



INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Auditors' Reports as Required by Title 2 U.S. Code of Federal
Regulations Part 200, *Uniform Administrative Requirements, Cost
Principles, and Audit Requirements for Federal Awards and Government
Auditing Standards* and Related Information

Year Ended April 30, 2024

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.
Auditors' Reports as Required by Title 2 U.S. Code of Federal
Regulations Part 200, *Uniform Administrative Requirements, Cost
Principles, and Audit Requirements for Federal Awards and Government
Auditing Standards* and Related Information
Year ended April 30, 2024

Table of Contents

	Page(s)
Consolidated Financial Statements and Supplementary Schedule of Expenditures of Federal Awards	
Independent Auditors' Report	1–2
Consolidated Financial Statements and Related Notes	3–26
Supplementary Schedule of Expenditures of Federal Awards and Related Notes	27–28
Reports on Internal Control and Compliance	
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	29–30
Independent Auditors' Report on Compliance for Each Major Program; Report on Internal Control over Compliance Required by the Uniform Guidance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance	31–33
Findings and Questioned Costs	
Schedule of Findings and Questioned Costs	34



KPMG LLP
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Independent Auditors' Report

The Board of Directors
The Institute for Healthcare Improvement, Inc.:

Opinion

We have audited the consolidated financial statements of Institute for Healthcare Improvement, Inc. and its subsidiary (the Institute), which comprise the consolidated statements of financial position as of April 30, 2024 and 2023, the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Institute as of April 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Institute and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Institute's ability to continue as a going concern for one year after the date the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.



In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Institute's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Institute's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 7, 2024, on our consideration of the Institute's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Institute's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Institute's internal control over financial reporting and compliance.

KPMG LLP

Boston, Massachusetts
October 7, 2024

CONSOLIDATED FINANCIAL STATEMENTS AND RELATED NOTES

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Consolidated Statements of Financial Position

April 30, 2024 and 2023

Assets	2024	2023
Cash and cash equivalents	\$ 44,217,815	38,290,571
Accounts receivable, net	11,737,340	9,127,350
Right-of-use assets	10,063,347	11,658,508
Other assets	1,780,114	2,144,840
Investments	96,757,079	89,950,450
Property and equipment:		
Office furniture and equipment	2,592,761	2,502,261
Software	5,451,541	5,001,204
Leasehold improvements	5,578,804	5,573,352
	<u>13,623,106</u>	<u>13,076,817</u>
Less accumulated depreciation and amortization	<u>(10,045,996)</u>	<u>(9,365,575)</u>
Property and equipment, net	<u>3,577,110</u>	<u>3,711,242</u>
Total assets	\$ <u><u>168,132,805</u></u>	<u><u>154,882,961</u></u>
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 7,306,324	4,075,226
Refundable advances – customers	9,774,271	6,929,389
Deferred revenue	8,454,208	9,015,358
Lease liabilities	12,613,637	14,516,178
Deferred compensation	1,733,264	1,430,514
Total liabilities	<u>39,881,704</u>	<u>35,966,665</u>
Net assets:		
Without donor restrictions:		
Board designated endowment	90,524,968	85,035,998
IHI Scholarship Fund for Emerging Leaders	5,012,616	5,012,616
Operating reserve fund	14,836,376	12,676,021
Management Directed Initiatives fund	12,374,408	—
Property, plant and equipment replacement fund	3,577,110	4,287,280
Subtotal net assets without donor restrictions	<u>126,325,478</u>	<u>107,011,915</u>
With donor restrictions	<u>1,925,623</u>	<u>11,904,381</u>
Total net assets	<u>128,251,101</u>	<u>118,916,296</u>
Total liabilities and net assets	\$ <u><u>168,132,805</u></u>	<u><u>154,882,961</u></u>

See accompanying notes to consolidated financial statements.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Consolidated Statement of Activities

