

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____ and ending _____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

HEALTH CARE COST INSTITUTE, INC.

38-3917409

Name and title of officer or person subject to tax

KATIE MARTIN, PRESIDENT/ CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b <u>503.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SARFINO AND RHOADES, LLP to enter my PIN 67692 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/03/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52626552096

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

2022

Open to Public Inspection

For calendar year **2022** or tax year beginning and ending

Name of foundation HEALTH CARE COST INSTITUTE, INC.		A Employer identification number 38-3917409
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) (202) 803-5200
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		C If exemption application is pending, check here. <input type="checkbox"/>
G Check all that apply:		D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 7,819,052.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	2,398,239.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments	36,213.	36,213.	NONE	
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	2,232,033.		2,232,033.	STMT 1
12 Total. Add lines 1 through 11	4,666,485.	36,213.	2,232,033.	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	64,028.		64,028.	
14 Other employee salaries and wages	1,515,271.		1,515,271.	
15 Pension plans, employee benefits	319,756.		319,756.	
16a Legal fees (attach schedule)	35,617.		35,617.	
b Accounting fees (attach schedule)	105,700.		105,700.	
c Other professional fees (attach schedule) *	1,683,436.		1,683,436.	
17 Interest				
18 Taxes (attach schedule) (see instructions) **	465.		465.	
19 Depreciation (attach schedule) and depletion	33,518.		33,518.	
20 Occupancy	217,668.		217,668.	
21 Travel, conferences, and meetings	35,020.		35,020.	
22 Printing and publications				
23 Other expenses (attach schedule) STMT 4	2,208,295.		-1,806,260.	3,862,911.
24 Total operating and administrative expenses. Add lines 13 through 23.	6,218,774.		2,204,219.	3,862,911.
25 Contributions, gifts, grants paid	NONE			NONE
26 Total expenses and disbursements. Add lines 24 and 25	6,218,774.		2,204,219.	3,862,911.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-1,552,289.			
b Net investment income (if negative, enter -0-)		36,213.		
c Adjusted net income (if negative, enter -0-)			27,814.	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

	Beginning of year	End of year	
		(a) Book Value	(b) Book Value
Assets			
1 Cash - non-interest-bearing	5,263,211.	1,939,611.	1,939,611.
2 Savings and temporary cash investments	1,263,365.	NONE	NONE
3 Accounts receivable 305,179.			
Less: allowance for doubtful accounts _____	1,449,630.	305,179.	305,179.
4 Pledges receivable _____			
Less: allowance for doubtful accounts _____			
5 Grants receivable.	NONE	20,000.	20,000.
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
7 Other notes and loans receivable (attach schedule) _____			
Less: allowance for doubtful accounts _____			
8 Inventories for sale or use.			
9 Prepaid expenses and deferred charges	301,163.	141,517.	141,517.
10a Investments - U.S. and state government obligations (attach schedule).**	NONE	4,481,929.	4,484,975.
b Investments - corporate stock (attach schedule)			
c Investments - corporate bonds (attach schedule)			
11 Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____			
12 Investments - mortgage loans			
13 Investments - other (attach schedule)			
14 Land, buildings, and equipment: basis 1,881,984. Less: accumulated depreciation (attach schedule) 1,785,584.	128,366.	96,400.	96,400.
15 Other assets (describe STMT 6) 33,473.	831,370.	831,370.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	8,439,208.	7,816,006.	7,819,052.
Liabilities			
17 Accounts payable and accrued expenses	700,546.	812,503.	
18 Grants payable			
19 Deferred revenue	145,250.	247,000.	
20 Loans from officers, directors, trustees, and other disqualified persons . .			
21 Mortgages and other notes payable (attach schedule)			
22 Other liabilities (describe STMT 7) 217,504.	957,653.		
23 Total liabilities (add lines 17 through 22)	1,063,300.	2,017,156.	
Net Assets or Fund Balances			
Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
24 Net assets without donor restrictions	6,104,474.	5,670,961.	
25 Net assets with donor restrictions	1,271,434.	127,889.	
Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
26 Capital stock, trust principal, or current funds			
27 Paid-in or capital surplus, or land, bldg., and equipment fund			
28 Retained earnings, accumulated income, endowment, or other funds . .			
29 Total net assets or fund balances (see instructions)	7,375,908.	5,798,850.	
30 Total liabilities and net assets/fund balances (see instructions)	8,439,208.	7,816,006.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	7,375,908.
2 Enter amount from Part I, line 27a	2	-1,552,289.
3 Other increases not included in line 2 (itemize) _____	3	
4 Add lines 1, 2, and 3	4	5,823,619.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 8	5	24,769.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	5,798,850.

