Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2010 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number HEALTH CARE INCENTIVES IMPROVEMENT Address change INSTITUTE, INC. Name change BRIDGES TO EXCELLENCE 51-0461495 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-13 SUGAR STREET 203-270-2906 Amended return 3,834,473. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-NEWTOWN, CT 06470 H(a) Is this a group return pending F Name and address of principal officer: FRANCOIS DE BRANTES Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 527 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW.HCI3.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ Year of formation: 2003 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: THE HEALTH CARE INCENTIVES **Activities & Governance** IMPROVEMENT INSTITUTE (HCI3) HELPS THE BEST CLINICIANS BUILD THEIR Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 1,695,215. Contributions and grants (Part VIII, line 1h) 2,644,302. Revenue 1,273,901. 1,187,899. Program service revenue (Part VIII, line 2g)  $2,\overline{272}$ 65. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Ō. Ō. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.969.181. 3.834.473. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 1,399,382. 1,531,255. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,555,161. 1,656,354. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,187,609. 2.954.543. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,638. 646,864. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances Beginning of Current Year **End of Year** 1,174,278. 1,817,821. 20 Total assets (Part X, line 16) 1,002,814. 1,006,135 21 Total liabilities (Part X, line 26) Met 168,143. 815,007. Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign FRANCOIS DE BRANTES, CEO Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature BERT L. SWAIN, CPA Paid self-employed Firm's name DIXON HUGHES GOODMAN LLP Preparer Firm's EIN Firm's address 111 ROCKVILLE PIKE, 6TH FLOOR Use Only ROCKVILLE, MD 20850 Phone no. 240.403.3700

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

X Yes

LEALTH CA	KE	INCENTIVES	TWEKO A FWFW.L.	
INSTITUTE	G, ]	INC.		51

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	HCI3 CREATES, DEVELOPS AND IMPLEMENTS EVIDENCE-INFORMED AND EFFECTIVE
	SOLUTIONS THAT RECOGNIZE AND REWARD PHYSICIANS AND HOSPITALS THAT
	DELIVER BETTER QUALITY CARE; INCREASE VALUE OF HEALTH CARE DOLLARS
	SPENT BY EMPLOYERS AND CONSUMERS; AND IMPROVE THE QUALITY OF CARE
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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
3	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.  (Code: ) (Expenses \$ 344,098 • including grants of \$ ) (Revenue \$ 841,329 • )
4a	(Code: ) (Expenses \$ 344,098. including grants of \$ ) (Revenue \$ 841,329.)  NATIONAL: TO INITIATE AND COORDINATE THE DEVELOPMENT, FACILITATION, AND
	ADMINISTRATION OF QUALITY PROGRAMS WITH PARTICIPATING HEATH CARE
	PROVIDERS.
4b	(Code:) (Expenses \$ 2,463,357. including grants of \$) (Revenue \$)
	PAYMENT MODEL: A PAYMENT MODEL USING EVIDENCE INFORMED CASE RATES TO
	EFFECTIVELY AND EFFICIENTLY MEET HEALTH CARE NEEDS
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	RDE: TO CONTINUE THE DEVELOPMENT AND OPERATIONS OF THE RECOGNITION DATA
	EXCHANGE, WHICH IS THE OPERATIONAL MECHANISM THROUGH WHICH BTE
	TRANSMITS THE LISTS OF PHYSICIAN RECOGNIZED FOR QUALITY CARE TO
	PARTICIPATING HEALTH PLANS AND EMPLOYERS.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 7,276 · including grants of \$ ) (Revenue \$ 195,617 · )
4e	Total program service expenses ► 2,814,731.
	Form <b>990</b> (2010)

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		X
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		
9				х
10	credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		22
10	If "Yes," complete Schedule D, Part V	10		х
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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
<u> </u>	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				177
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		+
ıσ		19		х
20a	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	254		† <u></u>
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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#### HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.

Form 990 (2010)

51-0461495

Pa	rt 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	21		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	22		Х
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	23	Х	
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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
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	25b		Х
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	26		Х
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	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		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	33		х
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	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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 Yes X 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	36		Х
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	37		Х
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	38	Х	

#### HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.

Form 990 (2010)

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Pai				
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	The state of the s	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	med to the sale state year of the sale state year of the sale sale sale sale sale sale sale sal	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			۱,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	.		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		- v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible?	<u>6a</u>	1	<u>^</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h		
7	Were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<del> </del> -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	, ,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		$\perp$
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	+		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X

Form **990** (2010)

14b

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2010)

51-0461495

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			X
Sec	tion 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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CT			
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	nd fina	ncial	
	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 organizar	tion:		
	FRANCOIS DE BRANTES - 203-270-2906			
	13 SUGAR STREET, NEWTOWN, CT 06470			

#### 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

#### 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.

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

- 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.

