

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning

and ending

<p>B Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>BRIDGES TO EXCELLENCE</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>13 SUGAR STREET</p> <p>City or town, state or country, and ZIP + 4</p> <p>NEWTOWN, CT 06470</p> <p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	<p>D Employer identification number</p> <p>51-0461495</p> <p>E Telephone number</p> <p>203-270-2906</p> <p>F Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) MODIFIED CA</p>
<p>G Website: ▶ WWW.BRIDGESTOEXCELLENCE.ORG</p>		<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶ N/A</p> <p>H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>I Group Exemption Number ▶ N/A</p>	
<p>K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p>		<p>M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>	
<p>L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,489,753.</p>			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a</p> <p>b Direct public support (not included on line 1a) 1b 353,500.</p> <p>c Indirect public support (not included on line 1a) 1c</p> <p>d Government contributions (grants) (not included on line 1a) 1d</p> <p>e Total (add lines 1a through 1d) (cash \$ 353,500. noncash \$ _____) ... 1e 353,500.</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 1,136,253.</p> <p>3 Membership dues and assessments 3</p> <p>4 Interest on savings and temporary cash investments 4</p> <p>5 Dividends and interest from securities 5</p> <p>6 a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c</p> <p>7 Other investment income (describe ▶ _____) 7</p> <p>8 a Gross amount from sales of assets other than inventory 8a</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(A) Securities</td> <td style="width:50%; text-align: center;">(B) Other</td> </tr> <tr> <td style="text-align: center;">8a</td> <td style="text-align: center;">8b</td> </tr> <tr> <td style="text-align: center;">8c</td> <td style="text-align: center;">8d</td> </tr> </table> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ _____ of contributions reported on line 1b) ... 9a</p> <p>b Less: direct expenses other than fundraising expenses 9b</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a 9c</p> <p>10 a Gross sales of inventory, less returns and allowances 10a</p> <p>b Less: cost of goods sold 10b</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c</p> <p>11 Other revenue (from Part VII, line 103) 11</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,489,753.</p>	(A) Securities	(B) Other	8a	8b	8c	8d	
(A) Securities	(B) Other							
8a	8b							
8c	8d							
Revenue								
Expenses	<p>13 Program services (from line 44, column (B)) 13 919,994.</p> <p>14 Management and general (from line 44, column (C)) 14 721,612.</p> <p>15 Fundraising (from line 44, column (D)) 15</p> <p>16 Payments to affiliates (attach schedule) 16</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 1,641,606.</p>							
Net Assets	<p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 <151,853.></p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 221,497.</p> <p>20 Other changes in net assets or fund balances (attach explanation) 20 0.</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 69,644.</p>							