** STMT 5

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ }	3	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	503.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3	Add lines 1 and 2	3	503.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	503.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	1,514.
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	NONE
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	1,514.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,011.
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax 1,011. Refunded	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation <u>SEE STATEMENT 9.</u>		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>HEALTHCOSTINSTITUTE.ORG</u>	X	
14 The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>202-803-5200</u> Located at <u>1100 G STREET, NW, STE. 600 WASHINGTON, DC</u> ZIP+4 <u>20005</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with columns for question descriptions, Yes, and No. Rows include questions 1a through 4b regarding disqualifying activities, disaster assistance, and business holdings.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		X
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		409,028.	38,164.	NONE

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 16		773,099.	110,683.	NONE

Total number of other employees paid over \$50,000 5

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 19		512,053.

Total number of others receiving over \$50,000 for professional services 4

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 HCCI PUBLISHES A "HEALTH CARE COST AND UTILIZATION REPORT" ANNUALLY. IN ADDITION, THEY PUBLISH ISSUE BRIEFS, AND PROVIDE RESEARCH LICENSES.	4,645,606.
2 THE ORGANIZATION MAINTAINS A PRICE TRANSPARENCY WEBSITE CALLED GUROO.COM WHICH DISPLAYS PRICING FOR HEALTH SERVICES ON NATIONAL, STATE AND LOCAL LEVELS FREE OF COST.	235,055.
3 THE HCCI BECAME THE FIRST QUALIFIED ENTITY UNDER THE ACA. THEY ACCUMULATE DATA FROM THE CENTERS FOR MEDICARE & MEDICAID AND REPORT PUBLICLY ON THE DATA.	268,850.
4 _____	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 NONE	
2 _____	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3	

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,485,328.
b	Average of monthly cash balances	1b	2,225,221.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	6,710,549.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	6,710,549.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	100,658.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	6,609,891.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	330,495.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6.	1	
2a	Tax on investment income for 2022 from Part V, line 5.	2a	
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,862,911.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	3,862,911.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				NONE
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.			NONE	
b Total for prior years: 20 20 ,20 19 ,20 18				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 3,862,911.				
a Applied to 2021, but not more than line 2a . . .			NONE	
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2022 distributable amount.				
e Remaining amount distributed out of corpus. . .	3,862,911.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,862,911.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				NONE
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	3,862,911.			
10 Analysis of line 9:				
a Excess from 2018 . . .				
b Excess from 2019 . . .				
c Excess from 2020 . . .				
d Excess from 2021 . . .				
e Excess from 2022 . . .	3,862,911.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	27,814.	247,295.	NONE	NONE	275,109.
b 85% (0.85) of line 2a	23,642.	210,201.	NONE	NONE	233,843.
c Qualifying distributions from Part XI, line 4, for each year listed	3,862,911.	5,677,229.	5,595,272.	5,306,131.	20,441,543.
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	3,862,911.	5,677,229.	5,595,272.	5,306,131.	20,441,543.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	7,819,052.	NONE	10,555,717.		18,374,769.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					NONE
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed				386,295.	386,295.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					NONE
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					NONE
(3) Largest amount of support from an exempt organization					NONE
(4) Gross investment income					NONE

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Total				3a
b Approved for future payment				
Total				3b

