECTOR		X						0.	0.	0.
TOM JOHN TREASURER		X		X				0.	0.	0.
RENO KEONI FRANKLIN CHAIRMAN		X		X				0.	0.	0.
JERRY FREDDIE DIRECTOR		X						0.	0.	0.
CYNTHIA E MANUEL SECRETARY		X		X				0.	0.	0.
ANDY JOSEPH, JR. MEMBER AT LARGE		X						0.	0.	0.
L. JACE KILLSBACK DIRECTOR		X						0.	0.	0.
MARTIN HARVIER DIRECTOR		X						0.	0.	0.
JOHN BLACKHAWK DIRECTOR		X						0.	0.	0.
STACY BOHLEN EXECUTIVE DIRECTOR	40.00			X				170,775.	0.	15,243.

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 (check all that apply)						(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			
1b Sub-total							170,775.	0.	15,243.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							170,775.	0.	15,243.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(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 in 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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,273,452.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	668,736.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		2,942,188.				
Program Service Revenue	2 a	CONFERENCE INCOME	Business Code 900099	197,225.	197,225.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		197,225.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	15,854.			15,854.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		15,854.					
12	Total revenue. See instructions		3,155,267.	197,225.	0.	15,854.		

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).

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 U.S. See Part IV, line 21	269,187.	269,187.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	186,018.	152,534.	33,484.	
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	779,005.	729,466.	49,539.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,875.	24,877.	998.	
9 Other employee benefits	77,415.	72,427.	4,988.	
10 Payroll taxes	70,841.	65,623.	5,218.	
11 Fees for services (non-employees):				
a Management				
b Legal	152,742.	78,490.	74,252.	
c Accounting	86,131.	86,131.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	532,940.	513,065.	19,875.	
12 Advertising and promotion	15,184.	15,184.		
13 Office expenses	210,233.	199,934.	10,299.	
14 Information technology				
15 Royalties				
16 Occupancy	161,658.	156,326.	5,332.	
17 Travel	327,772.	264,173.	63,599.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	124,014.	96,558.	27,456.	
20 Interest	10,656.	8,971.	1,685.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,877.	13,845.	2,032.	
23 Insurance	4,023.	4,023.		
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 MISCELLANEOUS	42,627.	37,481.	5,146.	
b STAFF SUPPORT SERVICES	16,984.	16,984.		
c BAD DEBT EXPENSE	3,900.		3,900.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,113,082.	2,805,279.	307,803.	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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	168,908.	1	95,149.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	327,845.	3	504,499.
	4	Accounts receivable, net	35,935.	4	48,666.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,384.	9	17,531.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 140,504.		
	b	Less: accumulated depreciation	10b 135,428.	10c	5,076.
	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	20,797.	15	21,075.
16	Total assets. Add lines 1 through 15 (must equal line 34)	590,822.	16	691,996.	
Liabilities	17	Accounts payable and accrued expenses	136,611.	17	189,885.
	18	Grants payable		18	
	19	Deferred revenue		19	9,000.
	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. Complete Part X of Schedule D	54,475.	25	51,190.
	26	Total liabilities. Add lines 17 through 25	191,086.	26	250,075.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	307,737.	27	173,138.
	28	Temporarily restricted net assets	91,999.	28	268,783.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	399,736.	33	441,921.	
34	Total liabilities and net assets/fund balances	590,822.	34	691,996.	

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	3,155,267.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,113,082.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,185.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	399,736.
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	441,921.

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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

Part II Support Schedule for Organizations Described in Sections 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 (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	905,944.	1556071.	2727855.	2494534.	2942188.	10626592.
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	905,944.	1556071.	2727855.	2494534.	2942188.	10626592.
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)						415,851.
6 Public support. Subtract line 5 from line 4.						10210741.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	905,944.	1556071.	2727855.	2494534.	2942188.	10626592.
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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	21,472.	11,465.	9,039.	6,076.	15,854.	63,906.
11 Total support. Add lines 7 through 10						10690498.
12 Gross receipts from related activities, etc. (see instructions)					12	1,391,472.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	95.51 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.78 %

