QN 50 EXTENSION ATTACHED N.R

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
http://www.charitiesnys.com

2011

Open to Public Inspection

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2011 and ending (mm/dd/yyyy) 12/31/2011

b. Check if applicable for NYS:
- ☐ Address change
- ☐ Name change
- ☐ Initial filing
- ☐ Final filing
- ☐ Amended filing
- ☐ NY registration pending

c. Name of organization
HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.

Number and street (or P.O. box if mail not delivered to street address)
303 SOUTH BROADWAY

Room/suite
321

City or town, state or country and ZIP + 4
TARRYTOWN, NY 10591-5455

d. Fed. employer ID no. (EIN)
14-1949357

e. NY State registration no.
41-29-18

f. Telephone number
914 631-1611

g. Email
GCHAPIN@HCHEQ.ORG

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Printed Name	Title	Date
a. President or Authorized Officer		GEORGANNE CHAPIN	PRESIDENT	11/13/12
b. Chief Financial Officer or Treas.		HOWARD BIRNBAUM	CFO	11/13/12

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ➡ ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ➡ ☐ if gross receipts did not exceed $25,000 **and** assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. ***Do not*** *submit a fee,* ***do not*** *complete the following schedules and* ***do not*** *submit any attachments to this form.*

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... ☒ Yes* ☐ No
*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? ... ☐ Yes* ☒ No
*** If "Yes", complete Schedule 4b.**

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	$	25.
b. EPTL filing fee	$	25.
c. **Total fee**	$	50.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ➡➡➡

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

ANNE TRAVERS CONSULTING, LLC

Number and street (or P.O. box if mail is not delivered to street address):

64 GOOSE HOLE ROAD

City or town, state or country and ZIP + 4:

NEW LONDON, NH 03257

3. FRP telephone number:

973-783-7445

4. Services provided by FRP (provide description):

COUNSEL IN THE DEVELOPMENT OF INTACT AMERICAN'S FUNDRAISING CAPACITY AND SUPPORT OF THE EMERGING MAJOR GIFTS PROGRAM.

5. Compensation arrangement with FRP (provide description):

RETAINER FEE OF $3,000 PER MONTH FOR 6 MONTHS.

6. Dates of contract ..... 10/15/2011 (mm/dd/yyyy) through 04/15/2012 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 9,000.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by **§§ 173-a. 3** of the Executive Law?

5. Fee instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• **Article 7-A**	Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0.
• **EPTL**	Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is $0.
• **Dual**	Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than $250,000	$25
up to $250,000 *	$10

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.*

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than $50,000	$25
$50,000 or more, but less than $250,000	$50
$250,000 or more, but less than $1,000,000	$100
$1,000,000 or more, but less than $10,000,000	$250
$10,000,000 or more, but less than $50,000,000	$750
$50,000,000 or more	$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

[X] Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

[X] **IRS Form 990**	[ ] **IRS Form 990-EZ**	[ ] **IRS Form 990-PF**
[X] All required schedules (including Schedule B)	[ ] All required schedules (including Schedule B)	[ ] All required schedules (including Schedule B)
[ ] IRS Form 990-T	[ ] IRS Form 990-T	[ ] IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

[X] Audit Report *(total support & revenue more than $250,000)*
[ ] Review Report *(total support & revenue $100,001 to $250,000)*
[ ] No Accountant's Report Required *(total support & revenue not more than $100,000)*

Hudson Center for Health Equity and Quality, Inc.

Financial Statements
(with Independent Auditor's Report Thereon)

December 31, 2011 and 2010

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McGladrey

Independent Auditor's Report

To the Board of Directors
Hudson Center for Health Equity and Quality, Inc.
Tarrytown, New York

We have audited the accompanying statements of financial position of Hudson Center for Health Equity and Quality, Inc. (HCHEQ) as of December 31, 2011 and 2010, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of HCHEQ's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hudson Center for Health Equity and Quality, Inc. as of December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey LLP

New York, New York
July 13, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

Hudson Center for Health Equity and Quality, Inc.