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a SEE STATEMENT 21					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments .			14	36,213.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				36,213.	2,232,033.
13 Total. Add line 12, columns (b), (d), and (e)					2,268,246.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
1A	TRANSPARENCY - THE ORGANIZATION LAUNCHED THE FIRST
1A	NATIONAL, HEALTH CARE PRICE AND QUALITY TRANSPARENCY
1A	WEBSITE, GUROO.COM. THE WEBSITE DISPLAYS PRICING FOR
1A	SHOPPABLE, DISCRETIONARY, SCHEDULABLE HEALTH SERVICES AT
1A	THE NATIONAL, STATE, AND LOCAL LEVELS FREE OF COST TO THE
1A	PUBLIC. THE WEBSITE IS INTENDED FOR USE BY HEALTH CARE
1A	CONSUMERS WHO ARE UNINSURED, IN HIGH-DEDUCTIBLE HEALTH
1A	PLANS, OR ENROLLED IN HEALTH PLANS THAT DO NOT PROVIDE
1A	PRICING INFORMATION. DATA FOR GUROO.COM IS BASED ON CLAIMS
1A	FROM INSURERS AETNA, HUMANA, AND UNITED HEALTHCARE.
1A	GUROO.COM USES ACTUAL AMOUNTS PAID INCLUDING COPAY AND
1A	COINSURANCE TO PRODUCE PRICES AND PRICE RANGES.
1B	RESEARCH - THE ORGANIZATION HAS SIGNED RESEARCH AGREEMENTS
1B	WITH LEADING UNIVERSITIES, ACTUARIAL ORGANIZATIONS, AND
1B	GOVERNMENT AGENCIES TO LICENSE ACCESS TO DETAILED CLAIMS
1B	DATA FROM OVER 50 MILLION PRIVATELY INSURED AMERICANS FOR
1B	FACULTY, ASSOCIATION AND GOVERNMENT RESEARCH STUDIES AND
1B	PHD DISSERTATIONS. THE LICENSEES HAVE ACCESS TO LARGE
1B	PRIVATE CLAIMS DATABASE TO CONDUCT HEALTH CARE RESEARCH
1B	PROJECTS. ALL RESEARCH PROJECTS MUST BE NON-PROPRIETARY
1B	AND NON-COMMERCIAL AND MUST ALIGN WITH THE MISSION OF THE
1B	ORGANIZATION.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

HEALTH CARE COST INSTITUTE, INC.

38-3917409

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[X] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">HEALTH CARE COST INSTITUTE, INC.</p>	Employer identification number <p style="text-align: center;">38-3917409</p>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AETNA INC. 151 FARMINGTON AVENUE HARTFORD, CT 06156	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 & COLLEGE RD EAST, PO BOX 2316 PRINCETON, NJ 08543	\$ 1,148,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LAURA AND JOHN ARNOLD FOUNDATION 1717 WEST LOOP SOUTH, SUITE 1800 HOUSTON, TX 77027	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HEALTH CARE COST INSTITUTE, INC.

Employer identification number

38-3917409

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

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

Name of organization HEALTH CARE COST INSTITUTE, INC.	Employer identification number 38-3917409
---	---

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

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

FORM 990PF, PART I - OTHER INCOME
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	ADJUSTED NET INCOME -----
DATABASE ACCESS FEES	780,083.	780,083.
CONTRACT RESEARCH	708,750.	708,750.
GOVERNMENT FUNDING: FLORIDA	743,200.	743,200.
TOTALS	2,232,033.	2,232,033.

=====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
CONSULTING	1,603,763.		1,603,763.	
PUBLIC RELATIONS	9,755.		9,755.	
PAYROLL PROCESSING	7,322.		7,322.	
RESEARCHER GRANTS	62,596.		62,596.	
	-----		-----	
TOTALS	1,683,436.		1,683,436.	
	=====		=====	

FORM 990PF, PART I - TAXES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	ADJUSTED NET INCOME -----
OTHER TAXES & LICENSES	465.	465.
TOTALS	----- 465. =====	----- 465. =====

FORM 990PF, PART I - OTHER EXPENSES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
COMPUTER AND WEBSITE	129,823.	129,823.	
DATA ACCESS FEES	2,012,953.	2,012,953.	
INSURANCE	28,629.	28,629.	
DUES AND SUBSCRIPTIONS	19,270.	19,270.	
OFFICE EXPENSES	12,985.	12,985.	
POSTAGE	2,123.	2,123.	
MISCELLANEOUS	2,171.	2,171.	
EXCEEDING INCOME		-4,014,555.	3,862,911.
BANK AND MERCHANT FEES	341.	341.	
	-----	-----	-----
TOTALS	2,208,295.	-1,806,260.	3,862,911.
	=====	=====	=====