Year ended April 30, 2024

	Net assets without donor restrictions	Net assets with donor restrictions	Total 2024
Operating revenues and other support:			
Grant income	\$ 15,945,831	—	15,945,831
Contract services	27,588,814	—	27,588,814
Participation, meeting, and conference fees	10,110,042	—	10,110,042
Contributions	12,055,830	151,701	12,207,531
Membership dues	2,615,078	—	2,615,078
Other	3,071,066	—	3,071,066
Endowment return utilized	3,537,403	—	3,537,403
Net assets released from restriction	<u>10,841,389</u>	<u>(10,841,389)</u>	<u>—</u>
Total operating revenues and other support	85,765,453	(10,689,688)	75,075,765
Less donated attendance fees	<u>592,035</u>	<u>—</u>	<u>592,035</u>
Net operating revenues and other support	<u>85,173,418</u>	<u>(10,689,688)</u>	<u>74,483,730</u>
Operating expenses:			
Program services	60,188,991	—	60,188,991
Supporting services	<u>12,526,817</u>	<u>—</u>	<u>12,526,817</u>
Total operating expenses	<u>72,715,808</u>	<u>—</u>	<u>72,715,808</u>
Increase (decrease) in net assets from operations	<u>12,457,610</u>	<u>(10,689,688)</u>	<u>1,767,922</u>
Nonoperating activities:			
Net investment return	10,393,356	710,930	11,104,286
Endowment return utilized in operations	<u>(3,537,403)</u>	<u>—</u>	<u>(3,537,403)</u>
Total nonoperating activities	<u>6,855,953</u>	<u>710,930</u>	<u>7,566,883</u>
Increase (decrease) in net assets	19,313,563	(9,978,758)	9,334,805
Net assets, beginning of year	<u>107,011,915</u>	<u>11,904,381</u>	<u>118,916,296</u>
Net assets, end of year	\$ <u>126,325,478</u>	<u>1,925,623</u>	<u>128,251,101</u>

See accompanying notes to consolidated financial statements.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Consolidated Statement of Activities

Year ended April 30, 2023

	<u>Net assets without donor restrictions</u>	<u>Net assets with donor restrictions</u>	<u>Total 2023</u>
Operating revenues and other support:			
Grant income	\$ 13,554,280	—	13,554,280
Contract services	25,537,667	—	25,537,667
Participation, meeting, and conference fees	9,092,356	—	9,092,356
Contributions	117,846	175,139	292,985
Membership dues	2,971,319	—	2,971,319
Other	2,848,762	—	2,848,762
Endowment return utilized	3,837,967	—	3,837,967
Net assets released from restriction	<u>11,320,347</u>	<u>(11,320,347)</u>	<u>—</u>
Total operating revenues and other support	69,280,544	(11,145,208)	58,135,336
Less donated attendance fees	<u>314,524</u>	<u>—</u>	<u>314,524</u>
Net operating revenues and other support	<u>68,966,020</u>	<u>(11,145,208)</u>	<u>57,820,812</u>
Operating expenses:			
Program services	58,697,089	—	58,697,089
Supporting services	<u>9,879,395</u>	<u>—</u>	<u>9,879,395</u>
Total operating expenses	<u>68,576,484</u>	<u>—</u>	<u>68,576,484</u>
Increase (decrease) in net assets from operations	<u>389,536</u>	<u>(11,145,208)</u>	<u>(10,755,672)</u>
Nonoperating activities:			
Net investment return	942,835	257,187	1,200,022
Endowment return utilized in operations	<u>(3,837,967)</u>	<u>—</u>	<u>(3,837,967)</u>
Total nonoperating activities	<u>(2,895,132)</u>	<u>257,187</u>	<u>(2,637,945)</u>
Decrease in net assets	(2,505,596)	(10,888,021)	(13,393,617)
Net assets, beginning of year	<u>109,517,511</u>	<u>22,792,402</u>	<u>132,309,913</u>
Net assets, end of year	\$ <u>107,011,915</u>	<u>11,904,381</u>	<u>118,916,296</u>

See accompanying notes to consolidated financial statements.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Consolidated Statements of Functional Expenses

Year ended April 30, 2024

	Program services					Total program services	Supporting services	Total 2024 operating expenses
	Courses and other programs	Grants	Strategic partners and contracts	National forum	Innovation			
Salaries, payroll taxes and fringe benefits	\$ 5,702,500	9,743,651	9,445,681	1,055,310	2,223,276	28,170,418	9,943,835	38,114,253
Consulting	1,266,646	3,836,359	4,296,037	196,170	148,100	9,743,312	291,329	10,034,641
Meetings	1,020,811	201,729	65,445	1,874,130	546	3,162,661	121,619	3,284,280
Subgrant expense	—	10,015,628	—	—	—	10,015,628	—	10,015,628
Travel and lodging	323,697	563,853	1,068,573	69,851	16,762	2,042,736	393,463	2,436,199
Occupancy/office related	343,414	940,640	560,712	131,517	84,524	2,060,807	567,962	2,628,769
Technology	283,844	628,299	387,860	134,504	55,681	1,490,188	348,450	1,838,638
Depreciation and amortization	107,912	268,617	153,553	34,272	23,705	588,059	92,362	680,421
Marketing	204,497	47,352	6,430	156,055	—	414,334	53,330	467,664
Professional fees	463,512	608,083	864,204	108,509	49,370	2,093,678	644,576	2,738,254
Miscellaneous expense	60,694	282,353	47,194	10,637	6,292	407,170	69,891	477,061
Total functional expenses	\$ 9,777,527	27,136,564	16,895,689	3,770,955	2,608,256	60,188,991	12,526,817	72,715,808

