

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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **05/01, 2017**, and ending **04/30, 2018**

| | | | | |
|--|--|--|--|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | | | D Employer identification number 38-3017223 |
| | Doing Business As | | | E Telephone number (617) 301-4800 |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | G Gross receipts \$ 84,757,744. |
| | 53 STATE STREET, 19TH FL | | | |
| City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| F Name and address of principal officer: DEREK FEELEY 53 STATE STREET, 19TH FL BOSTON, MA 02109 | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | If "No," attach a list. (see instructions) | |
| J Website: ▶ HTTP://WWW.IHI.ORG | | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1992 M State of legal domicile: MA | |

Part I Summary

| | | |
|---|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE HEALTH AND HEALTH CARE WORLDWIDE. | |
| | 2 Check this box <input type="checkbox"/> 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 16. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 14. |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 239. |
| | 6 Total number of volunteers (estimate if necessary) | 6 68. |
| | 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 28,664. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 10,676,856. Current Year 14,998,191. |
| | 9 Program service revenue (Part VIII, line 2g) | 34,498,401. 38,953,138. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 9,211,959. 2,117,036. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 12,004. 31,122. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 54,399,220. 56,099,487. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 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) | | 22,349,856. 27,170,300. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | 0. |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 22,328,044. 27,951,067. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 46,047,292. 57,308,609. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 8,351,928. -1,209,122. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 113,172,138. End of Year 121,328,029. |
| | 21 Total liabilities (Part X, line 26) | 18,328,151. 21,551,141. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 94,843,987. 99,776,888. |

COPY FOR PUBLIC INSPECTION

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 | Date | | | |
| | AMY HOSFORD-SWAN Type or print name and title | 03/08/2019 CHIEF FIN. OFFICER | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | PHILLIP GROFF | | 03/08/2019 | | P01247783 |
| | Firm's name ▶ KPMG LLP | Firm's EIN ▶ 13-5565207 | Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111 | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

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

OMB No. 1545-1709

▶ **File a separate application for each return.**
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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. INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number (EIN) or 38-3017223 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 20 UNIVERSITY ROAD - 7TH FL | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE, MA 02138 | |

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

• The books are in the care of ▶ AMY HOSFORD-SWAN -----

Telephone No. ▶ 617-301-4800 ----- Fax No. ▶ 617-714-6783 -----

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

1 I request an automatic 6-month extension of time until MARCH 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning MAY 1, 2016, and ending APRIL 30, 2017.

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

| | | | |
|---|-----------|----|------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | NONE |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | NONE |
| 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 | \$ | NONE |

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

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PLEASE REFER TO IHI'S MISSION STATEMENT AS OUTLINED ON PAGES 1 - 3 OF SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 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 \$ 17,078,548. including grants of \$ 2,122,242.) (Revenue \$) GRANTS: THE ORGANIZATION RECEIVED AND EXPENDED FUNDS FOR A VARIETY OF PURPOSES IN THE PURSUIT OF ITS MISSION. THESE INCLUDED PROGRAMS TO IMPROVE MATERNAL AND NEWBORN HEALTH CARE SERVICES, IMPROVE CARE FOR INDIVIDUALS WITH COMPLEX HEALTH CARE NEEDS, IMPROVE DIAGNOSIS, IMPROVE PATIENT SAFETY, IMPROVE CARE AND HEALTH FOR OLDER ADULTS, TEST THE INTEGRATION OF BEHAVIORAL HEALTH SERVICES WITH PHYSICAL HEALTH SERVICES, AS WELL AS MANY MORE. THESE EFFORTS CONTRIBUTE TO IHI'S GROWING KNOWLEDGE OF OPTIMAL SYSTEM DESIGNS THAT CAN DRAMATICALLY IMPROVE BOTH HEALTH AND PATIENT CARE.

4b (Code:) (Expenses \$ 11,250,680. including grants of \$ 45,000.) (Revenue \$ 18,438,605.) STRATEGIC PARTNERS AND CONTRACTS: IHI MAINTAINS A VARIETY OF CLOSELY ALIGNED, STRATEGIC RELATIONSHIPS WITH ORGANIZATIONS IN REGIONS AROUND THE WORLD, INCLUDING THE UNITED STATES, THE UNITED KINGDOM, AFRICA, EUROPE, MIDDLE EAST, ASIA-PACIFIC, AND LATIN AMERICA. CONTRACTED SERVICES ARE FOCUSED ON ACHIEVING STRATEGIC OBJECTIVES, SYSTEM-LEVEL IMPROVEMENT, AND CAPABILITY BUILDING.

4c (Code:) (Expenses \$ 13,725,959. including grants of \$ 20,000.) (Revenue \$ 13,182,326.) ATTACHMENT 1

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 5,560,098. including grants of) (Revenue \$ 7,363,329.)

4e Total program service expenses 47,615,285.

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)? <i>If "Yes," complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | 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? <i>If "Yes," complete Schedule C, Part II.</i> | | 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? <i>If "Yes," complete Schedule C, Part III.</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I.</i> | | 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? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | | 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? <i>If "Yes," complete Schedule D, Part VI.</i> | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | 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)? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). | | 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? <i>If "Yes," complete Schedule G, Part II.</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | 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? <i>If "Yes," complete Schedule J.</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> | | 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? <i>If "Yes," complete Schedule L, Part III.</i> | | 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? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | 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? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | 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? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA,
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.
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, address, and telephone number of the person who possesses the organization's books and records: AMY HOSFORD-SWAN 53 STATE STREET, 19TH FL BOSTON, MA 02109 617-301-4800

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

Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line) | (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)DEREK FEELEY PRESIDENT & CEO | 40.00 0. | X | | X | | | | 651,175. | 0. | 61,959. |
| (2)DONALD M. BERWICK DIRECTOR | 19.00 0. | X | | | | | | 275,000. | 0. | 0. |
| (3)ANN SCOTT BLOUIN, RN, PHD, FAC DIRECTOR (BEG. 5/1/17) | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (4)THOMAS W. CHAPMAN, MPH, EDD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (5)MICHAEL DOWLING BOARD CHAIR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (6)ELLIOT S. FISHER, MD, MPH DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (7)A. BLANTON GODFREY, PHD DIRECTOR (THROUGH 5/23/17) | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (8)JENNIE CHIN HANSEN DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (9)HELEN HASKELL, MA DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (10)GERALD B. HICKSON, MD DIRECTOR (BEG. 5/1/17) | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (11)BRENT C. JAMES, MD, MSTAT DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (12)GARY S. KAPLAN, MD IMMEDIATE POST CHAIR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (13)ARNOLD MILSTEIN, MD, PHD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (14)MARY BETH NAVARRA-SIRIO, MBA, DIRECTOR (BEG. 5/1/17) | 1.00 0. | 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 (list any hours for related organizations below dotted line) | (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 | | | |
| (15) ENRIQUE RUELAS, MD, MPA, MHSC DIRECTOR | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (16) MARK D. SMITH, MD, MBA DIRECTOR | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (17) NANCY L. SNYDERMAN, MD DIRECTOR (THROUGH 2/2/18) | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (18) SAM R. WATSON, MSA, CPPS DIRECTOR (BEG. 5/1/17) | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (19) DONALD GOLDMANN, MD CHIEF SCI. & MEDICAL OFFICER | 40.00 0. | | | X | | | 343,621. | 0. | 27,647. | |
| (20) JOANNE HEALY SENIOR VICE PRESIDENT | 40.00 0. | | | X | | | 242,195. | 0. | 25,667. | |
| (21) AMY HOSFORD-SWAN CHIEF FINANCIAL OFFICER | 40.00 0. | | | X | | | 347,058. | 0. | 7,729. | |
| (22) CAROL BEASLEY SENIOR VICE PRESIDENT | 40.00 0. | | | X | | | 307,474. | 0. | 16,294. | |
| (23) PIERRE BARKER SENIOR VICE PRESIDENT | 40.00 0. | | | X | | | 427,136. | 0. | 30,457. | |
| (24) TRISSA TORRES CHIEF OPS & N. AMER. PROGRAMS | 40.00 0. | | | X | | | 363,840. | 0. | 51,088. | |
| (25) KEDAR MATE CHIEF INNOVATION & ED OFFICER | 40.00 0. | | | X | | | 368,614. | 0. | 54,567. | |
| 1b Sub-total | | | | | | | 926,175. | 0. | 61,959. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 5,409,182. | 0. | 478,862. | |
| d Total (add lines 1b and 1c) | | | | | | | 6,335,357. | 0. | 540,821. | |

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 ► 70

| | 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 |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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 | | | |
| (26) TEJAL GANDHI CHIEF CLIN. & SAFETY OFFICER | 40.00 0. | | | X | | | 216,533. | 0. | 33,580. | |
| (27) PAUL HAMNETT VICE PRESIDENT OF ENGINEERING | 40.00 0. | | | | X | | 233,846. | 0. | 29,369. | |
| (28) KENNETH TEBBETTS CHIEF OF HUMAN RESOURCES | 40.00 0. | | | | X | | 205,883. | 0. | 22,819. | |
| (29) PEDRO DELGADO EXECUTIVE DIRECTOR, BUS. DEV. | 40.00 0. | | | | X | | 255,764. | 0. | 11,670. | |
| (30) AZHAR ALI EXECUTIVE DIRECTOR | 40.00 0. | | | | X | | 275,308. | 0. | 6,706. | |
| (31) SARANYA LOEHRER HEAD OF N. AMERICA REGION | 40.00 0. | | | | X | | 255,182. | 0. | 14,263. | |
| (32) SODZI SODZI-TETTEY EXECUTIVE DIRECTOR | 40.00 0. | | | | X | | 263,392. | 0. | 0. | |
| (33) CAROL HARADEN VICE PRESIDENT | 40.00 0. | | | | | X | 143,148. | 0. | 12,919. | |
| (34) ROBERT LLOYD VICE PRESIDENT | 40.00 0. | | | | | X | 259,869. | 0. | 46,270. | |
| (35) PATRICIA RUTHERFORD VICE PRESIDENT | 40.00 0. | | | | | X | 229,614. | 0. | 15,250. | |
| (36) FRANK FEDERICO VICE PRESIDENT | 40.00 0. | | | | | X | 224,974. | 0. | 43,925. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 **70**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|----------------------|---------------|----------------------|--|---|--|
| 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 | 426,396. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 14,571,795. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | 14,998,191. | | | |
| Program Service Revenue | 2a CONTRACT SERVICES | Business Code | | | | | |
| | | 900099 | | 17,576,825. | 17,576,825. | | |
| | b PARTICIPATION/MEETING/CONFERENCE FEES | 900099 | | 16,022,175. | 16,022,175. | | |
| | c MEMBERSHIP DUES | 900099 | | 3,687,931. | 3,687,931. | | |
| | d OPEN SCHOOL | 900099 | | 1,666,207. | 1,666,207. | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | 38,953,138. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ▶ | | | 1,927,628. | | | 1,927,628. |
| | 4 Income from investment of tax-exempt bond proceeds . ▶ | | | 0. | | | |
| | 5 Royalties ▶ | | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | 0. | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 28,847,665. | | | | | |
| | b Less: cost or other basis and sales expenses | 28,534,556. | 123,701. | | | | |
| | c Gain or (loss) | 313,109. | -123,701. | | | | |
| | d Net gain or (loss) ▶ | | | 189,408. | | | 189,408. |
| | 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. ▶ | | | 0. | | | | |
| 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. ▶ | | | 0. | | | | |
| 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. ▶ | | | 0. | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a OTHER REVENUE | 900099 | | 31,122. | 31,122. | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 31,122. | | | | |
| 12 Total revenue. See instructions. ▶ | | | 56,099,487. | 38,984,260. | | 2,117,036. | |