(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per week	_		Position eck all that apply)				Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DELIA VETTER										
TREASURER	5.00	Х		X				0.	0.	0.
ALICE GOSFIELD										
PRESIDENT	5.00	Х		X				0.	0.	0.
CHARLES MONTREUIL										
VICE-PRESIDENT	5.00	X		X				0.	0.	0.
KEITH MICHL		7								
SECRETARY	2.00	X		X				0.	0.	0.
BRUCE BAGLEY										
DIRECTOR	1.00	X						0.	0.	0.
FORD BREWER										
DIRECTOR	1.00	Х						0.	0.	0.
JOHN BRUSH										
DIRECTOR	1.00	Х						0.	0.	0.
SUZANNE DELBANCO										
DIRECTOR	1.00	Х						0.	0.	0.
VINCENT KERR								_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
JIM KNUTSON									_	_
DIRECTOR	1.00	Х						0.	0.	0.
ALLAN KORN										_
DIRECTOR	1.00	Х						0.	0.	0.
ROBERT LEIBENLUFT	1	l								•
DIRECTOR	1.00	Х						0.	0.	0.
ANDREW WEBBER	1 00	l						•		•
DIRECTOR	1.00	Х						0.	0.	0.
FRANCOIS DE BRANTES	40.00							050 000		F 60F
CEO	40.00			Х				250,898.	0.	7,695.
DOUGLAS EMERY	40 00					,,		107 120		0 501
OPERATIONS MANAGER	40.00	_		_	_	Х		197,139.	0.	9,591.
AMITA RASTOGI	40.00					3,7		204 014	_	15 700
CHIEF MEDICAL OFFICER	40.00				_	Х		204,014.	0.	15,722.
CHAD BROWN	40.00					х		123,937.	0.	6,635.
PROGRAM IMPLEMENTATION LEA 032007 12-21-10	40.00	<u> </u>		<u> </u>		Λ		143,33/•	U •	Form <b>990</b> (2010)

032007 12-21-10

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10111 990 (2010) <b>111D 1 1 1 0 1</b> .	o, inc.								21 0401	ェフフ	Г	aye 🗸
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	erage Position Reportable Reportable						Reportable	Es	stimate	∍d	
	hours per	(cl	heck	call.	that	app	oly)	compensation	compensation	an	nount	of
	week	or						from	from related		other	
	(describe	Individual trustee or director				_		the	organizations		pensa	
	hours for related	e or (	stee			satec		organization	(W-2/1099-MISC)		om th	
	organizations	ruste	ıl trustee		ee Ge	mper		(W-2/1099-MISC)		_	anizat	
	in Schedule	d ual 1	ntion	_	oldu	st co	, in				d relat anizati	
	O)	Indivi	Institutional t	Officer	Key employee	Highest compensated employee	Former			orga	ailizati	0115
JESSICA DILORENZO												
OPERATIONS MANAGER	40.00					X		154,465.	0.		7,1	74.
					-	<u> </u>						
1b Sub-total						▶	7	930,453.	0.	4	6,8	<del>17.</del>
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								930,453.	0.	4	6,8	<del>17.</del>
2 Total number of individuals (including but r							ho r	eceived more than \$100	0,000 in reportable			
compensation from the organization									•			5
											Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		Х
4 For any individual listed on line 1a, is the si									-			
and related organizations greater than \$15										4	X	<u> </u>
5 Did any person listed on line 1a receive or					-		relat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," con	plete Schedul	e J f	or si	uch	pers	son				5		X

**Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ADMINISTAFF, 19001 CRESCENT SPRINGS DR.,	PROFESSIONAL	<u> </u>
KINGWOOD, TX 77339	EMPLOYER ORGANIZATIO	1,576,922.
DISCERN CONSULTING , 1501 SULGRAVE AVE.,		
SUITE 302, BALTIMORE, MD 21209	PROGRAMATIC SUPPORT	210,000.
MASSPRO		
245 WINTER STREET, WALTHAM, MA 02451	PROGRAMATIC SUPPORT	192,000.
MINNESOTA COMMUNITY MEASUREMENT, BROADWAY		
PLACE EAST #455, MINNEAPOLIS, MN 55413	PROGRAMATIC SUPPORT	154,400.
IMPROVING HEALTHCARE FOR THE COMMON GOOD		
1979 MARCUS AVENUE, LAKE SUCCESS , NY 11042	PROGRAMATIC SUPPORT	149,375.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization		

51-0461495

Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1b **b** Membership dues **c** Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 2644302 g Noncash contributions included in lines 1a-1f: \$ 2644302. h Total. Add lines 1a-1f ... Business Code 2 a LICENSING FEES 941,458. Program Service Revenue 900099 941,458. 150,953. 150,953. RECOG.DATA EXCH. 900099 75,000. 75,000. c ECR INCOME 900099 d REIMBURSED EXPENSES 11,177. 11,177. 900099 900099 4,715. 4,715. CONFERENCE INCOME 4,596. 4,596. 900099 f All other program service revenue 1187899. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,272. 2,272. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses ...... c Rental income or (loss) ..... d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 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 Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue **Total.** Add lines 11a-11d Total revenue. See instructions. 3834473. 1187899. 2,272. 032009