Statements of Financial Position
December 31, 2011 and 2010

	2011	2010
ASSETS		
Current Assets		
Cash	**$ 912,146**	$ 719,854
Accounts receivable	**524,851**	41,223
Prepaid expenses	**4,635**	6,493
Total current assets	**1,441,632**	767,570
Due from Related Party	**69,880**	249,420
Equipment, net	**5,580**	12,494
FEEA Software, net	**702,464**	903,168
Total assets	**$ 2,219,556**	$ 1,932,652
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued expenses	**$ 105,470**	$ 123,993
Deferred revenue	**466,126**	79,696
Due to related party	**812,310**	1,000,000
Total current liabilities	**1,383,906**	1,203,689
Due to related party	**890,304**	1,383,259
Total long-term liabilities	**890,304**	1,383,259
Total liabilities	**2,274,210**	2,586,948
Net Assets		
Unrestricted	**(328,865)**	(756,188)
Temporarily restricted	**274,211**	101,892
Total net assets	**(54,654)**	(654,296)
Total liabilities and net assets	**$ 2,219,556**	$ 1,932,652

See Notes to Financial Statements.

Hudson Center for Health Equity and Quality, Inc.

Statements of Activities and Changes in Net Assets
Years Ended December 31, 2011 and 2010

	2011	2010
Revenues		
Sales and licensing fees	**$ 1,115,259**	$ 764,251
Development and service fees	**1,014,618**	824,420
Assets released from restrictions - Intact America	**218,415**	572,829
Total revenues	**2,348,292**	2,161,500
Expenses		
Management service fees	**755,031**	834,151
Consulting and contracted services	**742,223**	701,148
Professional fees	**28,852**	28,284
Occupancy	**33,600**	33,600
Conferences	**22,512**	17,624
Travel	**16,300**	28,991
Supplies	**7,400**	7,558
Computer repairs and maintenance	**1,865**	1,361
Licenses and fees	**2,680**	6,284
Insurance	**3,258**	9,033
Telephone	**24,253**	31,520
Advertising	**31,421**	30,704
Other administrative expenses	**43,956**	33,550
Loss from disposal of software	**-**	350,000
Depreciation and amortization	**207,618**	177,599
Total expenses	**1,920,969**	2,291,407
Increase (decrease) in unrestricted net assets	**427,323**	(129,907)
Change in Temporarily Restricted Net Assets		
Contributions - Intact America	**390,734**	582,073
Net assets released from restrictions	**(218,415)**	(572,829)
Change in temporarily restricted net assets	**172,319**	9,244
Change in net assets	**599,642**	(120,663)
Net Assets		
Beginning of year	**(654,296)**	(533,633)
End of year	**$ (54,654)**	$ (654,296)

See Notes to Financial Statements.

Hudson Center for Health Equity and Quality, Inc.

Statements of Functional Expenses
Years Ended December 31, 2011 and 2010

	2011			2010		
	Program Services	**General and Administrative**	**Total**	Program Services	General and Administrative	Total
Management service fees	**$ 616,889**	**$ 138,142**	**$ 755,031**	$ 673,817	$ 160,334	$ 834,151
Consulting and contracted services	**742,223**	**-**	**742,223**	701,148	-	701,148
Professional fees	**-**	**28,852**	**28,852**	-	28,284	28,284
Occupancy	**27,340**	**6,260**	**33,600**	26,750	6,850	33,600
Conferences	**22,512**	**-**	**22,512**	17,624	-	17,624
Travel	**16,300**	**-**	**16,300**	28,991	-	28,991
Supplies	**6,180**	**1,220**	**7,400**	6,135	1,423	7,558
Computer repairs and maintenance	**1,562**	**303**	**1,865**	1,078	283	1,361
Licenses and fees	**2,680**	**-**	**2,680**	6,284	-	6,284
Insurance	**-**	**3,258**	**3,258**	-	9,033	9,033
Telephone	**19,777**	**4,476**	**24,253**	25,422	6,098	31,520
Advertising	**28,545**	**2,876**	**31,421**	26,505	4,199	30,704
Other administrative expenses	**35,526**	**8,430**	**43,956**	27,243	6,307	33,550
Loss from disposal of software	**-**	**-**	**-**	350,000	-	350,000
Depreciation and amortization	**207,618**	**-**	**207,618**	177,599	-	177,599
Total functional expenses	**$ 1,727,152**	**$ 193,817**	**$ 1,920,969**	$ 2,068,596	$ 222,811	$ 2,291,407

See Notes to Financial Statements.

Hudson Center for Health Equity and Quality, Inc.

Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	2011	2010
Cash Flows From Operating Activities		
Change in net assets	**$ 599,642**	$ (120,663)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	**207,618**	177,599
Loss from disposal of software	**-**	350,000
(Increase) decrease in assets:		
Accounts receivable	**(483,628)**	(13,227)
Due from related party	**179,540**	(249,420)
Prepaid expenses	**1,858**	84
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	**(18,523)**	(23,284)
Deferred revenue	**386,430**	79,696
Due to related party	**(680,645)**	661,494
Net cash provided by operating activities	**192,292**	862,279
Cash Flows Used In Investing Activity - purchases of software		(305,506)
Net cash used by investing activities	**-**	(305,506)
Net increase in cash	**192,292**	556,773
Cash		
Beginning of year	**719,854**	163,081
End of year	**$ 912,146**	$ 719,854

See Notes to Financial Statements.

Note 1. Organization

Hudson Center for Health Equity and Quality, Inc. (HCHEQ or the Organization) is incorporated as a not-for-profit corporation in the State of New York for the purpose of developing technologies and promoting policies that result in equitable healthcare.

The Organization's policy is to prepare its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Note 2. Summary of Significant Accounting Policies

Basis of Presentation: The Organization follows the guidance of the provisions for accounting for not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations, and are associated with the principal operating activities of the Organization. As of December 31, 2011 and 2010, unrestricted net assets are comprised of the Facilitated Enrollment Electronic Application (FEEA) Program. The FEEA Program accounts for all resources obtained by the Organization related to the FEEA software program, which is used to streamline the public health insurance enrollment process for consumers and for the agencies that administer these programs.

Temporarily restricted net assets – Net assets that are subjected to donor-imposed stipulations that may or will be met either by actions of the Organization and/or the passage of time. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities and changes in net assets as assets released from restriction. As of December 31, 2011 and 2010, temporarily restricted net assets is comprised of the Intact America Program, whose purpose is to protect babies and children from circumcision and all other forms of medically unnecessary genital alteration, whether carried out for cultural conformity or profit, in medical or non-medical settings.

Permanently restricted net assets – Net assets that are subject to donor-imposed stipulations that must be maintained permanently by the Organization. There were no permanently restricted net assets as of December 31, 2011 and 2010.

Results of Operations: The statements of activities and changes in net assets include operating income and loss that represent the results of operations, changes in unrestricted net assets which are excluded from operating income (loss), consistent with industry practice, and contributions of long-lived assets (including assets acquired using donor-restricted contributions that were to be used for the purpose of acquiring such assets).

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Cash: HCHEQ places its cash on deposit with a financial institution in the United States of America. In 2008, the Federal Deposit Insurance Corporation (FDIC) temporarily increased coverage to $250,000 for substantially all depository accounts. In 2010, the temporary increase, which was originally scheduled to expire on December 31, 2013, was permanently raised to $250,000. In 2010, the FDIC also extended the insurance coverage to all noninterest-bearing transaction accounts beginning December 31, 2010, through December 31, 2012, whereby all such accounts have unlimited insurance coverage that is separate from, and in addition to, the insurance coverage provided to a depositor's other deposit accounts held at an FDIC insured institution. As of December 31, 2011, none of the cash held by HCHEQ exceeded federally insured limits.

Note 2. Summary of Significant Accounting Policies (Continued)

Equipment: Equipment is recorded at cost or, if donated, at fair value at the date of donation. Depreciation is recorded on a straight-line basis over the estimated useful lives of the assets ranging from 3 to 5 years. The Organization capitalizes all purchases of equipment in excess of $1,000. Repairs and maintenance are charged to expense as incurred. Major replacements and improvements are capitalized.

Software Development Costs: During 2009, the Organization began developing software for use by individuals in New York who are applying for public health insurance. This software is both a desktop and field-based E-application that puts the Access NY Health Care applications in an electronic format. Technological feasibility was established in January 2009. The Organization capitalizes internally developed software costs of software to be sold, leased, or otherwise marketed. Capitalization of development costs of software products begins once the technological feasibility of the product is established. Capitalization ceases when such software is ready for general release, at which time amortization of the capitalized costs begins. Amortization of capitalized internally developed software costs is computed using the straight-line method of accounting over the product's estimated useful life and began in July 2010, when the software was ready for general release. Research and development costs relating principally to the design and development of products are expensed as incurred. The cost of developing and routine enhancements is expensed as research and development costs as incurred because the enhancements do not add significant life to the product.