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
U.S. TREASURY NOTES	4,481,929.	4,484,975.
US OBLIGATIONS TOTAL	4,481,929.	4,484,975.
	=====	=====

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
SECURITY DEPOSIT	33,473.	33,473.
RIGHT OF USE ASSET - OPERATING	772,969.	772,969.
ACCRUED INTEREST RECEIVABLE	24,928.	24,928.
	-----	-----
TOTALS	831,370.	831,370.
	=====	=====

FORM 990PF, PART II - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OPERATING LEASE LIABILITY	957,653.
TOTALS	----- 957,653. =====

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	24,769.
TOTAL	----- 24,769. =====

FORM 990PF, PART VI-A - EXPLANATION OF NON-FILING
=====

THE ORGANIZATION WAS FOUNDED AND OPERATES IN THE DISTRICT OF COLUMBIA. THERE ARE NO FILING REQUIREMENTS WITH ANY OTHER JURISDICTIONS.

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
NIALL BRENNAN

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 64,028.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 6,403.

OFFICER NAME:
MIKE CHERNEW, PHD

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
ANEESH CHOPRA

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

OFFICER NAME:
MARSHALL VOTTA

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

OFFICER NAME:
CARMELLA BOCCHINO

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
CARA JAMES, PHD

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

OFFICER NAME:
MARA MCDERMOTT

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

OFFICER NAME:
ROY GOLDMAN, PHD

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
BOARD TREASURER

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
LESLEY CURTIS, PHD

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

OFFICER NAME:
RONKE EKWENSI

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIRECTOR

OFFICER NAME:
KATHE FOX, PHD

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
BOARD CHAIR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

KYU RHEE

ADDRESS:

1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:

DIRECTOR

OFFICER NAME:

KOSALI SIMON, PHD

ADDRESS:

1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:

DIRECTOR

OFFICER NAME:

KATIE MARTIN

ADDRESS:

1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:

CEO

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 345,000.

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 31,761.

TOTAL COMPENSATION: 409,028.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 38,164.
=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE
=====

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EMPLOYEE NAME:
JOHN HARGRAVES

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIR.OF DATA STRATEGY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 178,273.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 24,929.

EMPLOYEE NAME:
DANIEL KUROWSKI

ADDRESS:
1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:
DIR.OF GOV.DATA

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 168,516.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 24,620.

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

EMPLOYEE NAME:

ADITI SEN

ADDRESS:

1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:

DIR.OF RESEARCH

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 167,154.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 18,116.

EMPLOYEE NAME:

ZEHRA VALENCIA LOPEZ

ADDRESS:

1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:

SENIOR RESEARCHER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 126,376.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 29,163.

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

EMPLOYEE NAME:

DEBRA BOZZI

ADDRESS:

1100 G STREET, NW, #600
WASHINGTON, DC 20005

TITLE:

SENIOR RESEARCHER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 132,780.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 13,855.

TOTAL COMPENSATION: 773,099.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 110,683.
=====

990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME:

BERKELEY RESEARCH GROUP

ADDRESS:

1800 M ST NW, 2ND FLOOR
WASHINGTON, DC 20036

TYPE OF SERVICE:

CONSULTING

COMPENSATION 245,000.

NAME:

EVERYTHING ACCOUNTING LLC

ADDRESS:

11271 HESS COURT
WALDORF, MD 20601

TYPE OF SERVICE:

ACCOUNTING

COMPENSATION 72,053.

NAME:

SCOTT DEVELOPMENT SOLUTIONS GROUP INC.

ADDRESS:

4516 WOODDALE AVE.
EDINA, MN 55424

TYPE OF SERVICE:

CONSULTING

COMPENSATION 75,000.

990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS
=====

NAME:

THE DATAFACE, LLC

ADDRESS:

519 SOUTH BARRINGTON AVE. UNIT #3
LOS ANGELES, CA 90049

TYPE OF SERVICE:

CONSULTING

COMPENSATION 120,000.

TOTAL COMPENSATION: 512,053.
=====

FORM 990-PF, PART XV-A - ANALYSIS OF PROGRAM SERVICE REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
DATABASE ACCESS FEES					780,083.
CONTRACT RESEARCH					708,750.
GOVERNMENT FUNDING: FLORIDA					743,200.
TOTALS		-----		-----	2,232,033.
		=====		=====	=====