See accompanying notes to consolidated financial statements.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Consolidated Statements of Functional Expenses

Year ended April 30, 2023

	Program services					Total program services	Supporting services	Total 2023 operating expenses
	Courses and other programs	Grants	Strategic partners and contracts	National forum	Innovation			
Salaries, payroll taxes and fringe benefits	\$ 5,064,610	9,774,003	8,170,804	1,038,680	1,332,794	25,380,891	7,758,899	33,139,790
Consulting	1,374,194	3,882,936	4,779,265	143,612	85,389	10,265,396	227,519	10,492,915
Meetings	942,102	232,623	37,434	1,558,608	284	2,771,051	70,534	2,841,585
Subgrant expense	—	10,549,384	—	—	—	10,549,384	—	10,549,384
Travel and lodging	361,581	408,911	991,933	216,905	5,064	1,984,394	122,072	2,106,466
Occupancy/office related	399,997	1,177,393	631,572	142,483	62,024	2,413,469	440,208	2,853,677
Technology	268,423	682,709	389,890	129,429	36,426	1,506,877	301,006	1,807,883
Depreciation and amortization	104,891	332,411	176,310	37,531	17,458	668,601	108,711	777,312
Marketing	52,809	24,830	2,715	3,751	—	84,105	263,426	347,531
Professional fees	792,552	741,794	699,578	120,198	39,074	2,393,196	522,943	2,916,139
Miscellaneous expense	86,832	422,186	143,164	19,497	8,046	679,725	64,077	743,802
Total functional expenses	\$ 9,447,991	28,229,180	16,022,665	3,410,694	1,586,559	58,697,089	9,879,395	68,576,484

See accompanying notes to consolidated financial statements.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Consolidated Statements of Cash Flows

Years ended April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 9,334,805	(13,393,617)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:		
Net unrealized and realized gains on investments	(9,774,498)	(1,008,303)
Depreciation and amortization	680,421	777,312
Amortization of right-of-use assets	1,595,161	1,735,355
Changes in assets and liabilities:		
Accounts receivable, net	(2,609,990)	(3,099,694)
Other current assets	364,726	(330,154)
Accounts payable and accrued expenses	3,231,098	(2,199,657)
Deferred revenue	(561,150)	(731,951)
Refundable advances – customers	2,844,882	(611,345)
Deferred compensation	302,750	68,569
Lease liabilities	<u>(1,902,541)</u>	<u>(2,002,859)</u>
Net cash provided by (used in) operating activities	<u>3,505,664</u>	<u>(20,796,344)</u>
Cash flows from investing activities:		
Proceeds from sales of investments	3,000,000	23,314,271
Purchases of investments	(18,562)	(19,077,359)
Additions to property and equipment	<u>(559,858)</u>	<u>(294,651)</u>
Net cash provided by investing activities	<u>2,421,580</u>	<u>3,942,261</u>
Net increase (decrease) in cash and cash equivalents	5,927,244	(16,854,083)
Cash and cash equivalents, beginning of year	<u>38,290,571</u>	<u>55,144,654</u>
Cash and cash equivalents, end of year	\$ <u><u>44,217,815</u></u>	<u><u>38,290,571</u></u>

See accompanying notes to consolidated financial statements.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(1) Organization

Since 1991, the Institute for Healthcare Improvement, Inc. (IHI or the Institute) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and healthcare for the better. Learn more at ihi.org.

On May 1, 2017, IHI merged with National Patient Safety Foundation (NPSF) and IHI is the surviving organization. The merger involved significant new investment from IHI in patient safety. The merged patient safety teams combined existing NPSF and IHI patient safety programs and reflect an enhanced commitment to achieve patient safety around the world. Most programs, including the Lucian Leape Institute, have continued since the merger. The Certified Professional in Patient Safety credentialing program continues and is overseen by the Certification Board for Professionals in Patient Safety.

