

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.

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending , 20

Name of foundation: **HEALTH CARE COST INSTITUTE, INC.**

Number and street (or P.O. box number if mail is not delivered to street address): **1100 G STREET, NW**

Room/suite: **600**

City or town, state or province, country, and ZIP or foreign postal code: **WASHINGTON, DC 20005**

A Employer identification number: **38-3917409**

B Telephone number (see instructions): **(202) 803-5200**

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 14,328,287.**

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d) must be on cash basis.)

C If exemption application is pending, check here.

D 1. Foreign organizations, check here.
 2. Foreign organizations meeting the 85% test, check here and attach computation.

E If private foundation status was terminated under section 507(b)(1)(A), check here.

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here.

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).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,885,886.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
	3 Interest on savings and temporary cash investments	81,370.	81,370.	81,370.	
	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)		0.		
	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) ATCH 1	2,168,668.		2,168,668.		
12 Total. Add lines 1 through 11	4,135,924.	81,370.	2,250,038.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	415,000.		415,000.	
	14 Other employee salaries and wages	1,237,951.		1,237,951.	
	15 Pension plans, employee benefits	156,933.		156,933.	
	16a Legal fees (attach schedule)	121,772.		121,772.	
	b Accounting fees (attach schedule)	44,851.		44,851.	
	c Other professional fees (attach schedule) [2]	2,874,868.		2,874,868.	
	17 Interest				
	18 Taxes (attach schedule) (see instructions) [3]	106,629.		106,629.	
	19 Depreciation (attach schedule) and depletion	78,243.		78,243.	
	20 Occupancy	110,612.		110,612.	
	21 Travel, conferences, and meetings	102,222.		102,222.	
	22 Printing and publications	3,165.		3,165.	
	23 Other expenses (attach schedule) ATCH 4	310,583.		-3,002,208.	3,040,979.
	24 Total operating and administrative expenses. Add lines 13 through 23.	5,562,829.		2,250,038.	3,040,979.
	25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	5,562,829.		2,250,038.	3,040,979.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,426,905.				
b Net investment income (if negative, enter -0-)		81,370.			
c Adjusted net income (if negative, enter -0-)					

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	(c) Fair Market Value
Assets				
1 Cash - non-interest-bearing	6,720,999.	6,019,808.	6,019,808.	
2 Savings and temporary cash investments	7,476,763.	7,558,134.	7,558,134.	
3 Accounts receivable ▶ 350,297.				
Less: allowance for doubtful accounts ▶	1,071,655.	350,297.	350,297.	
4 Pledges receivable ▶				
Less: allowance for doubtful accounts ▶				
5 Grants receivable.		275,000.	275,000.	
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	49,368.	39,262.	39,262.	
10a Investments - U.S. and state government obligations (attach schedule).				
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 ▶ 1,705,869.				
Less: accumulated depreciation (attach schedule) ▶ 1,653,556.	130,556.	52,313.	52,313.	
15 Other assets (describe ▶ ATCH 5)	33,473.	33,473.	33,473.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	15,482,814.	14,328,287.	14,328,287.	
Liabilities				
17 Accounts payable and accrued expenses	363,163.	582,139.		
18 Grants payable.				
19 Deferred revenue.		93,750.		
20 Loans from officers, directors, trustees, and other disqualified persons.				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe ▶ ATCH 6)	113,091.	72,743.		
23 Total liabilities (add lines 17 through 22)	476,254.	748,632.		
Net Assets or Fund Balances				
Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
24 Unrestricted	14,707,467.	13,441,708.		
25 Temporarily restricted	299,093.	137,947.		
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg., and equipment fund.				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions).	15,006,560.	13,579,655.		
31 Total liabilities and net assets/fund balances (see instructions)	15,482,814.	14,328,287.		

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 30 (must agree with end-of-year figure reported on prior year's return).	1	15,006,560.
2 Enter amount from Part I, line 27a.	2	-1,426,905.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	13,579,655.
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	13,579,655.

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
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 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017			
2016			
2015			
2014			
2013			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	
5 Multiply line 4 by line 3.	5	
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	
7 Add lines 5 and 6.	7	
8 Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	

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

Table with 11 rows for excise tax calculations. Includes sub-sections 6a-6d for credits and payments. Total tax due is 73, with 73 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns for Yes/No. Includes questions about political campaigns, expenditures, and state reporting.