16a 33 1/3% support test - 2010. 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 - 2009. If the organization did not check a 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 - 2010. 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 - 2009. 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 Section 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. 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 stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

NATIONAL INDIAN HEALTH BOARD

23-7226316

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

NATIONAL INDIAN HEALTH BOARD

23-7226316

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT WOOD JOHNSON FOUNDATION P.O. BOX 2316, ROUTE 1 AND COLLEGE ROAD EAST PRINCETON, NJ 08543	\$ 315,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 2,372,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION 5600 FISHERS LANE, PARKLAWN BUILDING, ROOM 16A-12 ROCKVILLE, MD 20857	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATIONAL INDIAN HEALTH BOARD

23-7226316

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

NATIONAL INDIAN HEALTH BOARD

23-7226316

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g, 2a-2c.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e, Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) ACCRUED PAYROLL LIABILITIES	37,476.
(3) DEFERRED RENT	13,714.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total.	51,190.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

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

2. FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,155,267.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,113,082.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	42,185.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	42,185.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	3,155,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,155,267.
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 must equal Form 990, Part I, line 12.)	5	3,155,267.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,113,082.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,113,082.
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 must equal Form 990, Part I, line 18.)	5	3,113,082.

Part XIV Supplemental Information

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

PART X, LINE 2: EFFECTIVE JANUARY 1, 2009, NIHB ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION (FIN) NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN APPLYING FIN 48, NIHB WILL NEED TO DETERMINE AND ASSESS ALL MATERIAL POSITIONS TAKEN IN ANY INCOME TAX RETURN AS OF THE DATE THEY ADOPT FIN 48, INCLUDING ALL SIGNIFICANT UNCERTAIN POSITIONS, IN ALL TAX YEARS THAT ARE STILL SUBJECT TO ASSESSMENT OR CHALLENGE BY RELEVANT TAXING AUTHORITIES. A BENEFIT RELATED TO AN UNCERTAIN TAX POSITION MAY NOT BE RECOGNIZED IN THE FINANCIAL STATEMENTS

Part XIV Supplemental Information *(continued)*

UNLESS IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED ON
ITS TECHNICAL MERITS. MANAGEMENT OF NIHB BELIEVES THAT FOR ALL THE YEARS
STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES NO MATERIAL
UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II Grants and Other Assistance to Governments and Organizations in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA RURAL INDIAN HEALTH 4400 AUBURN BLVD., 2ND FLOOR SACRAMENTO, CA 95841	23-7052541	501(C)(3)	200,000.	0.			INTEGRATING MEDICARE, MEDICAID AND INDIAN HEALTH SERVICE DATA.
MOREHOUSE SCHOOL OF MEDICINE 720 WEST VIEW DRIVE, SW ATLANTA, GA 30310	58-1438873	501(C)(3)	23,495.	0.			IDENTIFY IN CONSULTATION WITH NATIONAL INDIAN HEALTH BOARD, TWO AMERICAN INDIAN/ALASKA
NATIONAL CONGRESS OF AMERICAN INDIANS - 1516 P ST NW - WASHINGTON, DC 20001	53-6017907	501(C)(3)	45,692.	0.			TO PROVIDE TECHNICAL ASSISTANCE IN OUTREACH AND EDUCATION FOR THE NATIONAL INDIAN HEALTH

2 Enter total number of section 501(c)(3) and government organizations **3.**

3 Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

NATIONAL INDIAN HEALTH BOARD

Schedule I (Form 990) (2010)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: NIHB GRANTS FUNDS BASED ON A CONTRACTUAL AGREEMENT WITH THE GRANTEES WHICH ENUNCIATES THE DELIVERABLES AND OBJECTIVES FOR THE GRANT. THE GRANTOR IS REQUIRED TO SUBMIT PERIODICAL REPORTS ON THE PROGRESS MADE TO ACHIEVE THE DELIVERABLES OF THE GRANT. GRANTEES ARE ALSO REQUIRED TO SUBMIT THEIR FINAL REPORT WITHIN THE SPECIFIED TIME IN THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MOREHOUSE SCHOOL OF MEDICINE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFY IN CONSULTATION WITH NATIONAL INDIAN HEALTH BOARD, TWO AMERICAN INDIAN/ALASKA NATIVE STUDENTS FOR THE MOREHOUSE SCHOOL OF MEDICINE PUBLIC HEALTH PROGRAM SUMMER FELLOWSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL CONGRESS OF AMERICAN INDIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL ASSISTANCE IN OUTREACH AND EDUCATION FOR THE NATIONAL INDIAN HEALTH BOARD "NATIONAL INDIAN HEALTH AND OUTREACH AND EDUCATION" GRANT RECEIVED BY IT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>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</p>	7	X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STACY BOHLEN	(i) 170,775. (ii) 0. (iii) 0.	0. 0.	0. 0.	8,539. 0.	6,704. 0.	186,018. 0.	0. 0.
2	(i) (ii)						
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number
23-7226316