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 2	
22b Other grants and allocations (attach schedule) (cash \$ <u>28,400</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	28,400.	28,400.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	172,550.	78,089.	94,461.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	322,113.	173,245.	148,868.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	58,275.	26,008.	32,267.	
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	138,730.		138,730.	
32 Legal fees	68,792.	6,418.	62,374.	
33 Supplies	2,370.	99.	2,271.	
34 Telephone	12,799.	308.	12,491.	
35 Postage and shipping	3,116.	37.	3,079.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	10,811.	4,580.	6,231.	
39 Travel	8,661.	3,005.	5,656.	
40 Conferences, conventions, and meetings	81,229.	79,330.	1,899.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	51,675.		51,675.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 1	682,085.	520,475.	161,610.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,641,606.	919,994.	721,612.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a NATIONAL: TO INITIATE AND COORDINATE THE DEVELOPMENT, FACILITATION, AND ADMINISTRATION OF QUALITY PROGRAMS WITH PARTICIPATING HEATH CARE PROVIDERS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	203,753.
b PAYMENT MODEL: A PAYMENT MODEL USING EVIDENCE INFORMED CASE RATES TO EFFECTIVELY AND EFFICIENTLY MEET HEALTH CARE NEEDS (Grants and allocations \$ 28,400.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	343,914.
c PROGRAM DEVELOPMENT: TO DEVELOP NEW QUALITY PROGRAMS FOR USE BY HEALTH PLANS AND EMPLOYER'S THAT PARTICIPATE IN BRIDGES TO EXCELLENCE. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31,245.
d RDE: TO CONTINUE THE DEVELOPMENT AND OPERATIONS OF THE RECOGNITION DATA EXCHANGE, WHICH IS THE OPERATIONAL MECHANISM THROUGH WHICH BTE TRANSMITS THE LISTS OF PHYSICIAN RECOGNIZED FOR QUALITY CARE TO PARTICIPATING HEALTH PLANS AND EMPLOYERS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	339,127.
e Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,955.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	919,994.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,818.	45 436,005.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	153,183.	
	b Less: allowance for doubtful accounts		47c 153,183.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	256,445.	
b Less: accumulated depreciation STMT 5	102,155.	203,837. 57c 154,290.	
58 Other assets, including program-related investments (describe ▶ DUE FROM EHI)	15,842.	58 0.	
59 Total assets (must equal line 74). Add lines 45 through 58	221,497.	59 743,478.	
Liabilities	60 Accounts payable and accrued expenses		60 124,667.
	61 Grants payable		61
	62 Deferred revenue		62 506,667.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ DUE TO EHI)	0.	65 42,500.
66 Total liabilities. Add lines 60 through 65	0.	66 673,834.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	221,497.	67 69,644.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	221,497.	73 69,644.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	221,497.	74 743,478.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue (Part I, line 12). Add lines c and d.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses (Part I, line 17). Add lines c and d.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 6, 147,686., 24,864., 0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 7 If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ EHEALTH INITIATIVE and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>DC, CT</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	8
91 a	The books are in care of <u>GOODMAN & COMPANY</u> Telephone no. <u>240-403-3700</u> Located at <u>111 ROCKVILLE PIKE, SUITE 600, ROCKVILLE, MD</u> ZIP + 4 <u>20850</u>		
b	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)?		X
	If "Yes," enter the name of the foreign country <u>N/A</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a HONORARIUM INCOME					88,328.
b LICENSING FEES					703,333.
c PORTAL INCOME					40,795.
d RDE INCOME					301,596.
e REIMBURSED EXPENSES					2,201.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	1,136,253.
105 Total (add line 104, columns (B), (D), and (E))					1,136,253.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **GOODMAN & COMPANY, LLP**
111 ROCKVILLE PIKE, SUITE 600
ROCKVILLE, MD 20850

EIN ▶ _____ Phone no. ▶ **240-403-3700**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization BRIDGES TO EXCELLENCE	Employer identification number 51 0461495
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JESSICA DILORENZO 775 DUANESBURG ROAD, SCHENECTADY, NY	OPERATIONS MANAGER 40.00	108,154.	12,723.	
EDISON MACHADO 10538 63RD DRIVE, QUEENS, NY 11375	MEDICAL DIRECTOR & P 40.00	88,466.	17,227.	
SARAH BURSTEIN 371 STATE ST. APT 1, ALBANY, NY 12210	OPERATIONS LEADER 40.00	60,000.	13,603.	
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
EHEALTH INITIATIVE 818 CONNECTICUT AVE NW STE 500, WASHINGTON, DC 20004	SERVICE FEES	136,180.
DISCERN CONSULTING 1501 SULGRAVE AVE., STE. 302, BALTIMORE, MD 21209	CONSULTING FEES: PROGRAMMATIC SUPP	58,000.
COPPERSMITH, GORDON, SCHERMER & BROCKELMAN, PLC 2800 NORTH CENTRAL AVE. # 1000, PHOENIX, AZ 85004	LEGAL FEES	57,546.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MICHAEL PINE & ASSOCIATES 5020 SOUTH LAKE SHORE DRIVE 304N, CHICAGO, IL 60606	RDE DEVELOPMENT/SUPPO	232,363.
THE MEDSTAT GROUP PO BOX 71716, CHICAGO, IL 60604	RDE FEES/WEB HOSTING	158,353.
MASSPRO 245 WINTER STREET, WALTHAM, MA 02451	EVALUATION/PROGRA MMATIC SUPPORT	62,000.
TOWERS PERRIN 263 TRESSER BLVD., STAMFORD, CT 06901-3226	EVALUATION	56,681.
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	90,050.		40,046.	59,952.	190,048.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	860,575.	446,819.	208,642.	10,550.	1,526,586.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	104.	112.	3.		219.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,395.		SEE STATEMENT 9		1,395.
23 Total of lines 15 through 22	952,124.	446,931.	248,691.	70,502.	1,718,248.
24 Line 23 minus line 17	91,549.	112.	40,049.	59,952.	191,662.
25 Enter 1% of line 23	9,521.	4,469.	2,487.	705.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 3,833.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 118,597.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 191,662.
d Add: Amounts from column (e) for lines: 18 219. 19 22 1,395. 26b 118,597.					26d 120,211.
e Public support (line 26c minus line 26d total)					26e 71,451.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 37.2797%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)	X	
b(v)		X
b(vi)		X
c	X	