Part VII-A Statements Regarding Activities (continued)

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.
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.
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address HEALTHCOSTINSTITUTE.ORG
14 The books are in care of THE ORGANIZATION Telephone no. 202-803-5200 Located at 1100 G STREET, NW, STE. 600 WASHINGTON, DC ZIP+4 20005
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here.
16 At any time during calendar year 2018, 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.

Part VII-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.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here.
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years.
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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

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))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

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 Yes No
 Organizations relying on a current notice regarding disaster assistance, check here

c 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? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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? Yes No

	Yes	No
5b		X
6b		X
7b		

Part VIII 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
ATCH 8		415,000.	26,885.	1,156.

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
ATCH 9		653,478.	42,845.	27,447.

Total number of other employees paid over \$50,000. 10

Part VIII 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
ATCH 10		1,056,442.

Total number of others receiving over \$50,000 for professional services **7**

Part IX-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, POST ON THEIR OWN BLOG "HEALTHY BYTES" & PROVIDE RESEARCH LICENSES.	2,682,248.
2 THE ORGANIZATION MAINTAINS A PRICE TRANSPARENCY WEBSITE CALLED GUROO.COM WHICH DISPLAY PRICING FOR HEALTH SERVICES ON NATIONAL, STATE AND LOCAL LEVELS FREE OF COST.	1,417,963.
3 THE HCCI BECAME THE FIRST QUALIFIED ENTITY UNDER THE ACA. THEY ACCUMULATE DATA FROM THE CENTERS FOR MEDICARE & MEDICAIDE AND REPORT PUBLICLY ON THE DATA.	541,521.
4	

Part IX-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 X 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	
b	Average of monthly cash balances	1b	14,268,206.
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	14,268,206.
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	
3	Subtract line 2 from line 1d.	3	14,268,206.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	214,023.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,054,183.
6	Minimum investment return. Enter 5% of line 5	6	702,709.

Part XI 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 X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5	2a	
b	Income tax for 2018. (This does not include the tax from Part VI.)	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 XIII, line 1.	7	

Part XII 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	3,040,979.
b	Program-related investments - total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,040,979.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,040,979.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from Part XII, line 4: ► \$ _____				
a Applied to 2017, but not more than line 2a				
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 2018 distributable amount.				
e Remaining amount distributed out of corpus.				
5 Excess distributions carryover applied to 2018 (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				
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 2017. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019.				
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 2013 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Part XIV Private Operating Foundations (see instructions and Part VII-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 2018, 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)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed	3,040,979.			3,040,979.
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	3,040,979.			3,040,979.
3 Complete 3a, b, or c for the alternative test relied upon:				
a "Assets" alternative test - enter:				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	468,473.			468,473.
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)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV 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:

N/A

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

N/A

c Any submission deadlines:

N/A

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

N/A

Part XV Supplementary Information *(continued)*

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b

Part XVI-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 DATABASE ACCESS FEES					692,613.
b CONTRACT RESEARCH					1,476,055.
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	81,370.	
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)				81,370.	2,168,668.
13 Total. Add line 12, columns (b), (d), and (e)					2,250,038.

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

Part XVI-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 XVI-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 NATIONAL, HEALTH CARE PRICE AND QUALITY TRANSPARENCY WEBSITE, GUROO.COM. THE WEBSITE DISPLAYS PRICING FOR SHOPPABLE, DISCRETIONARY, SCHEDULABLE HEALTH SERVICES AT THE NATIONAL, STATE, AND LOCAL LEVELS FREE OF COST TO THE PUBLIC. THE WEBSITE IS INTENDED FOR USE BY HEALTH CARE CONSUMERS WHO ARE UNINSURED, IN HIGH-DEDUCTIBLE HEALTH PLANS, OR ENROLLED IN HEALTH PLANS THAT DO NOT PROVIDE PRICING INFORMATION. DATA FOR GUROO.COM IS BASED ON CLAIMS FROM INSURERS AETNA, HUMANA, AND UNITED HEALTHCARE. GUROO.COM USES ACTUAL AMOUNTS PAID INCLUDING COPAY AND COINSURANCE TO PRODUCE PRICES AND PRICE RANGES.
1B	RESEARCH - THE ORGANIZATION HAS SIGNED RESEARCH AGREEMENTS WITH LEADING UNIVERSITIES, ACTUARIAL ORGANIZATIONS, AND GOVERNMENT AGENCIES TO LICENSE ACCESS TO DETAILED CLAIMS DATA FROM OVER 50 MILLION PRIVATELY INSURED AMERICANS FOR FACULTY, ASSOCIATION AND GOVERNMENT RESEARCH STUDIES AND PHD DISSERTATIONS. THE LICENSEES HAVE ACCESS TO LARGE PRIVATE CLAIMS DATABASE TO CONDUCT HEALTH CARE RESEARCH PROJECTS. ALL RESEARCH PROJECTS MUST BE NON-PROPRIETARY AND NON-COMMERCIAL AND MUST ALIGN WITH THE MISSION OF THE ORGANIZATION.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with columns Yes and No. Rows 1a(1), 1a(2), 1b(1) through 1b(6), 1c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Sign Here: NIAL BRENNAN, EXECUTIVE DIRECTOR. Includes a red 'COPY' watermark.