Contributions: Contributions are recorded at fair value when received or pledged. Amounts are recorded as temporarily or permanently restricted revenue if they have donor stipulations that limit the use of the donated asset. Bequests are recognized when the probate court declares the will valid. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Revenue Recognition: Sales and license fee revenues are reported at the estimated net realizable amounts for services rendered. Revenues are recorded as deferred revenue until services are provided and revenue is earned.

Tax Status: The Organization was incorporated as a not-for-profit corporation under the laws of the State of New York and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (the IRC). In addition, HCHEQ is not classified as a private foundation.

The Organization has adopted accounting guidance related to the accounting for uncertainty in income taxes. The Organization files a Form 990 (Return of Organization Exempt from Income Taxes). When the return is filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to health centers include such matters as the following: tax-exempt status of the entity, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income (UBIT). UBIT is reported on Internal Revenue Service Form 990-T, as appropriate. The benefit of a tax position is recognized in the financial statements in the period during which, based on available evidence, management believes it is more likely than not the tax position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.

Tax positions are not offset or aggregated with other positions. Tax positions that meet the more-likely-than-not recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with the tax positions taken that exceeds the amount measured as described above is reflected as a liability for unrecognized tax benefits in the balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination. At December 31, 2011 and 2010, there were no unrecognized tax benefits identified or recorded as liabilities.

Note 2. Summary of Significant Accounting Policies (Continued)

The Organization files income tax returns in the U.S. federal jurisdiction and in the State of New York. With few exceptions, the Organization is no longer subject to U.S. federal or state income tax examinations by tax authorities for years before December 31, 2008.

Subsequent Events: The Organization has evaluated subsequent events through July 13, 2012, which is the date the financial statements were available to be issued.

Reclassifications: Certain amounts in the 2010 financial statements have been reclassified to conform to the 2011 presentation.

Note 3. Equipment and FEEA Software

Equipment and FEEA software as of December 31, 2011 and 2010 are as follows:

	2011	2010
Equipment	$ 29,322	$ 29,322
Total equipment	**29,322**	29,322
Less: accumulated depreciation	(23,742)	(16,828)
Net equipment	$ 5,580	$ 12,494
FEEA software	$ 1,003,520	$ 1,003,520
Total FEEA software	**1,003,520**	1,003,520
Less: accumulated amortization	(301,056)	(100,352)
Net FEEA software	$ 702,464	$ 903,168

During 2010, HCHEQ disposed of software in the amount of $700,000, and accumulated amortization of $350,000 and realized a loss on disposal of $350,000.

Note 4. Related Party Transactions

HCHEQ is related through common management with Hudson Health Plan, Inc. (Hudson), a not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the IRC. In 2011 and 2010, Hudson provided managerial and administrative services to HCHEQ in the amounts of $827,548 and $904,512, respectively. As of December 31, 2011 and 2010, a payable to Hudson for these services amounted to $1,702,614 and $2,383,259, respectively. Hudson has agreed to permit HCHEQ to defer $890,304 of its payable for these services until January 1, 2013 or later. During March and April 2012, payments totaling $412,310 were made to Hudson.

HCHEQ also charges Hudson a license fee for the use of its FEEA software. The fees charged to Hudson were $400,000 and $420,000 in 2011 and 2010, respectively, which are recorded in development and service fees revenue in the accompanying statements of activities and changes in net assets.

Note 4. Related Party Transactions (Continued)

On January 1, 2010, HCHEQ entered into a service agreement with Hudson. Under the terms of the agreement, HCHEQ provides software development and support to Hudson. These services amounted to $918,840 and $824,420 in 2011 and 2010, respectively. Hudson owed $69,880 and $249,420 to HCHEQ for these services as of December 31, 2011 and 2010, respectively. HCHEQ received full payment of the $69,880 receivable in April 2012.

In February 2008, HCHEQ entered into a managerial and administrative services agreement with Hudson. As part of the agreement, office space is subleased to HCHEQ. The initial term of the agreement is one year and is automatically renewed for successive terms of 12 months. The agreement may be terminated at any time upon mutual consent. Occupancy expense for each of the years ended December 31, 2011 and 2010 was $33,600.

McGladrey

Independent Auditor's Report on Supplementary Information

To the Board of Directors
Hudson Center for Health Equity and Quality, Inc.
Tarrytown, New York

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Statements of Activities by Program for the years ended December 31, 2011 and 2010 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

McGladrey LLP

New York, New York
July 13, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

Hudson Center for Health Equity and Quality, Inc.