- (i) Cash
- (ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51B	42,500.	EHEALTH INITIATIVE	SEE STATEMENT 10
51C	91,997.	EHEALTH INITIATIVE	

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
EHEALTH INITIATIVE	501(C)(6)	SEE STATEMENT 11

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER	090106	SL	3.00	16	4,317.			4,317.	480.		1,439.
2	COMPUTER	090107	SL	3.00	16	2,128.			2,128.			236.
3	RDE SOFTWARE	031706	SL	5.00	16	250,000.			250,000.	50,000.		50,000.
	* TOTAL 990 PAGE 2 DEPR					256,445.		0.	256,445.	50,480.	0.	51,675.

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	48.		48.	
MEALS	1,834.		1,834.	
FILING FEES	547.	315.	232.	
AUDIT FEES	13,750.		13,750.	
COMMUNICATION & PUBLIC RELATIONS	9,383.	6,795.	2,588.	
EVALUATION INFORMATION	68,681.	52,979.	15,702.	
TECHNOLOGY	7,786.		7,786.	
CONSULTING FEES	3,000.		3,000.	
PROGRAMATIC SUPPORT	272,146.	208,396.	63,750.	
WEB DEVELOPMENT	59,104.	12,730.	46,374.	
WEB HOSTING	3,273.	8.	3,265.	
RDE FEES	133,603.	133,603.		
RDE DEVELOPMENT	105,400.	105,400.		
WIRE SERVICES	2,654.		2,654.	
MISC. EXPENSE	50.		50.	
DUES, SUBSCRIPTIONS & PUBLICATIONS	826.	249.	577.	
TOTAL TO FM 990, LN 43	682,085.	520,475.	161,610.	

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	2
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROMETHEUS PAYMENT, INC. 2309 DELANCEY PLACE PHILADELPHIA, PA 19103-6406	28,400.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	28,400.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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EXPLANATION

BRIDGES TO EXCELLENCE WAS DEVELOPED BY EMPLOYERS, PHYSICIANS, HEALTH CARE SERVICES, RESEARCHERS, AND OTHER INDUSTRY EXPERTS WITH A MISSION TO CREATE SIGNIFICANT LEAPS IN THE QUALITY OF CARE BY RECOGNIZING AND REWARDING HEALTH CARE PROVIDERS WHO DEMONSTRATE THAT THEY HAVE IMPLEMENTED COMPREHENSIVE SOLUTIONS IN THE MANAGEMENT OF PATIENTS AND DELIVER SAFE, TIMELY, EFFECTIVE, EFFICIENT, EQUITABLE AND PATIENT-CENTERED CARE.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
SPEAKING ENGAGEMENT'S AND MEETINGS	0.	463.
GEORGIA	0.	1,492.
TOTAL TO FORM 990, PART III, LINE E		1,955.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	4,317.	1,919.	2,398.
COMPUTER	2,128.	236.	1,892.
RDE SOFTWARE	250,000.	100,000.	150,000.
TOTAL TO FORM 990, PART IV, LN 57	256,445.	102,155.	154,290.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
FRANCOIS DE BRANTES 13 SUGAR STREET NEWTOWN, CT 06470-2046	CEO 40.00	147,686.	24,864.	0.
GEORGE CHEDRAOUI 13 SUGAR STREET NEWTOWN, CT 06470-2046	PRESIDENT 5.00	0.	0.	0.
CHARLES MONTREUIL 13 SUGAR STREET NEWTOWN, CT 06470-2046	TREASURER 5.00	0.	0.	0.
THOMAS LEE, MD 13 SUGAR STREET NEWTOWN, CT 06470-2046	SECRETARY 1.00	0.	0.	0.
SUZANNE DELBANCO 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
GEORGE ISHAM, MD 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 2.00	0.	0.	0.
VINCE KERR 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.