IHI.org (www.ihi.org) is the online authority for tools, education, and resources to help improve health and healthcare. With more than 233,000 website users per month during the year ended April 30, 2024, the site contains a wealth of helpful improvement ideas, tools, and resources to support change efforts in any healthcare setting. In addition, IHI's electronic newsletter, *This Week at IHI*, is sent to more than 100,000 subscribers each week, providing updates on improvement activities and featuring the variety and breadth of IHI's work and collaboration with others. IHI also sends out bulletins specific to our projects and some regional specific newsletters like "Ubuntu" to our African constituents.

Following are the primary programs conducted by the Institute:

(a) Grant – Funded Programs

IHI received and expended funds for a variety of purposes in the pursuit of its mission across the world. These included programs to improve maternal and newborn health services; improve the care of older adults; integrate health equity of access, treatments, and outcomes; combat burnout and increase joy in work and well-being in the workforce; enhance quality improvement skills; and encourage communication about end-of-life values and preferences. These efforts contribute to IHI's growing knowledge of responsive and resilient system designs that can dramatically improve patient care and safety.

(b) Contracts

IHI maintains a variety of closely aligned, strategic relationships with organizations in regions around the world, including the U.S., the United Kingdom, Sweden, Denmark, Qatar, Australia, Brazil, and Ethiopia. Contracted services are focused on achieving strategic objectives, system-level improvement, and capability building.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(c) *Region Based-Projects*

Africa

- The Bill & Melinda Gates Foundation continued to provide substantial grant support for the following projects: Reduction of Neonatal and Maternal Mortality and the Designing Maternal and Newborn Spaces for Quality of Care-Global Goods, both in Ethiopia. Several projects are funded by USAID, including building quality improvement capacity in Mozambique and Project Aisha: Strengthening systems for safer childbirth in Nigeria funded by Health Strategy and Delivery Foundation.

Middle East/Asia-Pacific

- Safer Care Victoria (Australia) and Hamad Medical Corporation (Qatar) remain IHI's largest funders in this region. IHI continued working on a multiyear, grant-funded project in collaboration with Save the Children and funded by USAID to improve maternal and newborn care in Bangladesh.

United States of America

The four largest funded projects in the U.S. are as follows:

- Rise to Health/Genentech Pursuing Equity Campaign – Rise to Health: A National Coalition for Equity in Health Care is a nationwide coalition to improve health equity.

The vision of the Coalition is a transformed health care ecosystem where all people have the power, circumstances, and resources to achieve optimal health. To do this the coalition aims to build, change and transform; Build capacity, expand knowledge, and mobilize with concrete skills and tools to advance equity and racial justice in the health care ecosystem and in our communities; Influence and fundamentally change policy, payment, education, standards, and practices; and sustainably change mindsets and narratives within health care around equity and racial justice.

Members of the coalition include the American Medical Association, Race Forward, the American Hospital Association, AHIP, the National Association of Community Health Centers, and more. The coalition is intended to transform the entire healthcare ecosystem, including healthcare providers, payers, pharma, research and biotech groups.
- Age Friendly Health Systems: 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)*. As of May 2023, there are over 3,091 recognized Age-Friendly Health System participants. Age-Friendly Health Systems aim to follow an essential set of evidence-based practices; cause no harm; and align with What Matters to the older adult and their family caregivers.
- Orange County Health Care Agency (HCA): Through a 24-month engagement, IHI will work in partnership with HCA and its partners to measurably expand Orange County's ability to address the gaps in the health care system that are driving inequities in health and wellbeing in the county.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

Latin America

- Through Abt Associates, Inc., IHI is working on the Local Health System Sustainability (LHSS) project funded by USAID in Colombia. IHI is implementing an approach to advance the quality of migrant healthcare, and to improve healthcare delivery processes in order to prevent and alleviate health worker stress.
- The Latin American Forum on Quality and Safety in Health emerged in 2015 as a result of the alliance formed between the Albert Einstein Israeli Hospital and IHI. Now in its 9th year, this year's forum aims to address the transformations that have taken place in the field of health in the areas of: equity and social challenges, citizen participation, staff wellbeing, and technology at the service of people. The Forum attracts more than 2,000 attendees, from patients and frontline healthcare providers, to operator directors and CEOs.
- IHI continues to support St. Jude Children's Research Hospital to support a scale-up collaborative to spread best practices in antibiotic treatment of febrile pediatric oncology patients in 80 hospitals in Mexico.

Europe

- IHI maintains a vibrant portfolio of leadership and improvement focused work with a range of health trusts within the English National Health Service (NHS). Additional U.K. based work is occurring in Scotland and Wales. Smaller quality improvement and leadership projects are occurring in Denmark, Greece, and Sweden.