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | 538,639. | 538,639. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,648,603. | 1,648,603. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,392,762. | 2,335,559. | 57,203. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 19,343,478. | 15,529,794. | 3,813,684. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 372,136. | 147,817. | 224,319. | |
| 9 Other employee benefits | 3,484,380. | 1,384,036. | 2,100,344. | |
| 10 Payroll taxes | 1,577,544. | 1,451,340. | 126,204. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 204,014. | 12,219. | 191,795. | |
| c Accounting | 136,028. | | 136,028. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 42,158. | 1,097. | 41,061. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0. | | | |
| 12 Advertising and promotion | 886,283. | 765,960. | 120,323. | |
| 13 Office expenses | 367,676. | 95,239. | 272,437. | |
| 14 Information technology | 1,261,556. | 1,005,240. | 256,316. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 2,233,094. | 1,644,946. | 588,148. | |
| 17 Travel | 4,207,429. | 3,822,573. | 384,856. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 5,067,051. | 4,921,555. | 145,496. | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 924,109. | 776,693. | 147,416. | |
| 23 Insurance | 171,054. | 32,111. | 138,943. | |
| 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 CONSULTING | 7,681,405. | 7,155,144. | 526,261. | |
| b PROFESSIONAL FEES | 3,613,669. | 3,304,274. | 309,395. | |
| c MISCELLANEOUS | 920,227. | 807,132. | 113,095. | |
| d INTERNATIONAL TAXES | 235,314. | 235,314. | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 57,308,609. | 47,615,285. | 9,693,324. | |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 0. | 1 | 0. |
| | 2 Savings and temporary cash investments | 16,581,986. | 2 | 24,328,881. |
| | 3 Pledges and grants receivable, net | 1,147,763. | 3 | 565,674. |
| | 4 Accounts receivable, net | 6,013,237. | 4 | 8,186,717. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other 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). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 607,290. | 9 | 1,592,246. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,894,650. | | |
| | b Less: accumulated depreciation | 10b 8,258,390. | 1,275,448. | 10c 5,636,260. |
| | 11 Investments - publicly traded securities | ATCH 4 | 87,546,414. | 11 81,018,251. |
| | 12 Investments - other securities. See Part IV, line 11 | | 0. | 12 0. |
| | 13 Investments - program-related. See Part IV, line 11 | | 0. | 13 0. |
| | 14 Intangible assets | | 0. | 14 0. |
| | 15 Other assets. See Part IV, line 11 | | 0. | 15 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 113,172,138. | 16 121,328,029. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,782,483. | 17 | 5,369,973. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 3,657,307. | 19 | 6,361,553. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 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 | 9,888,361. | 25 | 9,819,615. |
| | 26 Total liabilities. Add lines 17 through 25 | 18,328,151. | 26 | 21,551,141. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 92,565,434. | 27 | 97,833,728. |
| | 28 Temporarily restricted net assets | 2,278,553. | 28 | 1,943,160. |
| | 29 Permanently restricted net assets | 0. | 29 | 0. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | 94,843,987. | 33 | 99,776,888. | |
| 34 Total liabilities and net assets/fund balances | 113,172,138. | 34 | 121,328,029. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 56,099,487. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 57,308,609. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,209,122. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 94,843,987. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,993,647. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 1,148,376. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 99,776,888. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

| | |
|---|---|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|---|---|

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2017

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (39.46%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (37.92%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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 2017 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11 a | |
| b A family member of a person described in (a) above? | 11 b | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | 11 c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

| Section C - Distributable Amount | | | Current Year |
|---|----------|--|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2017

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

| | |
|---|---|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|---|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|--|---|
| Name of organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ | \$ 4,398,266. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ | \$ 2,765,228. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ | \$ 1,422,314. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ | \$ 1,179,669. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ | \$ 876,651. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ | \$ 503,479. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **INSTITUTE FOR HEALTHCARE IMPROVEMENT**

Employer identification number

38-3017223

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

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

Name of organization **INSTITUTE FOR HEALTHCARE IMPROVEMENT**

Employer identification number
38-3017223

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

INSTITUTE FOR HEALTHCARE IMPROVEMENT

38-3017223

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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 XIII.
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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 on 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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) LEASE-RELATED LIABILITIES | 2,423,166. | |
| (3) REFUNDABLE ADVANCES | 5,892,309. | |
| (4) DEFERRED COMPENSATION | 1,504,140. | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 9,819,615. | |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

ASC 740 (FIN 48) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE INSTITUTE IS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN MADE.

GAAP REQUIRES THE INSTITUTE TO EVALUATE UNCERTAIN TAX POSITIONS. MANAGEMENT CONCLUDED AS OF AND FOR THE YEARS ENDED APRIL 30, 2018 AND 2017, THAT THE INSTITUTE DID NOT HAVE ANY LIABILITIES FOR ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D

OTHER AMOUNTS INCLUDED IN LINE 1 BUT NOT ON FORM 990, PART VII, LINE 12

EFFECT OF MERGER \$ 1,148,376

SEE SCHEDULE O FOR MORE INFORMATION

TOTAL \$ 1,148,376

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number

38-3017223

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE | 0. | 2. | PROGRAM SERVICES | SEE SCHEDULE F PART V | 3,468,805. |
| (2) SUB-SAHARAN AFRICA | 1. | 24. | PROGRAM SERVICES | SEE SCHEDULE F PART V | 6,377,241. |
| (3) EAST ASIA AND THE PACIFIC | 0. | 0. | PROGRAM SERVICES | SEE SCHEDULE F PART V | 455,814. |
| (4) MIDDLE EAST AND NORTH AFRICA | 0. | 2. | PROGRAM SERVICES | SEE SCHEDULE F PART V | 3,683,711. |
| (5) SOUTH AMERICA | 0. | 0. | PROGRAM SERVICES | SEE SCHEDULE F PART V | 2,374,492. |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 1. | 28. | | | 16,360,063. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 1. | 28. | | | 16,360,063. |

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

Schedule F (Form 990) 2017

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SUB-SAHARAN AFRICA | HEALTH CARE | 361,176. | WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | HEALTH CARE | 421,136. | WIRE | | | |
| (3) | | | SOUTH AMERICA | HEALTH CARE | 766,291. | WIRE | | | |
| (4) | | | EUROPE/ICELAND/GREENLAND | HEALTH CARE | 100,000. | WIRE | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 4

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FOREIGN ACTIVITIES

SCHEDULE F, PARTS I AND II

IHI'S WORK IN LOW- AND MIDDLE-INCOME COUNTRIES SEEKS TO SAVE LIVES THROUGH HIGHLY LEVERAGED INTERVENTIONS AMONG LARGE POPULATIONS. THE MODELS AND METHODS UTILIZED IN SOUTH AFRICA, MALAWI, ETHIOPIA, AND GHANA ARE BORROWED FROM EFFORTS IN THE US, UK, RUSSIA, AND PERU. THROUGH LOCAL ADAPTATION OF THESE METHODS IN AFRICA, IHI DEVELOPED NEW STYLES OF PROTOTYPING, IMPLEMENTATION AND SPREAD THAT CURRENTLY INFLUENCE IHI'S WORK ON LARGE POPULATIONS IN THE US AND AROUND THE WORLD. WITH EVER-INCREASING DEMANDS TO IMPROVE ACCESS TO HEALTH CARE AND CONTROL COSTS, THE US AND OTHER COUNTRIES CAN BENEFIT FROM LESSONS LEARNED IN AFRICA WHERE DISEASE BURDENS ARE HIGH AND RESOURCES ARE LIMITED.

MALAWI: FOUNDED IN 2006, MAIKHANDA TRUST (MEANING 'MOTHER AND NEONATE' IN A LOCAL DIALECT, CHICHEWA) CURRENTLY WORKS TO REDUCE MATERNAL AND NEONATAL MORBIDITY AND MORTALITY IN THE KUSUNGU AND LILONGWE DISTRICTS. IHI IS NOW PARTNERING WITH THE GATES FOUNDATION TO MEET THESE GOALS. MAIKHANDA WORKS CLOSELY WITH COMMUNITIES TO ENSURE THAT IMPROVEMENTS ARE POSITIVE AND SUSTAINABLE. IT IS A CHARITABLE TRUST (GOVERNED BY A BOARD OF TRUSTEES) THAT EMPLOYS APPROXIMATELY EIGHT EMPLOYEES WORKING IN THE PROGRAM TEACHING QUALITY IMPROVEMENT METHODOLOGIES IN HEALTH CARE FACILITIES AND NUMEROUS COMMUNITY GROUPS. MAIKHANDA EMPLOYS ADMINISTRATIVE, CLERICAL, PROGRAM STAFF AND DRIVERS. MAIKHANDA'S MAIN OFFICE IS BASED IN LILONGWE, MALAWI.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SOUTH AFRICA: IHI BEGAN ITS WORK IN SOUTH AFRICA IN 2004, WITH A FOCUS ON IMPROVING TREATMENT OF HIV/AIDS. TODAY WE ARE WORKING WITH PARTNER ORGANIZATIONS AND THE SOUTH AFRICA NATIONAL DEPARTMENT OF HEALTH ACROSS SEVERAL DISTRICTS TO IMPROVE CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV/AIDS AND TUBERCULOSIS. ADDITIONALLY WE OFFER COURSES IN QUALITY IMPROVEMENT AND LEADERSHIP. WE CURRENTLY HAVE STAFF AND FACULTY/CONSULTANTS WORKING ON THE GROUND IN THE COUNTRY. THEY WORK OUT OF OFFICES PROVIDED BY OUR PARTNERS OR THEIR HOMES.

ETHIOPIA: SINCE OCTOBER 2013, THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) HAS WORKED IN PARTNERSHIP WITH THE ETHIOPIAN FEDERAL MINISTRY OF HEALTH (FMOH), WITH THE SUPPORT OF THE BILL & MELINDA GATES FOUNDATION AND MARGARET A. CARGILL PHILANTHROPIES, TO EXPLORE HOW QUALITY IMPROVEMENT (QI) METHODOLOGIES MIGHT ACCELERATE PROGRESS OF THE FMOH TO REDUCE MORTALITY AMONG MOTHERS AND NEWBORNS. IN SUPPORT OF THE FMOH'S AMBITIOUS AGENDA, IHI PROVIDES CLINICAL TRAINING, MENTORSHIP, MEDICAL EQUIPMENT SUPPORT, AND ON-SITE COACHING OF NURSES AND MIDWIVES TO IMPROVE THE QUALITY OF CARE THAT THEY PROVIDE TO MOTHERS AND INFANTS IN VULNERABLE COMMUNITIES ACROSS THE COUNTRY.

MONITOR FUNDS OUTSIDE THE US

PART I, LINE 2

ALL GRANTS PROVIDED ARE PASS-THROUGH GRANTS. OUR PROCEDURES FOR MONITORING ARE DICTATED BOTH BY THE REQUIREMENTS OF THE ORIGINAL FUNDER,

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

IHI INTERNAL POLICIES AND PROCEDURES, AND THE RESULTS OF OUR EVALUATION PRIOR TO GRANTING THE ACTUAL AWARD. THERE ARE REQUIREMENTS FOR REGULAR PROGRAM, PROGRAM EVALUATION AND ASSESSMENT AND FINANCIAL REPORTING, NO LESS REGULARLY THAN BI-ANNUALLY AND AS FREQUENTLY AS MONTHLY. FINANCIAL REPORTING REQUIREMENTS MUST BE ABIDED BY BEFORE WIRES ARE PROCESSED TO THE SUB-GRANTEE. ALL FINANCIAL REPORTS MUST BE ACCOMPANIED BY SUPPORTING GENERAL LEDGER DETAIL AND DEPENDING ON THE GRANT, STATEMENT OF CASH FLOWS, BALANCE SHEET, BANK STATEMENTS, ETC. ANNUAL AUDITS AND MANAGEMENT LETTERS ARE COLLECTED FROM MOST SUB-GRANTEES (IF AVAILABLE). ALL SUB-GRANTEES, RECEIVING MATERIAL AWARDS, HAVE IHI STAFF HELPING ON THE GROUND OR ARE VISITED ON A REGULAR BASIS FOR PROGRAM MONITORING AND OFTEN ONCE OR TWICE PER YEAR FOR FINANCIAL MONITORING/INTERNAL AUDITING. DEPENDING ON THE SUB-GRANTEE, OUR FINANCIAL MONITORING MAY CONSIST OF A FINANCE STAFF VISITING THE SITE AND PERFORMING INTERNAL AUDIT PROCEDURES, PROGRAM STAFF COLLECTING DOCUMENTATION/PERFORMING TEST WORK AND REPORTING BACK TO FINANCE, OR SUB-GRANTEE STAFF SENDING DOCUMENTATION TO OUR FINANCE AND INTERNAL AUDITOR FOR REVIEW.

PROGRAM SERVICE

PART I, LINE 3

EUROPE: IHI WORKS IN EUROPE ON IMPROVING HEALTH CARE DELIVERY AND SAFETY THROUGH A VARIETY OF CONTRACTUAL RELATIONSHIPS. IHI ALSO CO-SPONSORS THE INTERNATIONAL FORUM ON QUALITY AND SAFETY IN HEALTHCARE HELD ANNUALLY, TYPICALLY IN A EUROPEAN LOCATION.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SUB-SAHARAN AFRICA: OUR PROGRAMS IN ETHIOPIA, MALAWI, AND GHANA ARE AIMED AT REDUCING MOTHER AND CHILD MORTALITY. IN SOUTH AFRICA, OUR PROGRAM AIMS TO IMPROVE CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV/AIDS AND TUBERCULOSIS.

BRAZIL: IHI IS WORKING WITH HOSPITAL ISRAELITA ALBERT EINSTEIN TO IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE FOR THE PEOPLE OF BRAZIL.

MIDDLE EAST: IHI PROVIDES ONSITE PROFESSIONAL DEVELOPMENT TRAINING TO THE SAUDI ARABIA HEALTH COUNCIL AND THE HAMAD MEDICAL CORPORATION IN QATAR. IHI ALSO WORKS WITH BOTH ENTITIES TO DEVELOP LONG-TERM STRATEGIES FOR IMPROVING HEALTH AND THE QUALITY AND SAFETY OF CARE.