Supplementary Information

Statements of Activities by Program
Years Ended December 31, 2011 and 2010
See Independent Auditor's Report on Supplementary Information

	2011			2010		
	FEEA	**Intact America**	**Total**	FEEA	Intact America	Total
Revenues						
Sales and licensing fees	**$ 1,115,259**	**$ -**	**$ 1,115,259**	$ 764,251	$ -	$ 764,251
Development and service fees	**1,014,618**	**-**	**1,014,618**	824,420	-	824,420
Contributions	**-**	**390,734**	**390,734**	-	582,073	582,073
Total revenues	**2,129,877**	**390,734**	**2,520,611**	1,588,671	582,073	2,170,744
Program Expenses						
Management service fees	**522,778**	**94,111**	**616,889**	487,854	185,963	673,817
Consulting and contracted services	**704,048**	**38,175**	**742,223**	436,013	265,135	701,148
Occupancy	**24,037**	**3,303**	**27,340**	23,635	3,115	26,750
Conferences	**2,800**	**19,712**	**22,512**	2,800	14,824	17,624
Travel	**9,291**	**7,009**	**16,300**	10,685	18,306	28,991
Supplies	**4,202**	**1,978**	**6,180**	4,110	2,025	6,135
Computer repairs and maintenance	**1,028**	**534**	**1,562**	1,019	59	1,078
Licenses and fees	**2,680**		**2,680**	6,284	-	6,284
Telephone	**17,056**	**2,721**	**19,777**	18,836	6,586	25,422
Advertising	**1,964**	**26,581**	**28,545**	630	25,875	26,505
Other administrative expenses	**27,072**	**8,454**	**35,526**	18,958	8,285	27,243
Loss from disposal of software	**-**	**-**	**-**	350,000	-	350,000
Depreciation and amortization	**206,927**	**691**	**207,618**	177,599	-	177,599
Total program expenses	**1,523,883**	**203,269**	**1,727,152**	1,538,423	530,173	2,068,596
General and Administrative	**178,671**	**15,146**	**193,817**	180,155	42,656	222,811
Total expenses	**1,702,554**	**218,415**	**1,920,969**	1,718,578	572,829	2,291,407
Change in net assets	**427,323**	**172,319**	**599,642**	(129,907)	9,244	(120,663)
Net Assets						
Beginning of year	**(756,188)**	**101,892**	**(654,296)**	(626,281)	92,648	(533,633)
End of year	**$ (328,865)**	**$ 274,211**	**$ (54,654)**	$ (756,188)	$ 101,892	$ (654,296)

McGladrey

McGladrey LLP
1185 Ave of the Americas
New York, NY 10036-2602
O 212.372.1000 F 212.372.1001
www.mcgladrey.com

July 6, 2012

Office of the Attorney General
New York State Department of Law
Charities Bureau
120 Broadway
New York, NY 10271

Re:	**Taxpayer:**	Hudson Center for Health Equity and Quality, Inc.
	EIN:	14-1949357
	State Registration #:	41-29-18
	Form:	CHAR500
	Tax Year:	12/31/2011

Gentlemen:

On behalf of our client, the above-mentioned exempt organization, we respectfully request a second extension of time to November 15, 2012 to file New York Form Char500, Annual Filing for Charitable Organizations.

The request is being made due to the fact that certain information necessary to complete an accurate tax return has not been received. Attached is a copy of the request for a Federal extension to November 15, 2012.

Very truly yours,

Martin Greif

Enclosure

Member of the RSM International network of independent accounting, tax and consulting firms.

Thomas, Douglas

From: Frankel, Naomi
Sent: Wednesday, May 02, 2012 11:18 AM
To: Thomas, Douglas
Cc: Ness, Tamar
Subject: FW: Extension Request: Hudson Center for Health Equity and Quality, Inc. 41-29-18

Please see below.

Naomi Frankel
Tax Senior Associate

McGladrey & Pullen, LLP

1185 Avenue of the Americas, New York, NY 10036-2602
P 212.372.1705 F 646.885.1705 E naomi.frankel@mcgladrey.com

Experience the power of being understood℠.

From: Iris M. Bonilla [mailto:Iris.Bonilla@ag.ny.gov] **On Behalf Of** Charities Extensions
Sent: Wednesday, May 02, 2012 10:12 AM
To: Frankel, Naomi
Subject: RE: Extension Request: Hudson Center for Health Equity and Quality, Inc. 41-29-18

We have received your request for an extension of time to file an annual financial report. Please be advised that extensions of time to file annual financial reports will not be granted to any organization that has failed to file an annual financial report for any year prior to that for which the extension is requested.