#### 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		experiess.	general expenses	опротосс
•	organizations in the U.S. See Part IV, line 21				
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	259,507.	256,004.		3,503.
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	1,105,850.	1,013,719.	60,826.	31,305.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	23,175.	20,848.	1,636.	691.
9	Other employee benefits	52,739.	47,444.	3,724.	1,571.
10	Payroll taxes	89,984.	77,651.	7,679.	4,654.
11	Fees for services (non-employees):				
а	Management	46 500	6.000	20.004	
	Legal	46,722.	6,838.	39,884.	
	Accounting	64,236.		64,236.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	60 054	24 454	26 400	
g	Other	60,854.	34,454.	26,400.	
12	Advertising and promotion	89,725.		89,725.	
13	Office expenses	51,264.	255.	51,009.	
14	Information technology	J1, Z04.	255.	31,009.	
15	Royalties				
16	Occupancy	228,180.	196,118.	7,651.	24,411.
17 18	Payments of travel or entertainment expenses	220,100.	150,110.	7,051.	21,111,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,303.		56,303.	
23	Insurance	13,042.		13,042.	
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 0.)				
а	PROGRAMATIC SUPPORT	954,818.	945,318.	9,500.	
b	COMMUNICATION & PR	40,966.		40,966.	
С	PAYROLL SERVICE	40,244.		40,244.	
d	BAD DEBTS	10,000.	10,000.		
е	OVERHEAD	0.	206,082.	-206,082.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,187,609.	2,814,731.	306,743.	66,135.
26	<b>Joint costs</b> . Check here ▶ ☐ 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				Farm <b>990</b> (0010)

	1 990 (			21-	0461495 Page 11
Pa	rt X	Balance Sheet			1
			(A) Beginning of year		(B) End of year
					-
	1	Cash - non-interest-bearing			1,022,362.
	2	Savings and temporary cash investments		2	0.47 0.04
	3	Pledges and grants receivable, net			247,984.
	4	Accounts receivable, net	348,146	• 4	510,949.
	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			
'n		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 300, 6			
	b	Less: accumulated depreciation	57,924	• 10c	36,526.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 1 1 7 1 0 7 0	• 16	1,817,821.
	17	Accounts payable and accrued expenses	169,416	• 17	121,772.
	18	Grants payable		18	
	19	Deferred revenue	0000	• 19	881,042.
	20	Tax-exempt bond liabilities		20	
Ş	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees			
Liabilities		highest compensated employees, and disqualified persons. Complete Par	t 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		25	
	26	Total liabilities. Add lines 17 through 25	1,006,135	• 26	1,002,814.
		Organizations that follow SFAS 117, check here			
S		lines 27 through 29, and lines 33 and 34.			
2C	27	Unrestricted net assets	168,143	• 27	801,682.
ala	28	Temporarily restricted net assets		28	13,325.
E D	29	Permanently restricted net assets		29	
٦		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.			
ets.	30	Capital stock or trust principal, or current funds		30	
SS(	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances			815,007.
	34	Total liabilities and net assets/fund balances	4 4 4 4 4 4 4 4		1,817,821.
	<u></u>		, , ,		

Forn	1990 (2010) INSTITUTE, INC.	21-04014	: 33	Pag	ge 12
Pa	rt 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,	834	4'	73.
2	Total expenses (must equal Part IX, column (A), line 25)		187		
3		3			$\frac{64}{64}$
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			$\frac{31.}{43.}$
5		5		, _	<del>-0</del> -
_	Other changes in net assets or fund balances (explain in Schedule O)	6	815	. 00	<del>77</del>
6 Pa	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) rt XII Financial Statements and Reporting	0	013	, 0	<del>• / •</del>
ı u					
	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: Cash X Accrual Other			163	140
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	<u></u>	2b	Х	
С	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?	<u>L</u>	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	Jule O.			
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:  X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ale Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
		F	orm 9	90 (2	2010)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.

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

**Employer identification number** 51-0461495

The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1	Щ	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)				
2	Щ	A school des	cribed in <b>section 17</b>	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
3	Щ	•	· · · · · · · · · · · · · · · · · · ·	tal service organization o								
4		A medical res	search organization o	operated in conjunction	with a hos	pital descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's name,
		city, and stat	:e:									
5		An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describe	d in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6	Ш	A federal, sta	ate, or local governme	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(1	1)(A)(v).				
7	X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	ribed in
		section 170(	<b>(b)(1)(A)(vi).</b> (Comple	te Part II.)								
8		A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, and	d gross red	ceipts from
		activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross	investment
		income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization at	fter June 3	0, 1975.
		See section	509(a)(2). (Complete	e Part III.)								
10		An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).			
11		An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	of one or
		more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(a	<b>a)(3).</b> Ched	ck the box	that
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.					
		a Type	l b	☐ Type II 💢 🔾	: 🔲 Тур	e III - Func	tionally int	tegrated		d 🗀	Type III - C	Other
е		By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	ner than
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	ı(a)(2).
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting o	rganization, check th	nis box		<b>)</b> 						
g		Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?		
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	in (ii) and (i	iii) below,		Yes No
		the gov	erning body of the su	upported organization?							11g(i)	
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
				person described in (i) of								
h		Provide the f	ollowing information	about the supported or	ganization	(s).						
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) Is organizațio	the	(vii) Am	nount of
( )		anization		organization (described on lines 1-9		sted in your			l (i) organiz	ed in the		port
				`above or IRC section		document?	(i) of your	support?	U.S.	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
Tota												
LHA	For F	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	0-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	Ţ	, ,		•
	membership fees received. (Do not						
	include any "unusual grants.")	90,050.	353,500.	1,337,738.	1,695,215.	2,644,302.	6,120,805.
2	Tax revenues levied for the organ-						
	ization'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	90,050.	353,500.	1,337,738.	1,695,215.	2,644,302.	6,120,805.
	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)						2,356,788.
6	Public support. Subtract line 5 from line 4.						3,764,017.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	90,050.	353,500.	1,337,738.	1,695,215.	2,644,302.	6,120,805.
	Gross income from interest,	-				, ,	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	104.		994.	65.	2,272.	3,435.
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.)	1,395.		4,800.			6,195.
11	Total support. Add lines 7 through 10			_ / 0 0 0 1			6,130,435.
	Gross receipts from related activities,	etc (see instruction	ons)			12 5	,851,261.
	First five years. If the Form 990 is for	,	,	d fourth or fifth ta	x vear as a sectio		, , -
	organization, check this box and <b>stor</b>				•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2010 (	line 6, column (f) di	ivided by line 11, c	column (f))		14	61.40 %
	Public support percentage from 2009					15	87.77 %
	33 1/3% support test - 2010.If the o					ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoonup X
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		ŕ	ightharpoons
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				ightharpoons
18	Private foundation. If the organization						
				,	,		000 F7\ 0040