May the IRS discuss this return with the preparer shown below? See instructions. X Yes No

Paid Preparer Use Only: BRIAN W DOW, CPA, SARFINO AND RHOADES, LLP, 11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

HEALTH CARE COST INSTITUTE, INC.

Employer identification number

38-3917409

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 or 990-EZ), 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	KAISER PERMANENTE 75 N. FAIR OAKS AVENUE, 4TH FLOOR PASADENA, CA 91103	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AETNA INC. 151 FARMINGTON AVENUE HARTFORD, CT 06156	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 & COLLEGE RD EAST, PO BOX 2316 PRINCETON, NJ 08543	\$ 387,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NEW YORK STATE HEALTH FOUNDATION 1385 BROADWAY NEW YORK, NY 10018	\$ 47,926.	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.)

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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	
_____		_____	
_____		_____	
_____		_____	

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	ADJUSTED NET INCOME
DATABASE ACCESS FEES	692,613.	692,613.
CONTRACT RESEARCH	1,476,055.	1,476,055.
TOTALS	<u>2,168,668.</u>	<u>2,168,668.</u>

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>ADJUSTED NET INCOME</u>
CONSULTING	2,772,794.	2,772,794.
PUBLIC RELATIONS	99,352.	99,352.
PAYROLL PROCESSING	2,722.	2,722.
TOTALS	<u>2,874,868.</u>	<u>2,874,868.</u>

ATTACHMENT 3

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>ADJUSTED NET INCOME</u>
PAYROLL TAXES	106,629.	106,629.
TOTALS	<u>106,629.</u>	<u>106,629.</u>

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	ADJUSTED NET INCOME	CHARITABLE PURPOSES
COMPUTER AND WEBSITE	198,435.	198,435.	
INSURANCE	49,010.	49,010.	
DUES AND SUBSCRIPTIONS	25,471.	25,471.	
OFFICE EXPENSES	20,657.	20,657.	
POSTAGE	12,742.	12,742.	
MISCELLANEOUS	4,268.	4,268.	
EXCEEDING INCOME		-3,312,791.	3,040,979.
TOTALS	<u>310,583.</u>	<u>-3,002,208.</u>	<u>3,040,979.</u>

ATTACHMENT 5

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SECURITY DEPOSIT	33,473.	33,473.
TOTALS	<u>33,473.</u>	<u>33,473.</u>

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING
BOOK VALUE

DEFERRED LEASE OBLIGATION

72,743.

TOTALS

72,743.

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

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

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

ATTACHMENT 8

NAME AND ADDRESS
 TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION
 CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
 EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

NIALL BRENNAN
 1100 G STREET, NW
 600
 WASHINGTON, DC 20005
 PRESIDENT
 40.00
 415,000.
 26,885.
 1,156.

DALE H. YAMAMOTO, FCA, MAAA
 1100 G STREET, NW
 600
 WASHINGTON, DC 20005
 SECRETARY & TREASURER
 1.00

STEPHANIE J. CARLTON, RN, MBA
 1100 G STREET, NW
 600
 WASHINGTON, DC 20005
 DIRECTOR
 1.00

MIKE CHERNEW, PHA
 1100 G STREET, NW
 600
 WASHINGTON, DC 20005
 DIRECTOR
 1.00

ALMETA E. COOPER, JD
 1100 G STREET, NW
 600
 WASHINGTON, DC 20005
 DIRECTOR
 1.00

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

ATTACHMENT 8 (CONT'D)