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH SERVICE, AND THE U.S. CONGRESS FOR THE PURPOSE OF RAISING THE
HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST
POSSIBLE LEVEL.

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

WITH THE TRIBAL CONSULTATION ADVISORY COMMITTEE (TCAC); 2) STRENGTHEN
PUBLIC HEALTH SYSTEM CONNECTIVITY; 3) IDENTIFY AND DEVELOP CULTURALLY
APPROPRIATE APPROACHES TO REDUCE DISEASE BURDEN; AND 4) STRENGTHEN
AI/AN PUBLIC HEALTH SYSTEMS CAPACITY.

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

ROBERT WOOD JOHNSON GRANT - TO EXPLORE THE FEASIBILITY OF PROMOTING
VOLUNTARY HEALTH ACCREDITATION AND PUBLIC HEALTH STANDARDS WITH INDIAN
COUNTRY AND TO DEVELOP A STRATEGY TO IMPROVE THE PUBLIC HEALTH CAPACITY
OF TRIBAL HEALTH DEPARTMENTS.

DEVELOP AND IMPLEMENT AN AMERICAN INDIAN AND ALASKA NATIVE
ACCREDITATION STRATEGIC PLANNING TEAM.

DEFINE NEED AND EXPLORE PERCEPTIONS OF ACCREDITATION AND PERFORMANCE
STANDARDS IN INDIAN COUNTRY.

IDENTIFY WAYS TO DEVELOP AND IMPROVE TRIBAL AND NON-TRIBAL PARTNERSHIPS
IN OTHER PUBLIC HEALTH AREAS.

EXPENSES \$ 186,293. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PHAB - TO PROVIDE THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB) WITH

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

TECHNICAL ASSISTANCE TO STRENGTHEN ITS ABILITY TO SERVE TRIBAL
SETTINGS.

EXPENSES \$ 1,999. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SAMHSA - THE NATIONAL INDIAN HEALTH BOARD AND THE SUBSTANCE ABUSE AND
MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) HAVE PARTNERED TO
INCREASE AWARENESS ABOUT HIV/AIDS, SUBSTANCE ABUSE AND MENTAL HEALTH TO
TRIBAL COLLEGE AND UNIVERSITY HIV/AIDS PROGRAM PARTNERS AND TRIBAL
HEALTH PROVIDERS PARTICIPATING IN THE U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, INDIAN COUNTRY METHAMPHETAMINE INITIATIVE (ICMI).

EXPENSES \$ 77,592. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ARRA GRANT - NIHB REC STAFF DEVELOPED AND BEGAN IMPLEMENTATION OF THE
NATIONAL NIHB REC OPERATIONS PLAN TO ALIGN WITH THE ONC-FUNDED PROPOSAL
SUBMITTED BY NIHB. NIHB REC DEVELOPED AND BEGAN IMPLEMENTATION OF AN
AREA SUB-AWARDS BUSINESS PLAN. AREA SUB-AWARDS WILL BE USED AS THE
FUNDING MECHANISM TO PROVIDE DIRECT SUPPORT SERVICES TO PROVIDERS
THROUGHOUT THE INDIAN HEALTH SYSTEM TO SUPPORT THEIR IMPLEMENTATION OF
ELECTRONIC HEALTH RECORDS (EHRS) AND ACHIEVEMENT OF MEANINGFUL USE OF
EHRS.