Schedule A (Form 990 or 990-EZ) 2010

#### 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 Sup		elow, please comp	oloto i dit ii.)				
Calendar year (or fiscal year be		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contribution	· · · -	( )	,	,	,	` ′	
membership fees receiv							
include any "unusual gra	ants.")						
2 Gross receipts from adn	nissions.						
merchandise sold or ser	vices per-						
formed, or facilities furni							
any activity that is relate organization's tax-exem							
3 Gross receipts from acti							
are not an unrelated trac							
iness under section 513							
4 Tax revenues levied for ization's benefit and eith	~						
or expended on its beha							
5 The value of services or							
furnished by a government							
the organization without	· · · · -						
6 Total. Add lines 1 through	·						
7a Amounts included on lin							
3 received from disquali	· · · · · · · · · · · · · · · · · · ·						
b Amounts included on lines 2 and from other than disqualified pers	I .						
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							
Section B. Total Supp						-	
Calendar year (or fiscal year be	· · · -	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6							
10a Gross income from inter dividends, payments red							
securities loans, rents, r	oyalties						
and income from similar	sources						
<b>b</b> Unrelated business taxable	income						
(less section 511 taxes) fro							
acquired after June 30, 197	75						
c Add lines 10a and 10b							
11 Net income from unrelat							
activities not included in whether or not the busir							
regularly carried on	1000 10						
12 Other income. Do not in							
or loss from the sale of on assets (Explain in Part I)							
13 Total support (Add lines 9, 10							,
14 First five years. If the F	orm 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop		-			•		
Section C. Computation							
15 Public support percenta	age for 2010 (li	ne 8, column (f) di	ivided by line 13, o	column (f))		15	%
16 Public support percenta	age from 2009	Schedule A, Part	III, line 15			16	%
Section D. Computation							
17 Investment income perc	centage for <b>20</b> °	<b>10</b> (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income perc						18	%
19a 33 1/3% support tests						33 1/3%, and line 1	7 is not
more than 33 1/3%, che		· ·		·		*	
b 33 1/3% support tests							
line 18 is not more than		· ·			•	•	
20 Private foundation. If the	•			•		ŭ	

#### **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.

2010
Open to Public Inspection

Name of the organization HEALTH CARE INCENTIVES IMPROVEMENT

Employer identification number 51-0461495

Par	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s 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 writ	ting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d		
Par	rt II Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or edu	,	storically important land area
	Protection of natural habitat		tified 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
а	Total number of conservation easements		2a
b			l a. l
С	Number of conservation easements on a certified historic struct		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year <b>&gt;</b>		
4	Number of states where property subject to conservation easen	ment is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enf	orcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	D(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 expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of po	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2010