Please include the name of the organization and the Charities Bureau registration number in the subject line of all email requests for extensions of time to file. The registration numbers are posted in our searchable registry at www.charitiesnys.com.

Charities Bureau
Registration Section

From: Naomi Frankel [mailto:Naomi.Frankel@mcgladrey.com]
Sent: Tuesday, May 01, 2012 3:19 PM
To: Charities Extensions
Cc: Tamar Ness
Subject: Extension Request: Hudson Center for Health Equity and Quality, Inc. 41-29-18

May 1, 2012

Office of the Attorney General
New York State Department of Law
Charities Bureau
120 Broadway

New York, NY 10271

Re:	**Taxpayer:**	**Hudson Center for Health Equity and Quality, Inc.**
	EIN:	**14-1949357**
	Form:	**Char500**
	State Registration No.:	**41-29-18**
	Year End:	**12/31/11**

Gentlemen:

On behalf of our client, the above-mentioned exempt organization, we respectfully request an extension of time to August 15, 2012 to file New York Form CHAR500, Annual Filing for Charitable Organizations.

This request is being made due to the fact that certain information necessary to complete an accurate tax return has not been received. Attached is a copy of the request for a Federal extension to August 15, 2012.

Very truly yours,

Naomi Frankel
Tax Senior Associate

McGladrey & Pullen, LLP

1185 Avenue of the Americas, New York, NY 10036-2602
P 212.372.1705 F 646.885.1705 E naomi.frankel@mcgladrey.com

Experience the power of being understood[SM].

DISCLAIMER:

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Circular 230 Disclosure: Any advice contained in this email (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for purposes of avoiding tax penalties that may be imposed on any taxpayer.

EXTENSION ATTACHED

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

C Name of organization
HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 303 SOUTH BROADWAY

Room/suite 321

City or town, state or country, and ZIP + 4 TARRYTOWN, NY 10591-5455

F Name and address of principal officer: GEORGANNE CHAPIN
SAME AS C ABOVE

D Employer identification number 14-1949357

E Telephone number 914-631-1611

G Gross receipts $ 2,520,611.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HCHEQ.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE HUDSON CENTER FOR HEALTH EQUITY & QUALITY (HCHEQ) PROMOTES THE DELIVERY OF HIGH QUALITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

COPY

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	582,073.	390,734.
9	Program service revenue (Part VIII, line 2g)	1,588,671.	2,129,877.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-350,000.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,820,744.	2,520,611.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	101,834.	9,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,000.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,839,573.	1,911,969.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,941,407.	1,920,969.
19	Revenue less expenses. Subtract line 18 from line 12	-120,663.	599,642.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,932,652.	2,219,556.
21	Total liabilities (Part X, line 26)	2,586,948.	2,274,210.
22	Net assets or fund balances. Subtract line 21 from line 20	-654,296.	-54,654.

Part II Signature Block

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

Sign Here

▶ Signature of officer Georganne Chapin — Date 11/13/12

▶ GEORGANNE CHAPIN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MARTIN GREIF | Preparer's signature Martin Greif | Date 11/8/12 | Check ☐ if self-employed | PTIN P00029738

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 1185 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-2602 | Phone no. 212-372-1000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE HUDSON CENTER FOR HEALTH EQUITY & QUALITY (HCHEQ) IS AN INDEPENDENT NOT-FOR-PROFIT ORGANIZATION THAT PROMOTES THE DELIVERY OF HIGH QUALITY HEALTH CARE FOR ALL PEOPLE. HCHEQ IS AN ADVOCATE FOR UNIVERSAL HEALTH CARE AND OTHER POLICIES TO BROADEN HEALTH CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,523,883. Including grants of $) (Revenue $ 2,129,877.)
ONE OF HCHEQ'S PROGRAMS IS TO DEVELOP HEALTH CARE INFORMATION TECHNOLOGY THAT ALLOWS COMMUNITY BASED ORGANIZATIONS, AS WELL AS FACILITATED ENROLLERS, TO IDENTIFY, ENROLL, AND SUPPORT THOSE ELIGIBLE FOR MEDICAID AND OTHER FEDERAL AND STATE-SUBSIDIZED HEALTH CARE PROGRAMS.