EAST ASIA AND THE PACIFIC: IHI WORKS IN THE EAST ASIA AND PACIFIC REGION TO IMPROVE HEALTH AND HEALTH CARE THROUGH CONTRACTUAL RELATIONSHIPS WITH MELBOURNE HEALTH (AUSTRALIA) TO FUND AN AUSTRALIAN FELLOW; THE WORLD BANK TO ASSIST WITH CHINESE HEALTH REFORM; AND ACCESS INDIA TO IMPROVE HEALTH OUTCOMES FOR NEWBORNS.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number

38-3017223

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BETHEL AME CHURCH 40 WALK HILL STREET JAMAICA PLAIN, MA 02138 | 27-1375096 | 501(C)(3) | 12,000. | | | | HEALTH CARE |
| (2) BOSTON MEDICAL CENTER DEPT OF PEDIATRICS ONE BMC PLACE, BOSTON MA 02118 | 04-3314093 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (3) CATTARAUGUS COUNTY HEALTH DEPT 1 LEO MOSS DR OLEAN, NY 14760 | 16-6002555 | 115 | 9,800. | | | | HEALTH CARE |
| (4) CENTER FOR COURAGE AND RENEWAL 1402 THIRD AVE SUITE 925 SEATTLE, WA 98101 | 33-1023228 | 501(C)(3) | 38,000. | | | | HEALTH CARE |
| (5) CHESHIRE MEDICAL CENTER 580 COUNT ST KEENE, NH 03431 | 02-0354549 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (6) COMMUNITY MEDICAL CLINIC OF KERSHAW CIINIC PO BOX 217 CAMDEN, SC 29020 | 52-2305386 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (7) COMMUNITY SOLUTIONS 125 MAIDEN LANE SUITE 16C, NY NY 10038 | 27-3523909 | 501(C)(3) | 51,625. | | | | HEALTH CARE |
| (8) DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO ST LOS ANGELES, CA 90013 | 31-1597223 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (9) ETHNIC COMMUNITY-BASED ORGANIZATION 2284 EAST RENEGADE RD SANDY, UT 84093 | 47-1353956 | 501(C)(3) | 13,036. | | | | HEALTH CARE |
| (10) FENWAY COMMUNITY HEALTH CENTER, INC. 1340 BOYLSTON STREET BOSTON, MA 02215 | 04-2510564 | 501(C)(3) | 20,000. | | | | HEALTH CARE |
| (11) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATIO PO BOX 3999 ATLANTA, GA 30302 | 58-1845423 | 501(C)(3) | 7,488. | | | | HEALTH CARE |
| (12) HEALTH RESEARCH & EDUC TRUST 155 N WACKER STE 400 CHICAGO, IL 60606 | 36-2203931 | 501(C)(3) | 25,000. | | | | HEALTH CARE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number

38-3017223

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) INSTITUTE FOR PEOPLE, PLACE, AND POSSIBILIT 501 FAY STREET SUITE 206 COLUMBIA, MO 65201 | 38-1357020 | 501(C)(3) | 76,000. | | | | HEALTH CARE |
| (2) LARAMIE COUNTY COMMUNITY PARTNERSHIP, INC P.O. BOX 1143 CHEYENNE, WY 82003 | 15-5671574 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (3) MAINE GENERAL MEDICAL CENTER 35 MEDICAL CENTER PKWY AUGUSTA, ME 04330 | 04-3369653 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (4) NETWORK FOR REGIONAL HEALTHCARE IMPROVEMENT 217 COMMERCIAL ST PORTLAND, ME 04101 | 45-1754340 | 501(C)(3) | 20,000. | | | | HEALTH CARE |
| (5) PRESBYTERIAN HEALTHCARE SERVICE PO BOX 26666 ALBUQUERQUE, NM 87125 | 85-0105601 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (6) TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP 900 HYDE STREET SAN FRANCISCO, CA 94109 | 94-2597514 | 501(C)(3) | 28,964. | | | | HEALTH CARE |
| (7) UNIV. OF N. CAROLINA CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384 | 56-6001393 | 115 | 129,616. | | | | HEALTH CARE |
| (8) WILLIAMSON HEALTH AND WELLNESS CENTER, INC. 184 EAST 2ND AVE WILLIAMSON, WV 25661 | 57-6001153 | 501(C)(3) | 14,000. | | | | HEALTH CARE |
| (9) THE YMCA OF THE TRIANGLE AREA 801 CORPORATE CTR DR RALEIGH NC 27607 | 56-0591307 | 501(C)(3) | 9,800. | | | | HEALTH CARE |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART I, LINE 2

ALL GRANTS PROVIDED TO FOREIGN ENTITIES ARE PASS-THROUGH GRANTS. OUR PROCEDURES FOR MONITORING ARE DICTATED BOTH BY THE REQUIREMENTS OF THE ORIGINAL FUNDER, IHI INTERNAL POLICIES AND PROCEDURES, AND THE RESULTS OF OUR EVALUATION PRIOR TO GRANTING THE ACTUAL AWARD. THERE ARE REQUIREMENTS FOR REGULAR PROGRAM, PROGRAM EVALUATION AND ASSESSMENT, AND FINANCIAL REPORTING, NO LESS REGULARLY THAN BI-ANNUALLY AND AS FREQUENTLY AS MONTHLY. FINANCIAL REPORTING REQUIREMENTS MUST BE ABIDED BY BEFORE WIRES ARE PROCESSED TO THE SUB-GRANTEE. ALL FINANCIAL REPORTS MUST BE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ACCOMPANIED BY SUPPORTING GENERAL LEDGER DETAIL AND DEPENDING ON THE GRANT, STATEMENT OF CASH FLOWS, BALANCE SHEET, BANK STATEMENTS, ETC. ANNUAL AUDITS AND MANAGEMENT LETTERS ARE COLLECTED FROM MOST SUB-GRANTEES (IF AVAILABLE). ALL SUB-GRANTEES, RECEIVING MATERIAL AWARDS, HAVE IHI STAFF HELPING ON THE GROUND OR ARE VISITED ON A REGULAR BASIS FOR PROGRAM MONITORING AND OFTEN ONCE OR TWICE PER YEAR FOR FINANCIAL MONITORING/INTERNAL AUDITING. DEPENDING ON THE SUB-GRANTEE, OUR FINANCIAL MONITORING MAY CONSIST OF A FINANCE STAFF VISITING THE SITE AND PERFORMING INTERNAL AUDIT PROCEDURES, PROGRAM STAFF COLLECTING DOCUMENTATION/PERFORMING TEST WORK AND REPORTING BACK TO FINANCE, OR

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SUB-GRANTEE STAFF SENDING A DOCUMENTATION TO OUR FINANCE AND INTERNAL
AUDITOR FOR REVIEW.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number

38-3017223

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | X | |
| 2 | X | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
|--------------------|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|----|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | | |
| 1 | DEREK FEELEY PRESIDENT & CEO | (i) | 517,178. | 131,764. | 2,233. | 38,834. | 23,125. | 713,134. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 | DONALD M. BERWICK DIRECTOR | (i) | 275,000. | 0. | 0. | 0. | 0. | 275,000. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 | MAUREEN BISOGNANO FORMER PRESIDENT/CEO | (i) | 228,800. | 0. | 0. | 0. | 0. | 228,800. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 | DONALD GOLDMANN, MD CHIEF SCI. & MEDICAL OFFICER | (i) | 297,857. | 25,000. | 20,764. | 3,381. | 24,266. | 371,268. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | JOANNE HEALY SENIOR VICE PRESIDENT | (i) | 85,710. | 25,000. | 131,485. | 2,318. | 23,349. | 267,862. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | AMY HOSFORD-SWAN CHIEF FINANCIAL OFFICER | (i) | 274,404. | 50,000. | 22,654. | 4,350. | 3,379. | 354,787. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | CAROL BEASLEY SENIOR VICE PRESIDENT | (i) | 258,372. | 25,000. | 24,102. | 4,350. | 11,944. | 323,768. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | PIERRE BARKER SENIOR VICE PRESIDENT | (i) | 346,266. | 50,000. | 30,870. | 4,350. | 26,107. | 457,593. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | TRISSA TORRES CHIEF OPS & N. AMER. PROGRAMS | (i) | 312,598. | 50,000. | 1,242. | 23,109. | 27,979. | 414,928. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | KEDAR MATE CHIEF INNOVATION & ED OFFICER | (i) | 318,065. | 50,000. | 549. | 27,488. | 27,079. | 423,181. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | PAUL HAMNETT VICE PRESIDENT OF ENGINEERING | (i) | 23,303. | 25,000. | 185,543. | 4,350. | 25,019. | 263,215. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 | KENNETH TEBBETTS CHIEF OF HUMAN RESOURCES | (i) | 164,739. | 25,000. | 16,144. | 4,350. | 18,469. | 228,702. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 | PEDRO DELGADO EXECUTIVE DIRECTOR, BUS. DEV. | (i) | 229,746. | 25,000. | 1,018. | 3,450. | 8,220. | 267,434. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | AZHAR ALI EXECUTIVE DIRECTOR | (i) | 249,971. | 25,000. | 337. | 2,640. | 4,066. | 282,014. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | CAROL HARADEN VICE PRESIDENT | (i) | 119,498. | 15,625. | 8,025. | 2,873. | 10,046. | 156,067. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 | ROBERT LLOYD VICE PRESIDENT | (i) | 231,643. | 25,000. | 3,226. | 21,260. | 25,010. | 306,139. | 0. |
| | | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 PATRICIA RUTHERFORD VICE PRESIDENT | (i) | 196,567. | 25,000. | 8,047. | 4,241. | 11,009. | 244,864. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 FRANK FEDERICO VICE PRESIDENT | (i) | 196,366. | 25,000. | 3,608. | 17,465. | 26,460. | 268,899. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 SARANYA LOEHRER HEAD OF N. AMERICA REGION | (i) | 228,194. | 25,000. | 1,988. | 2,973. | 11,290. | 269,445. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 SODZI SODZI-TETTEY EXECUTIVE DIRECTOR | (i) | 238,392. | 25,000. | 0. | 0. | 0. | 263,392. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 TEJAL GANDHI CHIEF CLIN. & SAFETY OFFICER | (i) | 215,283. | 0. | 1,250. | 21,864. | 11,716. | 250,113. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 DAVID WILLIAMS SENIOR LEAD, IMP. METHODS | (i) | 205,287. | 10,000. | 1,644. | 3,450. | 25,192. | 245,573. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A

THE FOLLOWING INDIVIDUALS SEPARATED FROM THE ORGANIZATION AND RECEIVED A SEVERANCE PAYMENT IN THE AMOUNTS DISCLOSED BELOW:

PAUL HAMNETT - \$178,443
 JOANNE HEALY - \$124,395

PART I, LINE 4B

NONQUALIFIED RETIREMENT PLAN COMPENSATION PAID THROUGH AN IRC SECTION 457 PLAN HAS BEEN DISCLOSED ON SCHEDULE J FOR EACH REPORTED INDIVIDUAL.

CAROL BEASLEY - \$ 19,542
 PAUL HAMNETT - \$ 6,324
 DONALD GOLDMANN - \$ 19,819
 AMY HOSFORD-SWAN - \$ 20,679
 JOANNE HEALY - \$ 6,573
 CAROL HARADEN - \$ 4,812
 PATRICIA RUTHERFORD - \$ 3,517
 KENNETH TEBBETTS - \$ 12,925
 PIERRE BARKER - \$ 26,199

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F) AND HAVE NOT RECEIVED A TAXABLE DISTRIBUTION UNTIL VESTED. THE 2017 DEFERRED AMOUNTS ARE REPORTED AS DEFERRED COMPENSATION AND REPORTED IN PART II, COLUMN (C).