	HEALTH	CARE INCENT	'IVES IMPR	OVEMENT			
Sche	edule D (Form 990) 2010 INSTITU	TE, INC.			51-0	461495	Page 2
Pa	rt III   Organizations Maintaining C	Collections of Art	, Historical Tr	easures, or C	Other Similar Ass	<b>ets</b> (continu	ıed)
3	Using the organization's acquisition, access	ion, and other records	, check any of the	following that are	e a significant use of it	s collection it	tems
	(check all that apply):						
а	Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations				A		
4	Provide a description of the organization's c	ollections and explain	how they further t	he organization's	exempt purpose in Pa	art XIV.	
5	During the year, did the organization solicit of	or receive donations of	f art, historical trea	sures, or other si	milar assets		
	to be sold to raise funds rather than to be m	aintained as part of th	e organization's c	ollection?		Yes	No_
Pa	rt IV Escrow and Custodial Arran	<b>igements.</b> Complet	e if the organization	n answered "Yes	s" to Form 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa	urt X, line 21.					
1a	Is the organization an agent, trustee, custod	lian or other intermedia	ary for contribution	ns or other assets	not included	_	
	on Form 990, Part X?				L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV						
						Amount	
С	Beginning balance				1c		
	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on F					Yes	☐ No
	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete	if the organization ans	wered "Yes" to Fo	rm 990, Part IV, li	ne 10.		
	·	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships			/			
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year						
– a	Board designated or quasi-endowment		%				
b	Permanent endowment	%	_/0				
		<del></del>					
	Are there endowment funds not in the posse		tion that are held a	nd administered	for the organization		
Ja	by:	ession of the organizat	ion that are ned a	ina administered	ior the organization	\v/	es No
						3a(i)	65 140
L-	(ii) related organizations	a listed as required an	Cohodula D2			3a(ii)	
_	If "Yes" to 3a(ii), are the related organization					3b	
Pai	Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipn						
ı a			i	or other /	a) Accumulated	(d) Dooless	value.
	Description of investment	(a) Cost or oth basis (investment)	1 ' '	or other (other)	c) Accumulated depreciation	(d) Book v	alue
	Land	,	Dasis	(Strict)	GOPTOGIATION		
	Land						
b	Buildings						

Schedule D (Form 990) 2010

264,102.

36,526.

36,526.

c Leasehold improvements .....

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

300,628.

Schedule D (Form 990) 2010

INSTITUTE, INC.

51-0461495 Page 3

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line 12	2.	
(	a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-yea	ır market value
(1) Financi	ial derivatives			
(2) Closely	r-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (I	b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	I Investments - Program Related. S	ee Form 990, Part X, line 1	3.	
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			/	
	b) must equal Form 990, Part X, col (B) line 13.)			
	b) must equal Form 990, Part X, col (B) line 13.)  Other Assets. See Form 990, Part X, line	15.		
	Other Assets. See Form 990, Part X, line	15. Description		(b) Book value
	Other Assets. See Form 990, Part X, line			(b) Book value
Part IX	Other Assets. See Form 990, Part X, line			(b) Book value
(1)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation)	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line	Description  = 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	Description  = 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation)	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X) 1.	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X) 1.	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columna X  1. (1) Fed.	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna X  1. (1) Fecces (2)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna X  1. (1) Fed (2) (3)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columna Y X 1. (1) Fecce (2) (3) (4)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Coll.  Part X  1. (1) Fed (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia)  [Part X] 1. (1) Fed (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia)  Part X  1. (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia)  Part X  1. (1) Fecces (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  = 15.)	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) Part X  1. (1) Feccion (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets. See Form 990, Part X, line  (a)  Jumn (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X,  (a) Description of liability  deral income taxes	Description  2 15.)  line 25.	(b) Amount	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Coll.  Part X  1. (1) Fec. (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	e 15.)line 25.		>

032053

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

51-0461495 Page 4

	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ancial 9		-0401433 Page 4
	· .		Stateme	3,834,473.
1	Total averages (Form 990, Part VIII, column (A), line 12)			3,187,609.
2 3	Total expenses (Form 990, Part IX, column (A), line 25)			646,864.
	Excess or (deficit) for the year. Subtract line 2 from line 1			040,004.
4 5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments Other (Describe in Part XIV.)	_		
9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			646,864.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Rev		er Retu	
1	Total revenue, gains, and other support per audited financial statements	-		2 024 472
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			2 024 472
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,834,473.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses	per Re	
1	Total expenses and losses per audited financial statements		1	3,187,609.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,187,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,187,609.
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to			

# SCHEDULE J (Form 990)

### **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.

**2010** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

► Attach to Form 990. ► See separate instructions.

HEALTH CARE INCENTIVES IMPROVEMENT

INSTITUTE, INC.

Employer identification number 51-0461495

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	— / pproval by the board of companication 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:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The storally of lines 44.6, 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			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
		5b		X
	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	0.0		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
_	The organization?	6a		х
		6b		X
b	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	OD.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b>–</b>		
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	0		
9	Regulations section 53.4958-6(c)?	9		
	NEGUIATIONS SECTION 33.4330-0(G)!	J	1	I

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

Schedule J (Form 990) 2010

HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D) Nontaxable	(E) Total of columns	(F)
(4) ) )	T	(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	benefits	(B)(i)-(D)	Compensation reported in prior
(A) Name		compensation	incentive	reportable	compensation	DOTIONED	(5)(1) (5)	Form 990 or
			compensation	compensation	·			Form 990-EZ
(i	i)	250,898.	0.	0.	6,634.	1,061.	258,593.	0.
1 FRANCOIS DE BRANTES	<u>"</u> , -	0.	0.	0.	0.	0.	0.	0.
(i	i)	197,139.	0.	0.	0.	9,591.	206,730.	0.
2 DOUGLAS EMERY (i	i)	0.	0.	0.	0.	0.	0.	0.
	i)	204,014.	0.	0.	8,154.	7,568.	219,736.	0.
3 AMITA RASTOGI		0.	0.	0.	0.	0.	0.	0.
TEGGICA DILODENZO	i)  _	154,465. 0.	0.	0.	6,116.	1,058.	161,639. 0.	0.
4 JESSICA DILORENZO (i		0.	0.	0.	0.	0.	0.	0.
5 (i								
5 (i								
6 (i								
7 (i								
(i								
8 (i	i)							
(1)								
<u>9</u> (i		AX						
(1								
10 (i								
11								
	i) _							
12 (i								
	i) _							
13 (i								
(i)	i) _			-				
14 (i	i)							
(1								
(1)								
	1)							

Page 2

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization

HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.