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

LEEMORE DAFNY, PHD
1100 G STREET, NW
600
WASHINGTON, DC 20005

DIRECTOR

1.00

AMY FINKELSTEIN, PHD
1100 G STREET, NW
600
WASHINGTON, DC 20005

DIRECTOR

1.00

AARON MCKETHAN, PHD
1100 G STREET, NW
600
WASHINGTON, DC 20005

DIRECTOR

1.00

CHARLES PHELPS
1100 G STREET, NW
600
WASHINGTON, DC 20005

DIRECTOR

1.00

THEODORE A. PROSPECT, FSA, MAAA
1100 G STREET, NW
600
WASHINGTON, DC 20005

DIRECTOR

1.00

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

ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS
 TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION
 COMPENSATION
 CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
 EXPENSE ACCT AND OTHER ALLOWANCES

ROBERT TOWN 1100 G STREET, NW 600 WASHINGTON, DC 20005	DIRECTOR 1.00			
MARSHALL VOTTA 1100 G STREET, NW 600 WASHINGTON, DC 20005	DIRECTOR 1.00			

GRAND TOTALS
 415,000.
 26,885.
 1,156.

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEESATTACHMENT 9

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES</u>
SARAH RODRIGUEZ 1100 G STREET, NW, #600 WASHINGTON, DC 20005	CHIEF OF STAFF 40.00	175,577.	11,562. 14,743.
AMANDA FROST 1100 G STREET, NW, #600 WASHINGTON, DC 20005	SENIOR RESEARCHER 40.00	126,769.	8,206. 407.
JOHN HARGRAVES 1100 G STREET, NW, #600 WASHINGTON, DC 20005	SENIOR RESEARCHER 40.00	121,841.	8,042. 3,840.
WILLIAM JOHNSON 1100 G STREET, NW, #600 WASHINGTON, DC 20005	SENIOR RESEARCHER 40.00	116,302.	7,604. 3,690.
CHAO ZHOU 1100 G STREET, NW, #600 WASHINGTON, DC 20005	RESEARCH FELLOW 40.00	112,989.	7,431. 4,767.
TOTAL COMPENSATION		653,478.	42,845. 27,447.

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 10

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
OPTUM INSIGHT PO BOX 860215 MINNEAPOLIS, MN 55486	CONSULTING	519,431.
CBASS CONSULTING, INC. 1978 5TH STREET EAST ST. PAUL, MN 55119	CONSULTING	236,640.
DAVID NEWMAN 725 SOUTH FAIRFAX STREET ALEXANDRIA, VA 22314	CONSULTING	122,400.
THE REIS GROUP, LLC 1300 19TH STREET NW, SUITE 600 WASHINGTON, DC 20036	CONSULTING	97,701.
VICKI UDE 12954 MADISON STREET NE BLAINE, MN 55434	CONSULTING	80,270.
TOTAL COMPENSATION		<u>1,056,442.</u>

SARFINO AND RHOADES, LLP
CERTIFIED PUBLIC ACCOUNTANTS
11921 ROCKVILLE PIKE, SUITE 501
NORTH BETHESDA, MD 20852-2794
Fax: 301-881-7747

HEALTH CARE COST INSTITUTE, INC.

Instructions for Filing
Form 990-W
990-W - Estimated Tax Worksheet for Form 990-PF For 2019

Deposit	On or Before	Amount
1	May 15, 2019	
2	June 17, 2019	
3	September 16, 2019	
4	December 16, 2019	
Total estimated tax		<u>\$1,927</u>
Overpayment of 2018 income tax credited against 2019 tax		<u>\$1,927</u>
Total estimate of 2019 income tax		<u>\$73</u>
		<u>\$2,000</u>

Each deposit should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirement, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

The enclosed estimated tax vouchers have been prepared based on the assumption that your 2019 withholding will at least equal your 2018 withholding. If it appears that this assumption is incorrect, please contact us immediately to determine if revised estimates are required to avoid any underpayment penalties.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	HEALTH CARE COST INSTITUTE, INC.	Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 G STREET, NW 600	38-3917409	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	Social security number (SSN)	

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

0	4
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ THE ORGANIZATION
1100 G STREET, NW, STE. 600 WASHINGTON DC 20005

Telephone No. ▶ 202 803-5200 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2018 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	1,627.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	1,700.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cumulative e-File History 2018

FED

Tax Return
6780HR

Return Type
990

Taxpayer
HEALTH CARE COST INSTITUTE, INC.

Submitted Date 2019-05-15 17:16:45

Acknowledgement Date 2019-05-15 17:27:02

Status Accepted

Submission ID 52626520191355000013