DEREK FEELEY

TRISSA TORRES

KEDAR MATE

FRANK FEDERICO

TEJAL GANDHI

ROBERT LLOYD

PATRICIA MCGAFFIGAN

PART II, COLUMN F

MANAGEMENT TEAM BENEFITS

THE INSTITUTE PROVIDES CERTAIN EXECUTIVES BENEFITS UNDER ITS MANAGEMENT TEAM FLEXIBLE BENEFIT PLAN. COVERED EXECUTIVES ARE PROVIDED WITH A FLEXIBLE BENEFIT ALLOWANCE WHICH CAN BE USED TO SELECT CERTAIN BENEFITS,

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

INCLUDING A CAPITAL ACCUMULATION ACCOUNT. THE CAPITAL ACCUMULATION ACCOUNTS ARE MAINTAINED BY THE INSTITUTE AND THE EXECUTIVES ARE NOT VESTED IN THEIR ACCOUNTS UNTIL THEY REACH 5 YEARS OF SERVICE. THE EXECUTIVES ARE UNSECURED CREDITORS OF THE INSTITUTE FOR THE AMOUNT OF THEIR CAPITAL ACCUMULATION ACCOUNTS. THIS BENEFIT PLAN IS EXAMINED IN THE COURSE OF OUR COMPENSATION REVIEW (DICTATED BY OUR COMPENSATION POLICY DESCRIBED IN SCHEDULE O), AND CONSIDERED FAIR, REASONABLE, AND WITHIN THE SAFE HARBOR GUIDELINES FOR EXECUTIVE COMPENSATION BY THE ORGANIZATION. IN ADDITION, OUR COMPENSATION STRUCTURE IS REVIEWED BY AN EXTERNAL COMPENSATION ADVISOR. IHI STRONGLY BELIEVES THAT THE ORGANIZATION NEEDS TO MAINTAIN ADEQUATE BENEFITS NECESSARY TO RETAIN THE TALENTED TEAM REQUIRED TO ACCOMPLISH OUR MISSION OF IMPROVING HEALTH AND HEALTH CARE WORLDWIDE.

PART I, LINE 1

FIRST CLASS TRAVEL

IHI'S TRAVEL POLICY REQUIRES THAT EMPLOYEES PERSONALLY PAY FOR ANY

UPGRADE TO FIRST CLASS. ANY PURCHASE OF FIRST CLASS TICKETS WERE

EXCEPTIONS DUE TO SPECIAL NEEDS AND APPROVED BY IHI MANAGEMENT. DURING

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THIS TIME IHI PAID FOR A SMALL AMOUNT (LESS THAN 20) OF FIRST CLASS TRAVEL TICKETS WHEN, FOR EXAMPLE, STAFF OR FACULTY TRAVELED AT THE REQUEST OF IHI, EXCEPTIONALLY LONG DISTANCES, IN A SHORT TIMELINE AND WERE EXPECTED TO BEGIN WORKING DIRECTLY UPON ARRIVAL; TRAVELED WITH AN INJURY; AND OTHER EXTRAORDINARY CIRCUMSTANCES.

COMPENSATION OF FORMER DIRECTOR/OFFICER

MAUREEN BISOGNANO WAS PAID \$228,800 FOR SERVICES SHE PROVIDED TO IHI AS A FACULTY MEMBER.

HOUSING ALLOWANCE

THE INSTITUTE PROVIDES HOUSING ALLOWANCES TO AZHAR ALI AND SODZI SODZI-TETTEY AND HEMA MAGGE. THESE AMOUNTS ARE INCLUDED IN TAXABLE INCOME AND REPORTED ON PART II COLUMN (B)(III).

PART I, LINE 7

NON-FIXED PAYMENTS

THE PRESIDENT/CEO IS ELIGIBLE FOR AN ANNUAL NON-FIXED BONUS BASED ON A PERCENTAGE OF GROSS SALARY SUBJECT TO BENCHMARKING RESEARCH OF THE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BUSINESS SECTOR BY EXTERNAL CONSULTANTS AND SUBJECT TO BOARD APPROVAL

EACH YEAR.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Supplemental Information to Form 990 or 990-EZ

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

38-3017223

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) IS AN INDEPENDENT NOT-FOR-PROFIT ORGANIZATION BASED IN BOSTON, MASSACHUSETTS, USA. FOR MORE THAN 25 YEARS, IHI HAS USED IMPROVEMENT SCIENCE TO ADVANCE AND SUSTAIN BETTER OUTCOMES IN HEALTH AND HEALTH SYSTEMS ACROSS THE WORLD. IHI BRINGS AWARENESS OF SAFETY AND QUALITY TO MILLIONS, CATALYZES LEARNING AND THE SYSTEMATIC IMPROVEMENT OF CARE, DEVELOPS SOLUTIONS TO PREVIOUSLY INTRACTABLE CHALLENGES, AND MOBILIZES HEALTH SYSTEMS, COMMUNITIES, REGIONS, AND NATIONS TO REDUCE HARM AND DEATHS. IHI COLLABORATES WITH A GROWING COMMUNITY TO SPARK BOLD, INVENTIVE WAYS TO IMPROVE THE HEALTH OF INDIVIDUALS AND POPULATIONS. IHI GENERATES OPTIMISM, HARVESTS FRESH IDEAS, AND SUPPORTS ANYONE, ANYWHERE WHO WANTS TO PROFOUNDLY CHANGE HEALTH AND HEALTH CARE FOR THE BETTER.

IHI MOBILIZES TEAMS, ORGANIZATIONS, AND INCREASINGLY NATIONS, THROUGH ITS STAFF OF MORE THAN 175 PEOPLE AND PARTNERSHIPS WITH HUNDREDS OF FACULTY AROUND THE WORLD. IHI PROVIDES IMPORTANT BENEFITS TO THE COMMUNITY WITH ACTIVITIES. FOR EXAMPLE:

- IHI CREATED THE IHI OPEN SCHOOL AND HAS ENGAGED MORE THAN 750,000 STUDENTS TO ENABLE THE PASSION AND GROWTH OF THE NEXT GENERATION OF IMPROVERS.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

- IHI BUILDS WILL FOR IMPROVEMENT BY SUPPLYING CLARITY, FOCUS, AND PRACTICAL SOLUTIONS TO THROUGH IHI INITIATIVES LIKE THE BREAKTHROUGH SERIES COLLABORATIVES, 100,000 AND 5M LIVES CAMPAIGNS, AND THE IHI TRIPLE AIM.

- IHI LAUNCHED THE NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTH CARE AND THE INTERNATIONAL FORUM ON QUALITY AND SAFETY IN HEALTHCARE TO BRING THOUSANDS OF PEOPLE TOGETHER TO TELL STORIES AND HELP SPARK INNOVATIVE IDEAS AND CHANGES IN HEALTH AND HEALTH CARE IMPROVEMENT.

- IHI BRINGS THE SCIENCE OF IMPROVEMENT AND LEARNING TOGETHER TO INNOVATE NEW WAYS TO LEARN.

- IHI DEVELOPED THE TRIPLE AIM AND IS NOW WORKING WITH OUR PARTNERS TO MOBILIZE SYSTEMS, COMMUNITIES, AND COUNTRIES TO ACHIEVE TRIPLE AIM RESULTS THAT RETURN SAVINGS TO COMMUNITIES.

- IHI LAUNCHED GROUNDBREAKING IMPROVEMENT PROGRAMS IN SOUTH AFRICA, MALAWI, AND GHANA THAT HAVE CONTRIBUTED TO A REDUCTION IN MATERNAL AND NEONATAL MORTALITY, THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV/AIDS, AND INCREASED ACCESS TO TREATMENT AND TESTING OF HIV/AIDS.

- IHI CONVENED AND HELPED LAUNCH THE 100 MILLION HEALTHIER LIVES INITIATIVE, A GLOBAL, MULTI-SECTOR MOVEMENT TO CREATE BETTER HEALTH,

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

WELL-BEING, AND EQUITY FOR 100 MILLION PEOPLE BY 2020.

- IHI'S WEB SITE, WWW.IHI.ORG, IS A FREE GLOBAL RESOURCE FOR HEALTH CARE IMPROVEMENT KNOWLEDGE.

- IHI'S FREE PUBLICATIONS, SUCH AS WHITE PAPERS AND HOW-TO-GUIDES, DOCUMENT AND DISSEMINATE THE ORGANIZATION'S INNOVATION WORK QUICKLY AND WIDELY.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 2

IHI UNDERTOOK A NEW PROGRAM DURING THE TAX YEAR, IHI PATIENT SAFETY CONGRESS. PLEASE SEE FORM 990, PART III, LINE 4C FOR MORE INFORMATION.

FORM 990, PART III, LINES 4A-D LINE 4D:

EXPENSE = \$4,740,074

REVENUE = \$7,363,329

NATIONAL FORUM: IHI'S NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTH CARE, HELD EACH DECEMBER, IS A MAJOR U.S. CONFERENCE ON IMPROVEMENT IN HEALTH CARE AND DRAWS NEARLY 6,000 PARTICIPANTS FROM AROUND THE WORLD WHO ATTEND HUNDREDS OF WORKSHOPS, PLENARY SESSIONS, AND SPECIAL INTEREST MEETINGS. THOUSANDS MORE JOIN THE CONFERENCE VIA SATELLITE BROADCAST.

EXPENSE = \$820,024

REVENUE = \$0

INNOVATION: AT THE CENTER OF OUR WORK IS THE CREATION AND TESTING OF NEW

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

IDEAS - NOVEL CONCEPTS FOR IMPROVING PATIENT CARE. HERE, WE WORK INTENSELY WITH CUTTING-EDGE ORGANIZATIONS TO TEST AND PROTOTYPE UNIQUE MODELS AND NEW SOLUTIONS TO OLD PROBLEMS. THIS IS OUR RESEARCH AND DEVELOPMENT FUNCTION, THE INNOVATION ENGINE THAT FUELS ALL OF OUR WORK.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 11A

THE MAJORITY OF SUPPORT SCHEDULES FOR THE FORM 990 ARE PREPARED DURING THE ANNUAL AUDIT PREPARATION PROCESS IN THE MAY-JUNE TIMEFRAME. THE REMAINING ITEMS ARE COMPLETED BY THE END OF OCTOBER OF EACH FISCAL YEAR. THE FORM 990 IS DUE FIVE MONTHS AFTER THE CLOSE OF THE FISCAL YEAR, WHICH FOR IHI IS SEPTEMBER 15TH (WITH AN APRIL 30TH FISCAL YEAR END). THE 990 EXTENSION IS FILED BY KPMG (OR OUR CURRENT OUTSIDE INDEPENDENT AUDIT FIRM) AND A COPY IS MAINTAINED BY IHI. THE EXTENSION PERIOD ALLOWED ANNUALLY IS SIX MONTHS FROM THE ORIGINAL DUE DATE. THE FILING DATES ARE AS FOLLOWS: SEPTEMBER 15TH; IF EXTENSION IS FILED BY SEPTEMBER 15TH THEN THE EXTENDED FILING DATE IS MARCH 15TH. THE MAJORITY OF SCHEDULES ARE PREPARED BY THE EXECUTIVE DIRECTOR OF FINANCE AND REVIEWED BY APPROPRIATE MEMBERS OF THE FINANCE TEAM, AS WELL AS BY THE CHIEF FINANCIAL OFFICER. THE EXECUTIVE DIRECTOR OF FINANCE PREPARES THE FINANCIAL STATEMENT RECONCILIATION TO THE FORM 990 FINANCIAL SECTION OF THE FORM. THIS IS REVIEWED BY THE CFO.

UPDATES TO POLICIES APPLICABLE TO THE FORM 990 ARE PERFORMED THROUGHOUT THE YEAR AND REVIEWED BY EITHER THE CFO OR INTERNAL AUDITOR (DEPENDING ON THE PERSON WHO AUTHORS THE EDIT). CERTAIN POLICY UPDATES ARE REVIEWED BY

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

THE EXECUTIVE TEAM OR THE AUDIT COMMITTEE FOR THEIR APPROVAL. AFTER THE REVIEW PROCESS, ALL SUPPORTING DOCUMENTATION AND WORK PAPERS ARE SENT TO KPMG WHO PRODUCES THE DRAFT FORM 990. THE DRAFT FORM 990 IS REVIEWED AND TIED BACK TO SUPPORTING DOCUMENTATION AND WORK PAPERS (INCLUDING THE AUDITED FINANCIAL STATEMENTS AND TRIAL BALANCE) BY THE EXECUTIVE DIRECTOR OF FINANCE. ANY ADJUSTMENTS ARE DISCUSSED AND THEN PROCESSED (AS NEEDED) WITH KPMG. THE NEXT DRAFT IS REVIEWED BY THE CFO. ANY ADJUSTMENTS ARE DISCUSSED AND THEN PROCESSED (AS NEEDED) WITH KPMG. THE FINAL DRAFT IS ALSO REVIEWED BY THE INTERNAL AUDITOR.

AFTER THE DRAFT IS READY TO BE REVIEWED, IT IS SENT TO THE AUDIT COMMITTEE BEFORE THE LATE NOVEMBER/DECEMBER MEETING. AFTER ALL QUESTIONS AND ADJUSTMENTS (IF ANY) ARE RESOLVED, THE AUDIT COMMITTEE APPROVES THE FORM 990 TO BE PRESENTED TO THE FULL BOARD OF DIRECTORS. THE CFO AND AUDIT COMMITTEE CHAIR REVIEW THE FORM 990 WITH THE ENTIRE BOARD AND REQUEST BOARD APPROVAL. THE FULL BOARD MUST VOTE TO APPROVE THE FORM 990 BEFORE IT IS FILED BY KPMG WITH THE IRS.

CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 12

AS NOTED IN OUR STAFF GUIDEBOOK, THIS CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS, AND SENIOR-LEVEL EMPLOYEES OF IHI IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST, AND TO PROVIDE IHI WITH A PROCEDURE FOR RESOLVING THOSE CONFLICTS.