Employer identification number 51-0461495

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

PRACTICES, HELPS PATIENTS GET HEALTHIER, AND HELPS INSURERS AND

EMPLOYERS MANAGE COSTS BETTER.

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

RECEIVED BY ALL PATIENTS.

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

SPEAKING ENGAGEMENTS AND MEETINGS

EXPENSES \$ 5,658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 18,325.

LICENSING:

EXPENSES \$ 1,618. INCLUDING GRANTS OF \$ 0. REVENUE \$ 177,292.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE BOARD BEFORE IT IS FILED AND THEN POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE
REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS AT THE ANNUAL FACE-TO-FACE
MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS EVAULATES

THE COMPENSATION OF THE EXECUTIVE DIRECTOR UTILIZING THE FORM 990 OF OTHER

ORGANIZATIONS. THE COMPENSATION IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE ON THE

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

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER	090106	SL	3.00	16	4,317.			4,317.	4,317.		0.
2	COMPUTER	090107	SL	3.00	16	2,128.			2,128.	1,654.		474.
3	RDE SOFTWARE	031706	SL	5.00	16	250,000.			250,000.	200,000.		50,000.
4	2 USED LAPTOPS	010708	SL	3.00	16	948.			948.	632.		316.
5	LAPTOP-JD	033009	SL	3.00	16	1,875.			1,875.	469.		625.
6	LAPTOP-SB	042209	SL	3.00	16	1,648.			1,648.	412.		549.
7	LAPTOP-ES	052909	SL	3.00	16	1,225.			1,225.	238.		408.
8	LAPTOP-MM	103009	SL	3.00	16	1,367.			1,367.	77.		455.
9	LAPTOP-FD	123109	SL	3.00	16	1,462.			1,462.			487.
10	PAIR SOFTWARE	123109	SL	3.00	16	754.			754.			251.
11	ADOBE SOFTWARE	060110	SL	3.00	16	603.			603.			117.
	SOFTWARE- VARIOUS LICENSES	103110	SL	3.00	16	2,342.			2,342.			130.
	FSB - APPLE CARE WARRANTIES	113010	SL	3.00	16	3,400.			3,400.			94.
14	CONCEPT DRAW LICENSES	113010	SL	3.00	16	669.			669.			19.
	LAPTOP FOR JENNA	010110	SL	3.00	16	999.			999.			333.
	LAPTOP FOR CHRISTINA	050110	SL	3.00	16	1,031.			1,031.			229.
17	IPAD FOR FRANCOIS	060110	SL	3.00	16	809.			809.			157.
18	MAC FOR DOUG & SPARE	080110	SL	3.00	16	2,198.			2,198.			305.

028102 05-01-10

<sup>(</sup>D) - Asset disposed

#### FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CHAD - COMPUTER IPAD	09011	OSL	3.00	16	830.			830.			92.
20	LAPTOP	10161	SL	3.00	16	2,621.			2,621.			182.
21	MAC'S	10311	SL	3.00	16	14,471.			14,471.			804.
	MAC'S	10311	SL	3.00	16	4,931.			4,931.			276.
	* TOTAL 990 PAGE 10 DEPR					300,628.		0.	300,628.	207,799.	0.	56,303.

028102 05-01-10

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

► Attach to your tax return.

990

OMB No. 1545-0172 Sequence No. **67** 

Department of the Treasury
Service Service (99) Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