4b (Code:) (Expenses $ 194,269. Including grants of $) (Revenue $)
INTACT AMERICA WORKS TO PROTECT BABIES AND CHILDREN FROM CIRCUMCISION AND ALL OTHER FORMS OF MEDICAL UNNECESSARY GENITAL ALTERATION, WHETHER CARRIED OUT FOR CULTURAL CONFORMITY OR PROFIT, IN MEDICAL OR NON-MEDICAL SETTINGS. INTACT AMERICA SEEKS TO ACHIEVE ITS GOALS THROUGH EDUCATION, ADVOCACY, PUBLIC POLICY REFORM, AND THE EMPOWERMENT OF SUPPORTERS, PARTNERS, AND VOLUNTEERS.

4c (Code:) (Expenses $ Including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ Including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,718,152.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

132004
01-23-12

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

HOWARD BIRNBAUM - 914-631-1611

303 SOUTH BROADWAY, SUITE 321, TARRYTOWN, NY 10591-5455

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE NOLON CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) LINDSAY FARRELL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(3) STAN KACHNOWSKI BOARD MEMBER	1.00	X						0.	0.	0.
(4) SHAN PADDA BOARD MEMBER	1.00	X						0.	0.	0.
(5) JOHN RUGGE BOARD MEMBER	1.00	X						0.	0.	0.
(6) GEORGANNE CHAPIN PRESIDENT/CEO	1.00			X				0.	0.	0.
(7) HOWARD BIRNBAUM CHIEF FINANCIAL OFFICER	1.00			X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TALLAN, INC. PO BOX 202056, DALLAS, TX 75320	COMPUTER CONSULTANTS	704,049.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	390,734.			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f		390,734.			
Program Service Revenue		Business Code				
	2a SALES & LICENSING FEES	900099	1,115,259.	1,115,259.		
	b DEVELOPMENT AND SERVIC	900099	1,014,618.	1,014,618.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,129,877.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.		2,520,611.	2,129,877.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	755,031.	616,889.	138,142.	
b Legal	6,024.		6,024.	
c Accounting	22,828.		22,828.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,000.			9,000.
f Investment management fees				
g Other	733,223.	733,223.		
12 Advertising and promotion	31,421.	28,545.	2,876.	
13 Office expenses	31,653.	25,957.	5,696.	
14 Information technology	4,545.	4,242.	303.	
15 Royalties				
16 Occupancy	33,600.	27,340.	6,260.	
17 Travel	16,300.	16,300.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,689.	22,689.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	207,618.	207,618.		
23 Insurance	3,258.		3,258.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	43,779.	35,349.	8,430.	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,920,969.	1,718,152.	193,817.	9,000.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		719,854.	1	912,146.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		41,223.	3	524,851.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,493.	9	4,635.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,032,841.			
	b	Less: accumulated depreciation	10b 324,797.	915,662.	10c	708,044.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		249,420.	15	69,880.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,932,652.	16	2,219,556.
Liabilities	17	Accounts payable and accrued expenses		123,993.	17	105,470.
	18	Grants payable			18	
	19	Deferred revenue		79,696.	19	466,126.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,383,259.	25	1,702,614.
	26	**Total liabilities.** Add lines 17 through 25		2,586,948.	26	2,274,210.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-756,191.	27	-328,865.
	28	Temporarily restricted net assets		101,895.	28	274,211.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-654,296.	33	-54,654.
	34	Total liabilities and net assets/fund balances		1,932,652.	34	2,219,556.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,520,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,920,969.
3	Revenue less expenses. Subtract line 2 from line 1	3	599,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-654,296.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-54,654.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.	14-1949357

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1191544.	560,949.	582,073.	390,734.	2725300.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		1032757.	879,419.	1588671.	2129877.	5630724.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5		2224301.	1440368.	2170744.	2520611.	8356024.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		10,000.	10,000.	10,000.		30,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year		1179144.	450,000.	535,448.	199,794.	2364386.
c Add lines 7a and 7b		1189144.	460,000.	545,448.	199,794.	2394386.
8 **Public support** (Subtract line 7c from line 6.)						5961638.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		2224301.	1440368.	2170744.	2520611.	8356024.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)		2224301.	1440368.	2170744.	2520611.	8356024.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	71.35 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.