I. DEFINITIONS

A. A "CONFLICT OF INTEREST" IS ANY SITUATION WHERE:

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

I. YOUR PERSONAL INTERESTS, OR

II. THE PERSONAL INTERESTS OF A CLOSE FRIEND, FAMILY MEMBER, BUSINESS ASSOCIATE, PERSON TO WHOM YOU OWE AN OBLIGATION, OR CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION IN WHICH YOU HOLD A SIGNIFICANT INTEREST, COULD REASONABLY BE EXPECTED TO OR DOES INFLUENCE YOUR DECISIONS OR IMPAIR YOUR ABILITY TO:

1. ACT IN IHI'S BEST INTERESTS, OR
2. REPRESENT IHI FAIRLY, IMPARTIALLY, AND WITHOUT BIAS.

B. AN "INDIRECT BENEFIT" IS:

- I. A BENEFIT DERIVED BY A CLOSE FRIEND, FAMILY MEMBER, BUSINESS ASSOCIATE, OR A CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION IN WHICH YOU HOLD A SIGNIFICANT INTEREST, OR
- II. A BENEFIT THAT ADVANCES OR PROTECTS YOUR INTERESTS ALTHOUGH IT MAY NOT BE MEASURABLE IN MONEY.

C. A "CONFLICTING RELATIONSHIP" IS A CONFLICT OF INTEREST OR AN INDIRECT BENEFIT.

D. "PERSONAL INTERESTS" IS ONE'S STATUS AS AN EMPLOYEE (OTHER THAN AS AN EMPLOYEE OF IHI), CONSULTANT, OFFICER, DIRECTOR, TRUSTEE, MANAGER, SIGNIFICANT INVESTOR, OR SIGNIFICANT LENDER.

II. PROCEDURES

A. A PERSON WHO HAS A CONFLICTING RELATIONSHIP SHALL DISCLOSE SUCH

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

RELATIONSHIP THAT HE OR SHE MAY HAVE IN ANY MATTER AFFECTING OR INVOLVING IHI. IF A PERSON IS IN DOUBT ABOUT WHETHER THERE IS A CONFLICTING RELATIONSHIP, ADVICE MUST BE REQUESTED FROM THE CEO, THE CHAIRMAN OF THE BOARD OF DIRECTORS, OR A PERSON THE BOARD DESIGNATES.

B. AFTER DISCLOSURE, A PERSON WHO HAS A CONFLICTING RELATIONSHIP SHALL NOT PARTICIPATE IN OR BE PRESENT AT THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER GENERATING THE CONFLICTING RELATIONSHIP, EXCEPT, UPON REQUEST, TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. NOTWITHSTANDING THE FOREGOING, THE BOARD (OR COMMITTEE), AFTER RECEIVING SUCH DISCLOSURE, MAY DETERMINE BY MAJORITY VOTE OF THE BOARD MEMBERS (OR COMMITTEE MEMBERS) WHO DO NOT HAVE A CONFLICTING RELATIONSHIP, THAT THE PERSON MAY NEVERTHELESS PARTICIPATE IN SAID MATTER.

C. A PERSON WHO HAS A CONFLICTING RELATIONSHIP CONCERNING A PARTICULAR MATTER AS TO WHICH THE PERSON HAS MADE DISCLOSURE, SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF ANY VOTES RELATING TO THAT MATTER.

D. EACH DIRECTOR, OFFICER, AND SENIOR-LEVEL EMPLOYEE OF IHI SHALL ANNUALLY, DURING THE MONTH OF MAY (OR IF SOONER, WITHIN THIRTY (30) DAYS OF HIS OR HER ELECTION, APPOINTMENT, HIRING, OR ASSUMPTION TO SUCH POSITION) FILE A CONFLICTING RELATIONSHIP INFORMATION FORM. EACH INFORMATION FORM SHALL BE FILED WITH THE CEO AND, IN THE CASE OF FORMS FILED BY ANY DIRECTOR AND OFFICER AND THE CEO, SHALL BE AVAILABLE FOR

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

INSPECTION BY ANY DIRECTOR OR OFFICER. FORMS FILED BY EMPLOYEES (OTHER THAN THE CEO) SHALL BE AVAILABLE FOR INSPECTION ONLY BY THE CEO (OR SUCH OTHER EMPLOYEES AS THE CEO MAY DESIGNATE). EACH PERSON FILING AN INFORMATION FORM SHALL UPDATE THE FORM IMMEDIATELY UPON BECOMING AWARE OF ANY INACCURACY OR INCOMPLETENESS IN SUCH FORM.

WHISTLEBLOWER POLICY

FORM 990, PART VI, LINE 13

AS NOTED IN OUR ETHICS POLICY AND GUIDELINES FOR IHI CITIZENSHIP A WHISTLEBLOWER AS DEFINED BY THIS POLICY IS AN EMPLOYEE WHO REASONABLY BELIEVES THAT SOME POLICY, PRACTICE, OR ACTIVITY OF IHI IS IN VIOLATION OF LAW OR IS DISHONEST, AND REPORTS OR THREATENS TO REPORT SUCH CONDUCT TO IHI OR TO A PUBLIC AUTHORITY. THE WHISTLEBLOWER IS NOT RESPONSIBLE FOR INVESTIGATING THE ACTIVITY OR FOR DETERMINING FAULT OR CORRECTIVE MEASURES; APPROPRIATE MANAGEMENT OFFICIALS ARE CHARGED WITH THESE RESPONSIBILITIES. EXAMPLES OF ILLEGAL OR DISHONEST ACTIVITIES ARE VIOLATIONS OF FEDERAL, STATE OR LOCAL LAWS; BILLING FOR SERVICES NOT PERFORMED OR FOR GOODS NOT DELIVERED; AND OTHER FRAUDULENT FINANCIAL REPORTING. IF AN EMPLOYEE HAS KNOWLEDGE OF OR A CONCERN OF ILLEGAL OR DISHONEST FRAUDULENT ACTIVITY, THE EMPLOYEE CAN CONTACT THE CHIEF HUMAN RESOURCES OFFICER, THE CHAIRMAN OF THE AUDIT COMMITTEE (CONTACT INFORMATION IS PROVIDED IN THE EMPLOYEE HANDBOOK), THE CHIEF OF STAFF, A MEMBER OF THE EXECUTIVE TEAM, OR ANY IHI BOARD MEMBER. IN REPORTING UNDER THIS POLICY, AN EMPLOYEE MUST BE ACTING IN GOOD FAITH, MUST HAVE A REASONABLE BASIS FOR BELIEVING A VIOLATION OF LAW OR DISHONEST ACTIVITY HAS OCCURRED OR IS OCCURRING, AND MUST EXERCISE SOUND JUDGMENT TO AVOID

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

BASELESS ALLEGATIONS. ANY ALLEGATIONS THAT ARE NOT SUBSTANTIATED AND WHICH PROVE TO HAVE BEEN MADE MALICIOUSLY OR WITH FOREKNOWLEDGE THAT THEY WERE FALSE WILL BE VIEWED AS A SERIOUS OFFENSE.

WHISTLEBLOWER PROTECTIONS ARE PROVIDED IN TWO IMPORTANT AREAS -- CONFIDENTIALITY AND AGAINST RETALIATION. INsofar AS POSSIBLE, THE CONFIDENTIALITY OF THE WHISTLEBLOWER WILL BE MAINTAINED. HOWEVER, IDENTITY MAY HAVE TO BE DISCLOSED TO CONDUCT A THOROUGH INVESTIGATION, TO COMPLY WITH THE LAW AND TO PROVIDE ACCUSED INDIVIDUALS THEIR LEGAL RIGHTS OF DEFENSE.

IT IS ILLEGAL TO RETALIATE AGAINST A WHISTLEBLOWER IN THE TERMS AND CONDITIONS OF THEIR EMPLOYMENT, AND IHI CANNOT AND WILL NOT TOLERATE ANY SUCH RETALIATION. THIS INCLUDES, BUT IS NOT LIMITED TO, PROTECTION FROM RETALIATION IN THE FORM OF AN ADVERSE EMPLOYMENT ACTION SUCH AS TERMINATION, DEMOTION, SUSPENSION, COMPENSATION DECREASES, POOR WORK ASSIGNMENTS, AND/OR THREATS OF INTIMIDATION OR PHYSICAL HARM. ANY WHISTLEBLOWER WHO BELIEVES HE OR SHE IS BEING RETALIATED AGAINST MUST CONTACT KEN TEBBETTS OR TOM CHAPMAN IMMEDIATELY. AN IHI EMPLOYEE WHO RETALIATES AGAINST A WHISTLEBLOWER IS SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

RECORD RETENTION POLICY

FORM 990, PART VI, LINE 14

IHI RECORD RETENTION POLICY AS NOTED IN OUR STAFF GUIDEBOOK: DISPOSING OF IHI'S RECORDS AND FILES IS NOT DISCRETIONARY. THERE ARE CERTAIN LEGAL

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

REQUIREMENTS FOR THE RETENTION OF CERTAIN RECORDS FOR SPECIFIC PERIODS OF TIME, PARTICULARLY RECORDS RELATED TO: EMPLOYEES, HEALTH AND SAFETY, THE ENVIRONMENT, TAXES, FINANCES, CONTRACTS, AND CORPORATE AREAS. RELEVANT RECORDS MUST NOT BE DESTROYED WHENEVER LITIGATION, GOVERNMENT INVESTIGATION, OR AUDIT IS PENDING. UNTIL THE MATTER IS CLOSED, DESTROYING RECORDS TO AVOID DISCLOSURE IN A LEGAL PROCEEDING MAY CONSTITUTE A CRIMINAL OFFENSE. PLEASE REFER TO THE POLICY BELOW, AND WHEN IN DOUBT, CONTACT HUMAN RESOURCES IMMEDIATELY.

RECORD TYPE: ORGANIZATIONAL

1. INCORPORATION DOCUMENTS INCLUDING ARTICLES OF INCORPORATION, BYLAWS, AND RELATED DOCUMENTS ARE PERMANENTLY KEPT ON FILE.
2. TAX-EXEMPTION DOCUMENTS INCLUDING APPLICATION FOR TAX EXEMPTION (IRS FORM 1023), IRS DETERMINATION LETTER, AND ANY RELATED DOCUMENTS ARE PERMANENTLY KEPT ON FILE. FEDERAL LAW REQUIRES COPIES OF THESE DOCUMENTS TO BE HELD AT ORGANIZATION'S HEADQUARTERS OFFICE. THESE RECORDS MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
3. MEETING/BOARD DOCUMENTS INCLUDING AGENDAS, MINUTES AND RELATED DOCUMENTS ARE PERMANENT. CARE IS TAKEN TO INCLUDE ONLY NECESSARY INFORMATION IN THESE DOCUMENTS.

RECORD TYPE: FINANCIAL

1. PAYCHECKS ARE KEPT ON FILE FOR 8 YEARS.
2. PAYROLL RECORDS-INCLUDING NAME, ADDRESS, SOCIAL SECURITY NUMBER, WAGE RATE, NUMBER OF HOURS WORKED DAILY, AND WEEKLY GROSS WAGES, DEDUCTIONS,

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

ALLOWANCES CLAIMED AND NET WAGES ARE KEPT ON FILE FOR 6 YEARS.

3. YEAR END TREASURER'S FINANCIAL REPORT/STATEMENT ARE KEPT PERMANENTLY.

4. TREASURER'S REPORTS ARE KEPT ON FILE FOR THREE YEARS AND ARE STORED WITH FINANCIAL RECORDS.

5. BANK STATEMENTS, CANCELED CHECKS, CHECK REGISTERS, INVESTMENT STATEMENTS, GENERAL LEDGER, AND RELATED DOCUMENTS ARE KEPT ON FILE FOR SEVEN YEARS AND ARE STORED WITH FINANCIAL RECORDS.

6. ANNUAL INFORMATION RETURNS (IRS FORMS 990) ARE KEPT ON FILE FOR SEVEN YEARS AND ARE STORED WITH FINANCIAL RECORDS. FEDERAL LAW REQUIRES THAT THE THREE MOST RECENT YEARS RETURNS BE KEPT IN THE ORGANIZATION'S HEADQUARTERS OFFICE AND BE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

RECORD TYPE: HUMAN RESOURCES

1. PERSONNEL FILE RECORDS-INCLUDING APPLICATION, PRE-EMPLOYMENT TESTS, PERFORMANCE APPRAISAL, RATE CHANGES, POSITION CHANGES, TRANSFERS, PROMOTIONS, DEMOTIONS, DOCUMENTATION OF DISCIPLINARY ACTIONS AND JOB DESCRIPTIONS ARE KEPT ON FILE FOR 6 YEARS AFTER TERMINATION.

2. EMPLOYEE MEDICAL RECORDS AND ANALYSIS AS REQUIRED BY OSHA ARE KEPT ON FILE FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS.