Identifying number

TNS	LTH CARE INCENTIVE TITUTE, INC.			RM 990 P	AGE 10		51-0461495
Par		erty Under Section 1				V before vo	
	aximum amount (see instructions)					1	500,000.
	otal cost of section 179 property pla		instructions)			2	000,000
	nreshold cost of section 179 propert						2,000,000.
	eduction in limitation. Subtract line 3						, ,
	ollar limitation for tax year. Subtract line 4 from lin						
6	(a) Description of p			iness use only)	(c) Elected		
<u> </u>							
7 Li	sted property. Enter the amount fror	n line 29	<u>'</u>	7			
	otal elected cost of section 179 prop					8	
	entative deduction. Enter the <b>smalle</b>						
	arryover of disallowed deduction from						
	usiness income limitation. Enter the						
	ection 179 expense deduction. Add						
	arryover of disallowed deduction to						
	Do not use Part II or Part III below for						
Par	t II Special Depreciation Allow	ance and Other D	epreciation (Do not incl	ude listed prope	erty.)		
14 Sı	pecial depreciation allowance for qu	alified property (oth	ner than listed property)	placed in service	e durina		
-					-	14	
	roperty subject to section 168(f)(1) e						
	ther depreciation (including ACRS)					1 1	56,303.
Par							· · · · · · · · · · · · · · · · · · ·
	·	· .					
			Section A				
<b>17</b> M	ACRS deductions for assets placed	in service in tax ye		10		17	
	ACRS deductions for assets placed of a relecting to group any assets placed in se		ears beginning before 20			17	
	ou are electing to group any assets placed in se	rvice during the tax year	ears beginning before 20	counts, check here	<u></u> ▶ □		em
	ou are electing to group any assets placed in se	rvice during the tax year	ears beginning before 20 into one or more general asset as	counts, check here	<u></u> ▶ □	ation Syste	em (g) Depreciation deduction
	ou are electing to group any assets placed in se Section B - Asset	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
18 If y	ou are electing to group any assets placed in se  Section B - Asset  (a) Classification of property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
18 If y	Section B - Asset  (a) Classification of property  3-year property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
18 If y	Section B - Asset  (a) Classification of property  3-year property  5-year property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
18 If y	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
18 If y	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
19a b c d e	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger	neral Deprecia	ation Syste	
18 if y  19a  b  c  d  e  f	Section B - Asset  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	rvice during the tax year  S Placed in Servic  (b) Month and year placed	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger (d) Recovery period	neral Deprecia	ation Syste	
19a b c d e f	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	s Placed in Service (b) Month and year placed in service	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Using the Ger (d) Recovery period	eral Deprecia (e) Convention	ation Syste (f) Method	
19a b c d e f g	Section B - Asset  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property	s Placed in Service (b) Month and year placed in service	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Counts, check here Using the Ger (d) Recovery period  25 yrs. 27.5 yrs.	neral Deprecia (e) Convention	ation Syste (f) Method  S/L S/L	
18 if y  19a  b  c  d  e  f	Section B - Asset  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	rvice during the tax year s Placed in Servic  (b) Month and year placed in service	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	Coounts, check here  Using the Ger  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.	(e) Convention  MM  MM	(f) Method  S/L S/L S/L	
19a b c d e f g	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property	rvice during the tax year s Placed in Servic  (b) Month and year placed in service  // // //	ears beginning before 20 into one or more general asset and the During 2010 Tax Year  (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property	rvice during the tax year s Placed in Servic  (b) Month and year placed in service  // // //	ears beginning before 20 into one or more general asset an e During 2010 Tax Yeal (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Asset  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets	rvice during the tax year s Placed in Servic  (b) Month and year placed in service  // // //	ears beginning before 20 into one or more general asset an e During 2010 Tax Yeal (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM  MM	stion Syste  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	(g) Depreciation deduction
19a b c d e f g h i 20a b c	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	rvice during the tax year s Placed in Servic  (b) Month and year placed in service  // // //	ears beginning before 20 into one or more general asset an e During 2010 Tax Yeal (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.  Jsing the Alter	(e) Convention  MM  MM  MM  MM  MM	stion Syste  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	(g) Depreciation deduction
19a b c d e f g h i	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	Placed in Service during the tax year service during the tax year service (b) Month and year placed in service (c) Month and year placed (c) Month and ye	ears beginning before 20 into one or more general asset an e During 2010 Tax Yeal (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. Jsing the Alter	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	stion Syste  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
19a b c d e f g h i 20a b c Part	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  /  /  /  Placed in Service	ears beginning before 20 into one or more general asset an e During 2010 Tax Yeal (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. Jsing the Alter	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	stion Syste  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
19a b c d e f g h i 20a b c Part 21 Li	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  Summary (See instructions.)	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  //  //  Placed in Service	ears beginning before 20 into one or more general asset are During 2010 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Jsing the Alter 12 yrs. 40 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	stion Syste  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	(g) Depreciation deduction

016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

Form 4562 (2010)

23

Form 4562 (2010)