Employer identification number 14-1949357

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	390,734.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	274,211.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

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

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

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

[ ] Preservation of land for public use (e.g., recreation or education)
[ ] Protection of natural habitat
[ ] Preservation of open space
[ ] Preservation of an historically important land area
[ ] Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,032,841.	324,797.	708,044.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				708,044.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO 501(C)(3) ORGANIZATION	1,702,614.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,702,614.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,520,611.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,920,969.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	599,642.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	599,642.

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

1	Total revenue, gains, and other support per audited financial statements			1	2,520,611.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,520,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,520,611.

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

1	Total expenses and losses per audited financial statements			1	1,920,969.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,920,969.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,920,969.

Part XIV Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION HAS ADOPTED ACCOUNTING GUIDANCE RELATED TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES). WHEN THE RETURN IS FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO HEALTH CENTERS INCLUDE SUCH MATTERS AS

Part XIV Supplemental Information *(continued)*

THE FOLLOWING: TAX-EXEMPT STATUS OF THE ENTITY, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). UBIT IS REPORTED ON INTERNAL REVENUE SERVICE FORM 990-T, AS APPROPRIATE. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY.

TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH THE TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. AT DECEMBER 31, 2011 AND 2010, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES.

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN THE STATE OF NEW YORK. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2008.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2011 Open to Public Inspection

Name of the organization	Employer identification number
HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.	14-1949357

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

HEALTH CARE FOR ALL PEOPLE. HCHEQ IS AN ADVOCATE FOR UNIVERSAL HEALTH CARE AND OTHER POLICIES TO BROADEN HEALTH CARE ACCESS, AND A DEVELOPER OF INFORMATION TECHNOLOGIES FOR IMPROVING THE QUALITY, SAFETY, AND EFFICIENCY OF MEDICAL CARE.

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

ACCESS, AND A DEVELOPER OF INFORMATION TECHNOLOGIES FOR IMPROVING THE QUALITY, SAFETY, AND EFFICIENCY OF MEDICAL CARE.

FORM 990, PART VI, SECTION A, LINE 3: THE BOARD OF HUDSON CENTER FOR HEALTH EQUITY & QUALITY, INC. ("HCHEQ") HAS DELEGATED CONTROL OF MANAGEMENT DUTIES TO HUDSON HEALTH PLAN, INC. TO PERFORM ON BEHALF OF HCHEQ.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY MANAGEMENT PRIOR TO SUBMISSION. A COPY OF THE 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: HCHEQ MONITORS ADHERENCE TO THE CONFLICT OF INTEREST POLICY BY HAVING THE BOARD MEMBERS ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT. THROUGH THIS STATEMENT THE MEMBERS ARE ASSURING THAT THEY HAVE NO CURRENT CONFLICT AND WILL REPORT ANY FUTURE CONFLICT AS IT ARISES. IF A PERCEIVED CONFLICT OF INTEREST IS REPORTED, THE HR DEPARTMENT, THE DIRECTOR OF CORPORATE COMPLIANCE OR THE LEGAL COUNSEL WOULD ADDRESS THE VALIDITY AND IMPACT ON THE COMPANY.

Name of the organization HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.

Employer identification number 14-1949357

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND POLICIES AND ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE PUBLIC UPON REQUEST, SUPERVISED BY MANAGEMENT.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.	Employer identification number (EIN) or [X] 14-1949357
	Number, street, and room or suite no. If a P.O. box, see instructions. 303 SOUTH BROADWAY, NO. 321	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TARRYTOWN, NY 10591-5455	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

- The books are in the care of ▶ HOWARD BIRNBAUM 303 SOUTH BROADWAY, SUITE 321 - TARRYTOWN, NY 10591-5455
  Telephone No. ▶ 914-631-1611 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

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

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

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Title ▶ CPA Date ▶

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (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	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	HUDSON CENTER FOR HEALTH EQUITY AND QUALITY, INC.	[X] 14-1949357
	Number, street, and room or suite no. If a P.O. box, see instructions. 303 SOUTH BROADWAY, NO. 321	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TARRYTOWN, NY 10591-5455	

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

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

- The books are in the care of ▶ HOWARD BIRNBAUM 303 SOUTH BROADWAY, SUITE 321 - TARRYTOWN, NY 10591-5455
  Telephone No. ▶ 914-631-1611 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2012)

123841
01-04-12

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NYS OFFICE OF THE ATTORNEY GENERAL
CHARITIES BUREAU