EXPENSES \$ 336,676. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NATIONAL OPINION RESEARCH CENTER - COLLABORATING WITH NORC ON THE
EVALUATION OF THE TRIBAL HEALTH PROFESSIONS OPPORTUNITIES GRANTS
PROGRAM FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION
OF CHILDREN AND FAMILIES: PARTICIPATE IN PROJECT MANAGEMENT ACTIVITIES
INCLUDING MEETINGS, FEEDBACK, DISSEMINATION, AND COLLABORATION WITH THE
ADVISORY COMMITTEE; REVIEW AND PROVIDE FEEDBACK ON THE STRATEGY FOR

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

CONTACTING POTENTIAL SITES AND ASSISTING WITH GRANT PROFILES;
 PARTICIPATE IN TECHNICAL ASSISTANCE AS NEEDED; REVIEW CONTENT IN DATA
 COLLECTION INSTRUMENTATION AND OFFER FEEDBACK RELATED TO CULTURAL
 APPROPRIATENESS; ASSIST WITH THE DEVELOPMENT AND DISSEMINATION OF
 PRACTICE BRIEFS ON AN ANNUAL AND SEMI-ANNUAL BASIS; ASSIST WITH THE
 DEVELOPMENT OF PRESENTATIONS AND ACTIVELY PARTICIPATE IN ONE
 PRESENTATION A YEAR; ACTIVE PARTICIPATION IN 1 SITE VISIT IN YEAR 2;
 ASSIST WITH THE DEVELOPMENT OF AN INTERIM REPORT AND OUTLINE AND REVIEW
 AND COMMENT ON SAID REPORT; ASSIST NORC WITH RAPIDLY RESPONDING TO
 SPECIAL RESEARCH REQUESTS FROM ACF AND ASSIST WITH NO MORE THAN 10
 SPECIAL PROJECTS OVER THE ENTIRE PROJECT PERFORMANCE PERIOD.
 EXPENSES \$ 13,068. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC HEALTH SUMMIT - GATHERING OF PUBLIC HEALTH PROFESSIONALS AND
 POLICY MAKERS TO OBTAIN UP TO DATE INFORMATION, COMMUNICATE SUCCESSES
 AND CHALLENGES, FOSTERED EDUCATION AND OUTREACH OPPORTUNITIES.
 EXPENSES \$ 53,814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,825.

TRIBAL SHARES - PROVIDED TO ALLOW NIHB TO ADVOCATE FOR ALL TRIBES,
 PROVIDING OUTREACH AND EDUCATION OPPORTUNITIES, AND FUND BOARD MEETINGS
 QUARTERLY TO ALLOW FOR GOVERNANCE AND ADVOCACY DIRECTION.
 EXPENSES \$ 5,430. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE MEMBERS OF THE EXECUTIVE
 COMMITTEE OF THE BOARD OF DIRECTORS WILL RECEIVE AN ELECTRONIC COPY OF THE
 990. THE RESPONSIBILITY OF THE BOARD TREASURER IS TO REVIEW AND AUTHORIZE
 THE FILING OF THE 990.

Name of the organization

NATIONAL INDIAN HEALTH BOARD

Employer identification number

23-7226316

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE RECOMMENDS CONTRACT APPROVAL AND COMPENSATION LEVEL TO THE FULL BOARD OF DIRECTORS. CONTEMPORANEOUS DISCUSSION OCCURS AND IT IS FORMALIZED IN A WRITTEN CONTRACT. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR COMPENSATION TO ALL EMPLOYEES. COMPARABILITY DATA AND SUBSTANTIATION DATA IS MAINTAINED BY THE EXECUTIVE DIRECTOR IN SUPPORT OF COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

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

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

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

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	NATIONAL INDIAN HEALTH BOARD		23-7226316
	Number, street, and room or suite no. If a P.O. box, see instructions. 926 PENNSYLVANIA AVE., SE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20003			

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

THE ORGANIZATION

• The books are in the care of **926 PENNSYLVANIA AVE., SE - WASHINGTON, DC 20003**
Telephone No. **202-507-4070** FAX No. _____

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

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

Signature and Verification

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

Signature **Carol Mout** Title **CPA** Date **8/1/11**