3. MSDS (MATERIAL SAFETY DATA SHEETS) OR SOME IDENTIFICATION OF SUBSTANCE USED OR FOUND ARE KEPT ON FILE FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS.

4. RECORDS PERTAINING TO UNFAIR OR DISCRIMINATORY EMPLOYMENT PRACTICES AND AMERICANS WITH DISABILITIES ACT ARE KEPT UNTIL THE FINAL DISPOSITION

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

OF THE CHARGE OR ACTION.

5. ACCIDENT REPORTS AND WORKERS' COMPENSATION CLAIMS ARE KEPT ON FILE FOR 11 YEARS.

6. APPLICATIONS (NON-HIRES) ARE KEPT ON FILE FOR 1 YEAR.

7. ATTENDANCE RECORDS ARE KEPT ON FILE FOR 4 YEARS.

8. COBRA RECORDS ARE KEPT ON FILE FOR 3 YEARS.

9. EMPLOYEE BENEFIT PLANS ARE KEPT ON FILE FOR 2 YEARS FOLLOWING THE TERMINATION OF THE PLAN.

10. EMPLOYMENT ADVERTISEMENTS ARE KEPT ON FILE FOR 3 YEARS.

11. ERISA RETIREMENT AND PENSION RECORDS (EMPLOYEE RETIREMENT INCOME SECURITY ACT) ARE KEPT ON FILE INDEFINITELY.

12. I-9 FORMS ARE KEPT ON FILE FOR 3 YEARS AFTER EMPLOYMENT BEGINS OR 1 YEAR BEYOND TERMINATION, WHICHEVER IS LATER.

13. LABOR CONTRACTS ARE KEPT ON FILE INDEFINITELY.

14. MEDICAL AND EXPOSURE RECORDS RELATING TO TOXIC SUBSTANCES ARE KEPT ON FILE FOR 40 YEARS.

15. OSHA LOGS (OCCUPATIONAL SAFETY AND HEALTH ACT) EMPLOYERS MUST MAINTAIN A LOG THAT RECORDS WORKER'S JOB-RELATED INJURIES OR ILLNESSES, THE DATES, AND THE NATURE OF THE INCIDENTS. LOGS ARE KEPT ON FILE FOR 5 YEARS FOLLOWING THE END OF THE YEAR WHICH THEY RELATE, PLUS THE CURRENT YEAR.

16. OSHA TRAINING DOCUMENTATION IS KEPT ON FILE FOR 3 YEARS.

COMPENSATION POLICY

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

AIMS: THE PRIMARY AIMS OF THE COMPENSATION POLICY AND COMPENSATION

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

PRACTICES OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT ARE THESE:

- (A) TO PRESERVE AND ENHANCE THE VITALITY OF IHI AS A SYSTEM,
- (B) TO ATTRACT AND RETAIN WORLD-CLASS STAFF AND FACULTY BEST ABLE TO ADVANCE IHI'S MISSION,
- (C) TO FOSTER A CULTURE OF TEAMWORK, TRUST, AND TRANSPARENCY, AND
- (D) TO NURTURE PRIDE AND JOY IN WORK.

IN PURSUIT OF OUR AIMS, IHI EMBRACES "TOTAL COMPENSATION" AS A MANAGERIAL RESOURCE. THUS, CONSISTENT WITH REGULATORY AND LEGAL REQUIREMENTS, IHI EMPLOYEES EXPERIENCE GROWTH AND EDUCATION OPPORTUNITIES, CELEBRATIONS, ENGAGEMENT IN TEAMS AND PROJECTS, FLEXIBILITY REGARDING FAMILY AND PERSONAL CIRCUMSTANCES, AND OTHER NON-FINANCIAL BENEFITS OF BEING RESPECTED AND VALUED MEMBERS OF A COMMUNITY WITH A SHARED AND INSPIRING PURPOSE.

1. REGULATORY AND LEGAL COMPLIANCE: THE COMPENSATION POLICY OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) WILL REMAIN AT ALL TIMES CONSISTENT WITH THE REGULATORY AND LEGAL REQUIREMENTS OF COMPENSATION IN A 501(C)(3) NON-PROFIT ORGANIZATION. THE IHI BOARD AND MANAGEMENT WILL REGULARLY SEEK, OBTAIN, AND DOCUMENT INDEPENDENT OUTSIDE CONSULTATIVE REVIEW TO ASSURE SUCH CONSISTENCY.

2. BASE SALARY AND TOTAL CASH COMPENSATION TARGET LEVELS: IHI AIMS TO COMPENSATE EMPLOYEES WITH BASE SALARIES AND TOTAL CASH COMPENSATION WITHIN THE 50TH TO 75TH PERCENTILE OF SALARIES AND TOTAL CASH COMPENSATION FOR COMPARABLE JOBS IN COMPARABLE ORGANIZATIONS. IHI WILL REGULARLY SEEK AND OBTAIN INFORMATION ON COMPARABILITY FROM INDEPENDENT CONSULTANTS AND RELEVANT, ACCESSIBLE DATABASES.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

3. ADJUSTMENT TO BASE SALARY AND TOTAL CASH COMPENSATION FOR CHANGES IN RESPONSIBILITY: IHI MANAGEMENT WILL REGULARLY REVIEW AND ADJUST SALARIES AND TOTAL CASH COMPENSATION FOR INDIVIDUAL EMPLOYEES TO TARGET THE 50TH TO 75TH PERCENTILE AS INDIVIDUALS' SPANS OF CONTROL AND RESPONSIBILITY CHANGE, AND WILL REPORT ANNUALLY TO THE IHI BOARD, FOR BOARD REVIEW AND APPROVAL, ON THE OVERALL PROFILE OF SALARY AND TOTAL CASH COMPENSATION LEVELS.

4. ANNUAL ADJUSTMENTS TO BASE SALARIES: AT LEAST ANNUALLY, IHI MANAGEMENT, THROUGH THE BUDGET PROCESS, WILL REVIEW COMPARATIVE LOCAL AND NATIONAL COMPENSATION DATA AND RECOMMEND INCREASES, IF ANY, TO THE BASE SALARIES OF EMPLOYEES. IT IS THE INTENT OF IHI TO MAINTAIN COMPETITIVE TOTAL COMPENSATION AT THE TARGETED LEVELS (SEE #2 ABOVE) COMPARED TO THE MARKETS WHERE THE ORGANIZATION RECRUITS TALENT. MANAGEMENT RECOMMENDATION WILL BE PRESENTED TO THE FINANCE COMMITTEE AND BE APPROVED BY THE IHI BOARD, RECOGNIZING THE OVERALL CIRCUMSTANCES OF IHI AND THE AIMS OF THE COMPENSATION POLICY AND PRACTICES.

5. FOCUS ON ORGANIZATIONAL PERFORMANCE: IHI DOES NOT USE INDIVIDUALIZED "MERIT PAY" OR INDIVIDUALIZED PERFORMANCE-BASED CHANGES IN COMPENSATION OR BONUSES. THE AWARDING OF PERIODIC CASH BONUSES WILL BE BASED ON THE DOCUMENTED ASSESSMENT BY THE FINANCE COMMITTEE AND THE BOARD OF THE ORGANIZATION'S OVERALL ACHIEVEMENTS IN FURTHERING ITS MISSION AND OBJECTIVES.

6. BONUSES TO NON-EXECUTIVE EMPLOYEES: BONUSES TO ALL NON-EXECUTIVE EMPLOYEES AS A GROUP, BASED ON SUCCESSFUL OVERALL PERFORMANCE, MAY BE AWARDED IN GRATITUDE AND CELEBRATION BY THE BOARD ANNUALLY OR OTHERWISE,

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

UPON RECOMMENDATION FROM IHI MANAGEMENT. IN GENERAL, THE ABSOLUTE BONUS AMOUNT FOR ALL SALARIED, NON-EXECUTIVE EMPLOYEES WILL BE EQUAL, ADJUSTED PRO RATA FOR FULL-TIME EQUIVALENCY.

7. BOARD REVIEW AND APPROVAL OF EXECUTIVE COMPENSATION: THE COMPENSATION, BENEFITS, AND BONUSES FOR THE CEO, COO, AND OTHER IHI EXECUTIVES WILL BE ESTABLISHED BY THE IHI BOARD WITH GUIDANCE FROM INDEPENDENT, OUTSIDE CONSULTANTS, AND REVIEWED NO LESS FREQUENTLY THAN EVERY THREE YEARS.

8. BENEFITS: TO THE EXTENT ALLOWED BY LAW AND REGULATION, THE IHI FAVORS HIGHLY FLEXIBLE BENEFITS FOR EMPLOYEES, ENCOURAGING INDIVIDUALS TO CUSTOMIZE THEIR BENEFIT PACKAGES TO MEET THEIR INDIVIDUAL NEEDS. OVERALL BENEFIT LEVELS WILL BE REVIEWED AND APPROVED BY THE BOARD NO LESS OFTEN THAN EVERY THREE YEARS WITH OUTSIDE CONSULTATION FOR COMPETITIVENESS AND COMPARABILITY WITH BENEFITS IN SIMILAR ORGANIZATIONS.

9. ROLE AND PROCEDURES FOR IHI BOARD FINANCE COMMITTEE: PROCEDURES FOR OVERSIGHT OF COMPENSATION AND BENEFITS FOR IHI EXECUTIVES ARE EXERCISED ON BEHALF OF THE IHI BOARD BY THE IHI BOARD FINANCE COMMITTEE, WHOSE MEMBERSHIP IS ESTABLISHED BY THE FULL BOARD. THE CONCLUSIONS AND RECOMMENDATIONS OF THE FINANCE COMMITTEE ARE REVIEWED AND APPROVED REGULARLY BY THE FULL IHI BOARD. THE FINANCE COMMITTEE ALSO REVIEWS AND GUIDES MANAGEMENT ACTIVITY WITH RESPECT TO IMPLEMENTATION OF THE COMPENSATION POLICY FOR NON-EXECUTIVE EMPLOYEES. DISCUSSIONS OF ALL COMPENSATION MATTERS WITHIN THE FINANCE COMMITTEE OR THE FULL BOARD ARE DOCUMENTED IN WRITING. THIS POLICY WAS APPROVED BY THE IHI BOARD OF DIRECTORS ON SEPTEMBER 20, 2007.

JOINT VENTURE

FORM 990, PART VI, SECTION B, LINES 16A AND 16B

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

POLICY ON BUSINESS RELATIONSHIPS

IHI SEEKS AND ACCEPTS EXTERNAL SUPPORT IN THE FORM OF GRANTS, CONTRACTS, SPONSORSHIPS, DONATIONS OR GIFTS IN SUPPORT OF OUR MISSION. IHI ALSO PARTNERS WITH A WIDE RANGE OF ORGANIZATIONS IN DELIVERING OUR MISSION. EXTERNAL SUPPORT FROM COMMERCIAL ENTITIES FALLS INTO THE FOLLOWING BROAD CATEGORIES:

- SUPPORTING THE DEVELOPMENT OR DELIVERY OF INNOVATION/R&D, CONTENT, OR PROGRAMMING.
- SPONSORING EVENTS OR OTHER EDUCATIONAL PROGRAMS.
- HELPING US UNDERTAKE INITIATIVES THAT ACCELERATE THE RATE OF IMPROVEMENT IN HEALTH CARE AND HEALTH WHERE MORE TYPICAL NONPROFIT FUNDING SOURCES MAY BE LIMITED, INCLUDING IMPROVEMENT ACTIVITIES IN THE DEVELOPING WORLD.
- PROVIDING UNRESTRICTED CONTRIBUTIONS TO GENERAL IHI OPERATIONS.
- FUNDING BY DONORS THAT IS TARGETED TOWARD SPECIFIC IHI PROGRAM AREAS.
- SUPPORTING THE DELIVERY OF IHI CONFERENCES OR COURSES, INCLUDING DIRECT SUPPORT TO PROGRAMS AND PRESENTERS, PROVIDING SCHOLARSHIPS, AND FURNISHING CONFERENCE MATERIALS.
- SUPPORTING IHI'S WEBSITE (IHI.ORG) AND IHI'S KNOWLEDGE MANAGEMENT SYSTEM, WHICH HELPS TO BUILD A WORLDWIDE COMMUNITY OF IMPROVERS AND CONTINUALLY HARVESTS AND DISSEMINATES NEW IDEAS, TOOLS, RESOURCES, AND OTHER CONTENT.
- PROVIDING SUPPORT FOR IHI'S WORK WITH SCHOOLS OF MEDICINE, NURSING, PHARMACY, AND ADMINISTRATIVE HEALTH CARE TO TEACH NEW HEALTH PROFESSIONALS THE METHODS TO IMPROVE CARE.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

- ASSISTING IHI TO REACH BROADER AUDIENCES.
- PROVIDING ACCESS TO SKILLS AND RESOURCES THAT IHI DOES NOT HAVE AVAILABLE INTERNALLY.