51-0461495 Page 2

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Part V

(p) Type of property (list whicks first) Death Business and Business (list whicks first) Death Business (list whicks first) Death Business (list whicks first) Death Business (list whick first) Death Business (list whick first) Death Business (list with providing the business use:  25 Special depreciation allowance for qualified business use:  26 Property used more than 50% in a qualified business use:  27 Property used more than 50% in a qualified business use:  28 Property used solve or less in a qualified business use:  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  20 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  20 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  20 Add amounts in column (h), line 26 through 27. Enter here and on line 21, page 1  20 Add amounts in column (h), line 26 through 27. Enter here and on line		<b>Note:</b> For any through (c) of S	Section A, all	of Section B,	and Sec	ction C if	f applica	able.			-					nns (a)
(p) Type of property (list whicks first) Death Business   Cost of cost		Section A	- Depreciati	on and Other	Informa	ation (Ca	aution:	See the i	nstruc	tions for l	imits for	passeng	ger auton	nobiles.)	)	
Type of property (nist vehicles in placed in the present of the basis	24	Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	<u> </u>	′es 🗀	<u> No</u>	<b>24b</b> If "Y	'es," is th	ne evide	nce writ	ten? L	_ Yes ∟	No
used more than 50% in a qualified business use:  26 Property used more than 50% in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Property used 50% or less in a qualified business use:  28 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  28 Property used 50% or less in a qualified business use:  29 Property used for eventure and on line 27, page 1  29 Property used for eventure and on line 27, page 1  29 Property used for eventure and on line 27, page 1  29 Property used for eventure and on line 27, page 1  20 Property used for eventure and on line 27, page 1  20 Property used for eventure and on line 27, page 1  20 Property used for eventure and on line 27, page 1  20 Property used for eve		Type of property	Date placed in	Business/ investment		Cost or	(hu	sis for depr usiness/inve	stment	Recovery	Me	thod/	Depre	eciation	Ele sectio	cted on 179
27 Property used more than 50% in a qualified business use:    1	<u>25</u>	Special depreciation alle	owance for q	ualified listed	property	y placed	in servi	ce durin	g the t	ax year ar	nd					
96   96   96   97   98   98   98   98   98   98   98		used more than 50% in	a qualified b	usiness use								. 25				
196   196   197	26	Property used more that	ın 50% in a c	qualified busine	ess use:											
27 Property used 50% or less in a qualified business use:  96 St			: :	9	6											
Property used 50% or less in a qualified business use:			: :	9	6											
86 StL			: :	9	6											
96 StL 28 28 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (l), line 26. Enter here and on line 7, page 1 29 30 Add amounts in column (l), line 28. Enter here and on line 7, page 1 29 30 Total business/investment miles driven during the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (a) (a) (b) (c) (d) (e) (7) (e) (b) (d) (e) (b) (e) (d) (e) (f) (e) (f) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	27	Property used 50% or l	ess in a qual	ified business	use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f)  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year.  Add lines 30 through 32.  32 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32.  33 Was the vehicle available for personal use during 5 Was in the vehicle used primarily by a more than 5% owner or related person?  35 Was the vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.    Part VI   Amortization   Parcol   Parcol   Parcol   Parcol			: :	9	6						S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			: :	9	6					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S/L -					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use during off-duty hours?  36 Is another vehicle available for personal use?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits all personal use of vehicles, and retain the information received?  40 Do you provide more than five vehicles to your employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Amortization of costs that begins during your 2010 tax year.  43 Amortization of costs that begins before your 2010 tax year.  44 Amortization of costs that begins before your 2010 tax year.			: :	9	6						S/L -					
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Form **4562** (2010)

● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  ● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Name of exempt organization HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  13 SUGAR STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEWTOWN, CT 06470  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990  O1  Form 990-BL  Form 990-EZ  Form 990-PF  O4 Form 5227  Form 6069  1 Semantic II and check this box   DX  X  Automatic 3-Month Extension, complete only Part II and check this box  DX  X  Application for page 1).  Employer identification number 1  Employer identif	Form 886	8 (Rev. 1-2011)					Page 2			
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).  Name of exempt organization  Name of exempt organization  Name of exempt organization  STREET  INSTITUTE, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  3 SUGAR STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NewTOWN, CT 0 6 470  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For Code Is For Code  Comm 990  O1  Application  SFORD 900  O2  Form 1901-E2  O3  Form 990-PF  O4  Form 990-PF  O4  Form 990-T (trust other than above)  O3  Form 990-T (trust other than above)  O4  Form 990-T (trust other than above)  O5  FORM 990-T (trust other than above)  O6  Form 990-T (trust other than above)  O6  Form 990-T (trust other than above)  O7  FORM 990-T (trust other than above)  O8  FORM 990-T (trust other than above)  O8  FORM 990-T (trust other than above)  O8  FORM 990-T (trust other than above)  O9  FORM 990-T (trust other than above)  FORM 990-T (tru			Extension,	complete only Part II and check this	oox		▶ X			
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Name of exempt organization   HaALTH CARE INCENTIVES IMPROVEMENT   INSTITUTE, INC.	<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, compl	lete only Pa	art I (on page 1).						
HEALTH CARE INCENTIVES IMPROVEMENT INSTITUTE, INC.    S1=0461495	Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies r	needed).				
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Number, street, and room or suite no. If a P.O. box, see instructions.  **Mewouldows**  STREET**  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  **NEWTOWN**  CT**  O64 70  **Papilication**  Breturn Code for the return that this application is for (file a separate application for each return)    Application   Return Code	-	INSTITUTE, INC.	5	51-0461495						
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Form 990-BL  Form 990-EZ  Cost Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  OS Form 6069  Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  FRANCOIS DE BRANTES  The books are in the care of ▶ 13 SUGAR STREET - NEWTOWN, CT 06470  Telephone No. ▶ 203-270-2906  FAN 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 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.  NOVEMBER 15, 2011.  For calendar year 2010, or other tax year beginning  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  State in detail why you need the extension ADDITIONAL TIME IS NEEDED FOR THE PROPER COMPLETION OF THE FORM  Ba  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Ba  S  Ba  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.  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 \$				101 01			Code			
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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.	Under pena it is true, c	ulties of perjury, I declare that I have examined this form, inclu prrect, and complete, and that I am authorized to prepare this	ıding accomp form.	panying schedules and statements, and to t	he best o	f my knowledç	e and belief,			
Signature ► Title ► CEO Date ►	Signature	<b>→</b> Title <b>▶</b>	CEO		Date	<b>&gt;</b>				
Form <b>8868</b> (Rev. 1-2						Form 8	868 (Rev. 1-2011			

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