ALLAN KORN, MD 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
STEVE NORD 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
JEFF RIDEOUT, MD 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
PASCALE THOMAS 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
DELIA VETTER 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
ANDREW WEBBER 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
DALE WHITNEY 13 SUGAR STREET NEWTOWN, CT 06470-2046	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>147,686.</u>	<u>24,864.</u>	<u>0.</u>

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FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 7
RELATED ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
FRANCOIS DEBRANTES	81,425.		
NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER		
EHEALTH INITIATIVE	52-2303820		
RELATIONSHIP BETWEEN ORGANIZATIONS			
SHARED SERVICES AGREEMENT			
COMPENSATION DESCRIPTION			
ORGANIZATIONS SHARE EMPLOYEES			

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	HONORARIUM INCOME: ENABLES BTE TO PROVIDE EDUCATION TO ITS MEMBERS AND PROSPECTIVE MEMBERS REGARDING THE HEALTH CARE PROGRAM
93B	LICENSE FEES: REVENUES ARE DERIVED BASED ON A LICENSE AGREEMENT WITH AN EMPLOYER. THE LICENSING OF BTE'S PROGRAMS IS THE ONLY PRACTICAL WAY TO FURTHER ITS GOALS OF IMPROVING THE QUALITY OF CARE. IN LICENSING BTE PROGRAMS, HEALTH PLANS COMMIT TO IMPLEMENTING THE PROGRAMS AS DESIGNED, THUS CREATING BROADER INCENTIVES TO RECOGNIZE PHYSICIANS THAT DELIVER BETTER QUALITY CARE. BTE'S PRIOR IMPLEMENTATION WAS TO TACKLE QUALITY IMPROVEMENT ONE COMMUNITY AT A TIME. THE LICENSING ENABLES BTE TO AFFECT QUALITY IMPROVEMENT ACTIVITIES THROUGHOUT THE U.S. SIMULTANEOUSLY, NOT JUST ONE COMMUNITY AT A TIME.
93C	PORTAL INCOME: EMPLOYERS PARTICIPATING IN BTE'S PHYSICIAN AND PRACTICE PORTAL PAY A SMALL FEE TO BTE TO HELP DEFRAY THE COSTS OF MANAGING THE PORTAL.
93D	RDE INCOME: FEES ARE ASSESSED FOR ALL COVERED LIVES COLLECTIVELY FROM ALL PARTICIPATING HEALTH PLANS AND EMPLOYERS WITHIN A REGION AND ARE INTENDED TO HELP COVER BTE'S COSTS
93E	REIMBURSED EXPENSES ARE EXPENSES INCURRED BY BTE THAT ARE REIMBURSED

BY ORGANIZATIONS FOR TRAVEL RELATED EXPENSES FOR SPEAKING ENGAGEMENTS
AND MEETINGS

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	1,395.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	1,395.	0.	0.	0.	

INSPECTION COPY

SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 10
PART VII, LINE 51, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

EHEALTH INITIATIVE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

COVERS EXPENSES

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

EHEALTH INITIATIVE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SHARING OF EMPLOYEES

SCHEDULE A	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART VII, LINE 52, COLUMN (C)	STATEMENT 11
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NAME OF AFFILIATED OR RELATED ORGANIZATION

EHEALTH INITIATIVE

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

SHARED SERVICES AGREEMENT

INSPECTION COPY

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

BRIDGES TO EXCELLENCE

FORM 990 PAGE 2

51-0461495

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	51,675.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input checked="" type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,675.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and other details

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding written policy statements and employee information

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year: Table with columns for percentage and other details

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44