COMMERCIAL ENTITIES ARE ORGANIZATIONS THAT OFFER PRODUCTS OR SERVICES TO A MARKET WITH THE INTENT OF MAKING A PROFIT. IN A COMMERCIAL ENTITY, SHAREHOLDERS, PARTNERS, INVESTORS, OR EMPLOYEES MAY OWN (OR HAVE RIGHTS TO OWN) THE PROFITS, RESIDUAL INCOME, OR SURPLUSES OF THE ORGANIZATION. THIS CONTRASTS WITH NOT-FOR-PROFIT ENTITIES (LIKE IHI) WHERE ANY SURPLUSES OR FUND BALANCES ARE HELD FOR PUBLIC BENEFIT AND NO INDIVIDUALS OR ENTITIES HAVE ANY OWNERSHIP CLAIM. A NONPROFIT FOUNDATION ESTABLISHED BY A FOR-PROFIT ENTITY WOULD NORMALLY BE CONSIDERED A NONPROFIT BY IHI IN EVALUATING POTENTIAL SPONSORSHIP OR FUNDING ARRANGEMENTS.

GUIDELINES FOR COMMERCIAL SUPPORT AND ENGAGEMENT

IHI'S ABILITY TO ADVANCE HEALTH AND HEALTH SYSTEM IMPROVEMENT DEPENDS CRUCIALLY ON MAINTAINING AN INDEPENDENT POSITION WITH RESPECT TO COMMERCIAL PRODUCTS AND SERVICES. 'INDEPENDENCE' IS A MATTER OF BOTH ACTUAL AND PERCEIVED RELATIONSHIP WITH POTENTIAL SPONSORS AND PARTNERS. THE FACT OR APPEARANCE OF ENDORSEMENT TOWARD A SPECIFIC COMMERCIAL PRODUCT OR SERVICE HAS THE POTENTIAL TO DAMAGE IHI'S REPUTATION.

WITH BOTH THE BENEFITS AND RISKS OF COMMERCIAL SUPPORT IN MIND, IHI HAS ESTABLISHED THE FOLLOWING PRINCIPLES AND GUIDELINES, WHICH APPLY PRIMARILY TO THE ACCEPTANCE OF 'COMMERCIAL SUPPORT,' THAT IS, EXTERNAL

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

FUNDS FROM FOR-PROFIT CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES SELLING GOODS OR SERVICES RELATED TO HEALTH AND HEALTH CARE, OR WHO OTHERWISE STAND TO GAIN FINANCIALLY FROM ASSOCIATION WITH IHI.

IHI MAY ACCEPT SUPPORT FROM OR ENGAGEMENT WITH COMMERCIAL ENTITIES WHEN AN OPPORTUNITY:

1. IS CONSISTENT WITH IHI STRATEGY, VALUES, AND IMPROVEMENT METHODS:

- IHI ENGAGES WITH COMMERCIAL ORGANIZATIONS ONLY (A) FOR UNRESTRICTED SUPPORT FOR IHI CONTENT OR PROGRAMMING OR (B) FOR SPECIFIC PROJECTS THAT ARE CONSISTENT WITH OUR MISSION AND BUSINESS STRATEGY.

- IHI DOES NOT ENGAGE WITH COMMERCIAL ORGANIZATIONS THAT REQUIRE AN EXCLUSIVE WORKING RELATIONSHIP.

- IHI DOES NOT ACCEPT EXTERNAL FUNDS FROM COMPANIES THAT MAKE TOBACCO PRODUCTS, INCLUDING OTHER COMPANIES OWNED BY TOBACCO COMPANIES, OR THEIR PARENT COMPANIES.

2. REFLECTS IHI'S COMMITMENT TO THE FREE, NON-COMMERCIAL FLOW OF IMPROVEMENT KNOWLEDGE AND RESOURCES:

- IHI BELIEVES THAT THE FREE FLOW OF IDEAS PROVIDES THE BEST OPPORTUNITIES FOR IMPROVEMENT AND WE PROVIDE EXTENSIVE FREE AND PUBLIC ACCESS TO CONTENT THROUGH OUR WEBSITE, PUBLICATIONS, AND OTHER MECHANISMS.. IHI RESERVES RIGHTS TO THE INTELLECTUAL PROPERTIES RESULTING FROM THE PROJECT, UNLESS OTHERWISE AGREED UPON IN ADVANCE.

- IHI DOES NOT ENGAGE WITH FUNDERS THAT WOULD SET LIMITS ON THE BROAD AND UNFETTERED DISSEMINATION OF WORK PRODUCT OR LEARNING.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

- IHI RETAINS THE RIGHT TO PUBLISH RESULTS OR CONTENT.
- ANY PERMISSIONS OR LICENSING AGREEMENTS WITH COMMERCIAL ENTITIES MUST ADHERE TO APPROPRIATE STANDARDS THAT PREVENT MISUSE, UNINTENDED USE, AND MODIFICATION OF LICENSED MATERIALS, PROHIBIT MODIFICATION THAT CHANGES MEANING, AND PROHIBIT USE OF IHI TRADEMARKS OR LOGOS TO ENDORSE COMPANY PRODUCTS/SERVICES.
- IHI DOES NOT PERMIT COMMERCIAL PARTNERS TO GENERATE COMMERCIAL ACTIVITY AROUND IHI IMPROVEMENT KNOWLEDGE AND RESOURCES.

3. AVOIDS REAL OR PERCEIVED CONFLICTS THAT IMPAIR OR GIVE THE APPEARANCE OF IMPAIRING THE ABILITY OF IHI PROGRAM PARTICIPANTS TO MAKE INFORMED OR OBJECTIVE DECISIONS:

- IHI DOES NOT ENGAGE WITH COMMERCIAL ORGANIZATIONS ON RESEARCH AND EDUCATION PROGRAMS THAT RELATE TO SPECIFIC PHARMACEUTICALS, MEDICAL DEVICES, DIAGNOSTICS, INFORMATION TECHNOLOGY, OR ANY OTHER PRODUCT PURPORTED TO HAVE DIRECT HEALTH BENEFITS TO PATIENTS OR TO HEALTH SYSTEM PERFORMANCE.
- IHI DOES NOT ENGAGE IN PARTNERSHIP WITH COMMERCIAL ORGANIZATIONS THAT DIRECTLY ADVANCE THAT ORGANIZATION'S COMMERCIAL INTERESTS.
- IHI PROGRAMS MUST COMPLY WITH THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) GUIDELINES FOR COMMERCIAL SUPPORT. IHI DESIGNS ALL MEETINGS AND EVENTS TO MAXIMIZE THE IMPACT ON IMPROVEMENT. IHI RETAINS CONTROL OVER EDUCATIONAL CONTENT, SELECTION OF SPEAKERS, AND THE REVIEW OF EDUCATIONAL MATERIALS.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

4. PRESERVES IHI'S STRATEGIC, METHODOLOGICAL, AND OPERATIONAL

INDEPENDENCE AND CONTROL:

- IHI RETAINS CONTROL OF THE SELECTION OF ALL PROJECT PERSONNEL.
- IHI ENSURES THAT THE DESIGN OF PROJECT ACTIVITIES IS CONSISTENT WITH OUR IMPROVEMENT METHODS AND CONTENT EXPERTISE.

5. TRANSPARENTLY DISCLOSES ALL RELATIONSHIPS:

- IHI DISCLOSES ALL SPONSORED ACTIVITIES THAT ARE PARTIALLY OR COMPLETELY FINANCED BY EXTERNAL FUNDS, INCLUDING FUNDS FROM COMMERCIAL ENTITIES.
- SPEAKERS AT IHI EVENTS ARE REQUIRED TO DISCLOSE WHETHER ANY PART OF THEIR PRESENTATION RESULTED FROM EXTERNAL FUNDING AND WHETHER THEY HAVE ANY PERSONAL FINANCIAL INTEREST IN THE SUBJECT MATTER OF THE PRESENTATION.

6. ACKNOWLEDGES COMMERCIAL SUPPORT OR ENGAGEMENT AND USES THE IHI BRAND APPROPRIATELY:

- ACKNOWLEDGMENT OF COMMERCIAL SUPPORT OR INVOLVEMENT MAY BE INCLUDED IN IHI'S PUBLICATIONS, MEETING MATERIALS, WEB PAGES, REPORTS OF PROJECT RESULTS, AND ALL OTHER SIMILAR MATERIALS, AS APPROPRIATE. GUIDANCE IS DOCUMENTED IN THE IHI BRAND STANDARDS GUIDE (CURRENT GUIDE LAST UPDATED IN SEPTEMBER 2014).
- IHI PERMITS ACKNOWLEDGEMENT OF COMMERCIAL SUPPORT IN COMMUNICATIONS, WITH ADVANCE REVIEW AND APPROVAL OF SUCH COMMUNICATIONS BY IHI.
- REVIEW AND APPROVAL IS REQUIRED BY THE IHI MARKETING DEPARTMENT FOR NARRATIVE STATEMENTS ABOUT IHI MADE BY FUNDERS AND FOR USE OF THE IHI

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

NAME AND/OR LOGO.

7. IS SUBJECT TO APPROPRIATE GOVERNANCE AND OVERSIGHT, INCLUDING:

- IHI EXECUTIVE TEAM REVIEWS AND APPROVES EXCEPTIONS TO THIS POLICY.
- IHI EXECUTIVE TEAM REPORTS TO THE IHI BOARD OF DIRECTORS ON ANY COMMERCIAL RELATIONSHIPS THAT ARE NEW OR UNUSUAL IN SCOPE OR APPROACH.
- IHI PROVIDES A YEARLY SUMMARY OF COMMERCIAL FUNDING RECEIVED TO THE BOARD OF DIRECTORS FOR REVIEW.
- IHI BOARD, FACULTY, AND STAFF ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ANNUALLY AND DOCUMENTATION IS MAINTAINED THROUGH AN ELECTRONIC SYSTEM.
- IHI MAINTAINS JOINT CONTINUING EDUCATION ACCREDITATION THROUGH ACCME, ANCC, AND ACPE. CURRENT ACCREDITATION RUNS THROUGH 2018.
- COMMERCIAL ENTITIES PROVIDING SUPPORT TO IHI CONFERENCES OR OTHER PROGRAMS ARE NOT PERMITTED TO INFLUENCE OR PROVIDE INPUT TO THE CONTENT, DESIGN, OBJECTIVES, METHODS, OR SELECTION OF FACULTY FOR IHI PROGRAMS. POST-EVENT PARTICIPANT SURVEYS ASK ATTENDEES TO IDENTIFY POTENTIAL BIASES SO THAT IHI CAN RECTIFY ANY SITUATIONS WHERE COMMERCIAL INFLUENCE MIGHT OCCUR.
- THE IHI ETHICS POLICY AND GUIDELINES FOR CITIZENSHIP IS REVIEWED AND UPDATED ANNUALLY. NEW STAFF ARE ORIENTED UPON HIRE AND CURRENT STAFF ARE ORIENTED TO THE POLICY ANNUALLY.

8. MEETS IHI'S STANDARDS FOR ADMINISTRATION AND ACCOUNTING:

- WRITTEN AGREEMENTS ARE REQUIRED WHEN ENTERING INTO RELATIONSHIPS WITH

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

COMMERCIAL ENTITIES.

- FUNDS RECEIVED FROM COMMERCIAL ENTITIES WILL BE FULLY ACCOUNTED FOR IN LINE WITH IHI'S NORMAL HIGH STANDARDS OF FINANCIAL MANAGEMENT.

OPERATIONAL GUIDANCE

ALL IHI PROGRAM, REGIONAL, FUNCTIONAL, AND ADMINISTRATIVE STAFF AND LEADERS ARE RESPONSIBLE FOR ACTING IN ACCORDANCE WITH THIS POLICY. THE FOLLOWING GUIDANCE IS PROVIDED:

- WHEN IHI LEADERS OR STAFF IDENTIFY OPPORTUNITIES FOR IHI TO RECEIVE COMMERCIAL SUPPORT THEY WILL PROMPTLY BRING THE OPPORTUNITY FORWARD THROUGH THE NEW BUSINESS PROCESS.
- EACH OPPORTUNITY FOR COMMERCIAL SUPPORT WILL BE VETTED USING THE PRINCIPLES LISTED ABOVE IN ADDITION TO IHI'S NORMAL STRATEGIC CRITERIA.
- IN CASE OF AMBIGUITY, OPPORTUNITIES WILL BE ESCALATED TO THE IHI EXECUTIVE TEAM FOR REVIEW AND INPUT.
- THE EXECUTIVE TEAM WILL DETERMINE WHETHER CONSULTATION WITH THE BOARD OF DIRECTORS IS WARRANTED, PARTICULARLY IN CASES THAT ARE NEW OR UNUSUAL IN SCOPE OR APPROACH.
- FOR ANY COMMERCIALY-SOURCED SUPPORT IN EXCESS OF \$500,000 THE TEAM PROPOSING SUPPORT WILL SEEK REVIEW AND INPUT FROM THE EXECUTIVE TEAM.
- ANY EXCEPTIONS TO THIS POLICY WILL BE REVIEWED AND APPROVED BY THE EXECUTIVE TEAM BEFORE ACCEPTING SUPPORT.

POLICY APPROVED MARCH 2015.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO POSTED ON WWW.GUIDESTAR.ORG AND THE WEBSITE OF THE MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

EFFECT OF MERGER \$ 1,148,376

TOTAL \$ 1,148,376

ON MAY 1, 2017, IHI MERGED WITH NATIONAL PATIENT SAFETY FOUNDATION AND IHI IS THE SURVIVING ORGANIZATION. THE MERGER INVOLVES SIGNIFICANT NEW INVESTMENT FROM IHI IN PATIENT SAFETY. THE MERGED PATIENT SAFETY TEAMS WILL COMBINE EXISTING NPSF AND IHI PATIENT SAFETY PROGRAMS AND REFLECT AN ENHANCED COMMITMENT TO ACHIEVE PATIENT SAFETY AROUND THE WORLD. NPSF PROGRAMS, INCLUDING THE NPSF LUCIAN LEAPE INSTITUTE ARE EXPECTED TO CONTINUE. THE CERTIFIED PROFESSIONAL IN PATIENT SAFETY CREDENTIALING PROGRAM, WILL CONTINUE AND WILL BE OVERSEEN BY THE CERTIFICATION BOARD FOR PROFESSIONALS IN PATIENT SAFETY. BY JOINING FORCES, IHI AND NPSF WILL BE MORE EFFECTIVE IN HELPING LEADERS AND FRONTLINE CLINICIANS MEET ALL OF TODAY'S CHALLENGES WHILE ENSURING THAT PATIENT SAFETY REMAINS A PRIORITY ALONG THE WAY.

FORM 990, PART I, LINE 7B

UNRELATED BUSINESS TAXABLE INCOME FROM FORM 990-T

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

THE AMOUNT REPORTED ON PART I, LINE 7B INCLUDES CERTAIN FRINGE BENEFIT EXPENSES SUBJECT TO UNRELATED BUSINESS TAXABLE INCOME UNDER IRC SECTION 512(A)(7) AMOUNTS THAT ARE NOT REVENUE AND, THEREFORE, NOT REPORTED AS SUCH ON FORM 990, PART VIII.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COURSES AND OTHER PROGRAMS:

- PROFESSIONAL DEVELOPMENT PROGRAMS

PROFESSIONAL DEVELOPMENT PROGRAMS AND SHORTER TWO-DAY SEMINARS ARE OFFERED TO HELP ORGANIZATIONS DEVELOP THEIR INTERNAL CAPACITY AND INFRASTRUCTURE FOR SAFETY AND IMPROVEMENT. IHI'S SEMINARS OFFER HEALTH CARE PROFESSIONALS MANY OPPORTUNITIES TO LEARN THE LATEST IMPROVEMENT IDEAS, CONNECT WITH LIKE-MINDED COLLEAGUES, AND GENERATE MOMENTUM FOR CHANGE IN THEIR ORGANIZATIONS.

- IHI NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTHCARE HELD EACH DECEMBER, THIS MAJOR US CONFERENCE ON IMPROVEMENT IN HEALTH CARE DRAWS NEARLY 6,000 PARTICIPANTS FROM AROUND THE WORLD WHO ATTEND HUNDREDS OF WORKSHOPS, PLENARY SESSIONS, AND SPECIAL INTEREST MEETINGS. THOUSANDS MORE JOIN THE CONFERENCE VIA SATELLITE BROADCAST.

- IHI SUMMIT ON IMPROVING PATIENT CARE
THIS ANNUAL WORLD-CLASS CONFERENCE FEATURES TOP FACULTY WHO BRING THE BEST IDEAS ON AREAS THAT ARE RIPE FOR IMPROVEMENT WITHIN THE OFFICE PRACTICE AND COMMUNITY-BASED CARE SETTINGS. OFFICE PRACTICE STAFF AND COMMUNITY CARE ORGANIZATIONS COME TOGETHER TO SHARE

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

ATTACHMENT 1 (CONT'D)

THEIR GROWING KNOWLEDGE AND BUILD NEW PARTNERSHIPS TO DELIVER RELIABLE, PATIENT CENTERED, EVIDENCE-BASED CARE FOR EVERY PATIENT, EVERY TIME.

- IHI PATIENT SAFETY CONGRESS

THE IHI PATIENT SAFETY CONGRESS BRINGS TOGETHER PEOPLE WHO ARE PASSIONATE ABOUT ENSURING SAFE CARE EQUITABLY FOR ALL. THIS ANNUAL MEETING IS DESIGNED FOR COMMITTED HEALTH CARE PROFESSIONALS WHO CONTINUE TO SHAPE SMARTER, SAFER CARE FOR PATIENTS WHEREVER IT'S PROVIDED - FROM THE HOSPITAL TO OUTPATIENT SETTINGS TO THE HOME.

- GLOBAL FORUMS ON QUALITY AND SAFETY IN HEALTHCARE

IHI PARTNERS WITH ORGANIZATIONS IN DIFFERENT REGIONS OF THE WORLD TO BRING LARGE CONFERENCES TO HEALTH CARE LEADERS, CLINICIANS, AND IMPROVERS. IHI, IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, CURRENTLY HOLDS FORUMS IN AFRICA, EUROPE, THE MIDDLE EAST, ASIA-PACIFIC, AND LATIN AMERICA. PARTICIPANTS OF GLOBAL FORUMS TAKE PART IN A MULTITUDE OF SESSIONS THAT RANGE FROM THE BASIC DISCIPLINES OF QUALITY IMPROVEMENT TO THE LATEST THINKING ON HOW TO IMPROVE QUALITY AND SAFETY.

- IHI OPEN SCHOOL FOR HEALTH PROFESSIONS

THE IHI OPEN SCHOOL IS AN INTERPROFESSIONAL EDUCATIONAL COMMUNITY THAT PROVIDES STUDENTS AND PROFESSIONALS WITH THE SKILLS TO BECOME CHANGE AGENTS IN HEALTH CARE. THE IHI OPEN SCHOOL HAS MORE THAN 900 CHAPTERS IN MORE THAN 90 COUNTRIES AROUND THE WORLD, AND A

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

 ATTACHMENT 1 (CONT'D)

GROWING CATALOG OF ONLINE COURSES IN QUALITY IMPROVEMENT; PATIENT SAFETY; LEADERSHIP; PERSON- AND FAMILY-CENTERED CARE; TRIPLE AIM FOR POPULATIONS; AND QUALITY, COST, AND VALUE. SELECT COURSES HAVE BEEN TRANSLATED INTO SPANISH, PORTUGUESE, AND FRENCH AND HAVE BEEN INTEGRATED INTO MORE THAN 1,000 UNIVERSITY AND HEALTH CARE ORGANIZATIONAL TRAINING PROGRAMS AROUND THE WORLD.

- 100 MILLION HEALTHIER LIVES

IHI IS A CONVENER AND PARTNER IN A GLOBAL, MULTI-SECTOR MOVEMENT TO CREATE BETTER HEALTH, WELL-BEING, AND EQUITY FOR 100 MILLION PEOPLE BY 2020. IHI'S VISION IS TO TRANSFORM THE WAY THE WORLD THINKS AND ACTS TO IMPROVE HEALTH. TO FACILITATE THIS EFFORT, WE WORK ALONGSIDE IHI'S PARTNERS TO ENGAGE INDIVIDUALS AND COMMUNITIES IN THE WORK OF HEALTH IMPROVEMENT; CO-DEVELOP AND SHARE USEFUL TOOLS TO SUPPORT ACTION; AND TEACH EMPOWERING SKILLS IN LEADERSHIP AND IMPROVEMENT. IHI'S GOAL IS TO MAKE IT EASY, INSPIRING, AND JOYFUL FOR ANYONE TO BEGIN OR ACCELERATE THEIR JOURNEY TOWARDS IMPROVING HEALTH.

- PURSUING EQUITY

THIS INITIATIVE, LAUNCHED IN APRIL 2017, AIMS TO REDUCE INEQUITIES AND OUTLINE A BLUEPRINT FOR HOW HEALTH CARE CAN ADVANCE EQUITY. EIGHT HEALTH CARE ORGANIZATIONS ARE WORKING WITH IHI TO DEEPEN THEIR EXISTING EFFORTS TO REDUCE HEALTH INEQUITIES, USING THE FRAMEWORK OUTLINED IN THE ACHIEVING HEALTH EQUITY IHI WHITE PAPER AS THE FOUNDATION OF THEIR WORK.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

 ATTACHMENT 1 (CONT'D)

- AGE-FRIENDLY HEALTH SYSTEMS

AGE-FRIENDLY HEALTH SYSTEMS IS AN INITIATIVE OF THE JOHN A. HARTFORD FOUNDATION AND IHI IN PARTNERSHIP WITH THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES (CHA). THE GOAL OF THE INITIATIVE IS TO RAPIDLY SPREAD - TO 20 PERCENT OF US HOSPITALS AND MEDICAL PRACTICES BY 2020 - A SIMPLE, YET POWERFUL FRAMEWORK THAT AIMS TO ENSURE THAT EVERY OLDER ADULT GETS THE BEST CARE POSSIBLE; EXPERIENCE NO HEALTH CARE-RELATED HARMS; AND IS SATISFIED WITH THE HEALTH CARE THEY RECEIVE.

- IHI LEADERSHIP ALLIANCE

AN EXCLUSIVE LEADERSHIP INITIATIVE FOR AMBITIOUS HEALTH CARE SYSTEMS AND THEIR TEAMS, THE ALLIANCE AIMS TO DELIVER GREAT HEALTH CARE AND HIGH VALUE TODAY, AND INNOVATE FOR THE EMERGING HEALTH AND HEALTH CARE MODELS OF TOMORROW.

- IHI LUCIAN LEAPE INSTITUTE

COMPOSED OF INTERNATIONAL THOUGHT LEADERS WITH A COMMON INTEREST IN PATIENT SAFETY, THE LUCIAN LEAPE INSTITUTE FUNCTIONS AS A THINK TANK TO IDENTIFY NEW APPROACHES TO IMPROVING PATIENT SAFETY AND ENCOURAGE THE INNOVATION NECESSARY TO EXPEDITE PROGRESS. RECENT WORK INCLUDES DEVELOPMENT OF A RESOURCE TO HELP LEADERS CREATE AND SUSTAIN SAFETY CULTURES IN THEIR ORGANIZATIONS AND RESEARCH INTO THE PUBLIC'S VIEW OF PATIENT SAFETY.

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

ATTACHMENT 1 (CONT'D)

- IHI VIRTUAL TRAININGS

IHI OFFERS A VARIETY OF VIRTUAL TRAINING OPPORTUNITIES FOR ANYONE WHO WANTS TO IMPROVE HEALTH AND HEALTH CARE. THESE RANGE FROM ONE OFF WEBCASTS TO MULTI-MONTH "EXPEDITIONS" (TEAM BASED, ACTION-ORIENTED PROGRAMS FOR TEAMS AROUND THE WORLD). THE INSTITUTE OFFERS MORE THAN 15 EXPEDITIONS EACH CALENDAR YEAR.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--------------------|---------------|--------------------|-------------------|
| NATIONAL FORUM | | 4,740,074. | 7,363,329. |
| INNOVATION | | 820,024. | |
| | TOTALS | <u>15,212,360.</u> | <u>7,363,329.</u> |

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| ADRIAN LORING ADVISORS 60 THOREAU STREET, #192 CONCORD, MA 01742 | IT SERVICES | 355,355. |
| MUSA TECHNOLOGY 330 BEAR HILL ROAD - STE 205 WALTHAM, MA 02451 | IT SERVICES | 268,333. |
| JOHN WHITTINGTON 1 MARTHA AVE. NORMAL, IL 61761 | PROGRAM CONSULTING | 248,000. |
| TRIBAL VISION 2346 POST ROAD | MARKETING CONSULTING | 200,279. |

| | |
|--|--|
| Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT | Employer identification number 38-3017223 |
|--|--|

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| WARWICK, RI 02886 | | |
| JANE TAYLOR 2031 GOODRICH AVE. ST. PAUL, MN 55105 | PROGRAM CONSULTING | 209,700. |

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> | <u>COST OR FMV</u> |
|----------------------------|---------------------------------|------------------------------|------------------------|
| NON-GOVERNMENT SECURITIES: | | | |
| MUTUAL FUNDS | 63,217,347. | 81,018,251. | FMV |
| MONEY MARKET FUNDS | 24,329,067. | | FMV |
| TOTALS | <u>87,546,414.</u> | <u>81,018,251.</u> | |