(d) Conferences, Courses, and Other Programs

Professional Development Programs

- Professional development programs, conferences, and other educational offerings support individuals and organizations to develop internal capacity and infrastructure for quality improvement, patient safety, leadership, joy in work and well-being, and health equity. IHI's programs offer healthcare and other professionals many opportunities to learn the latest improvement ideas, connect with like-minded colleagues, and generate momentum for change in their organizations.

IHI Forum

- Held each December, this major conference on improvement in healthcare draws nearly 5,000 participants from around the world who attend hundreds of workshops, spotlight and keynote sessions, and special interest meetings.

IHI Patient Safety Congress

- This annual conference brings together people who are passionate about ensuring that safe care is equitably provided for all. The Congress is designed for committed healthcare professionals who continue to shape smarter, safer care for patients wherever it's provided – from the hospital to outpatient settings to the home.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

International Forums on Quality and Safety in Healthcare

- IHI partners with organizations in different regions of the world to bring large conferences to healthcare leaders, clinicians, and improvers. IHI, sometimes in partnership with local organizations, currently holds Forums in, Europe, the Middle East, and Latin America. Participants of International 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 offers students, trainees, and professionals the skills and support network to become leaders in healthcare. A growing catalog of 37+ online, self-paced courses in quality improvement, health equity, patient safety, leadership, population health, and other key topics in healthcare transformation have been completed more than 5 million times by learners around the world. Select courses have been translated into Spanish, Portuguese, and French, and have been integrated into more than 1,500 university and healthcare organizational training programs. More than 1,000 in-person Open School Chapters have been started in more than 100 countries, with the aim of spreading quality and safety awareness and improving the health of patients and communities.

IHI Leadership Alliance and Health Improvement Alliance Europe

- An exclusive leadership initiative for ambitious healthcare leaders and their teams, the U.S.-based and Europe-based Alliances aims to deliver great healthcare and high value today and innovate for the emerging health and healthcare models of tomorrow.

(e) Other IHI Initiatives

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.

Certified Professional in Patient Safety™ Credential Program

- The CPPS credential recognizes expertise in patient safety. In addition to the exam, interested participants can obtain information about the exam, practice tests, and self-paced and synchronous review courses.

Research and Development

- At the center of IHI's work is the creation and testing of new ideas – novel concepts for improving patient care. IHI works intensely with cutting-edge organizations to test and prototype unique models and new solutions to old problems. This is the innovation engine that fuels much of IHI's content development work.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

- IHI's 90-Day Innovation Cycle is one of the Institute's primary engines for research and development. This process is designed to provide a reliable and efficient way to research innovative ideas, assess their potential for advancing quality and safety in healthcare, and bring them to action. IHI has built a small Innovation Team with dedicated resources to support the 90-Day Innovation Cycle process. The team begins approximately four new projects every 90 days.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis in accordance with U.S. generally accepted accounting principles (GAAP). The consolidated financial statements include the accounts of the Institute and its consolidated subsidiary.

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Revenue is reported as an increase in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Net assets and changes therein are classified as follows:

(i) Net Assets without Donor Restrictions

These net assets are not subject to donor-imposed stipulations. The IHI board of directors has discretionary control over these resources and can designate such net assets for particular purposes.

(ii) Net Assets with Donor Restrictions

These net assets are subject to donor-imposed stipulations that will be satisfied by the actions of IHI and/or by the passage of time.

(b) Statement of Activities

Transactions deemed by management to be ongoing, major, or central to the provision of services are reported as operating revenues and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.

(c) Revenue Recognition

(i) Revenue from Contracts with Customers

IHI recognizes revenue when it satisfies performance obligations under the terms of its contracts in an amount that reflects the consideration IHI expects to receive from its customers in exchange for those services. This process involves identifying the customer contract, determining the performance obligations in the contract, determining the contract price, allocating the contract price to the distinct performance obligations in the contract, and recognizing revenue when the performance obligations have been satisfied. A performance obligation is considered distinct from other obligations in the contract when it (a) provides a benefit to the customer either on its own or together with other resources that are readily available to the customer and (b) is separately identified in the contract. IHI considers a performance obligation to be satisfied once it has provided the services specified in the contract.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

Sources of operating revenue from customs include revenue from contract services, participation, meeting and conference fees, and membership dues. The Institute recognizes revenue associated with contracts over time as services are delivered or as the related direct costs are incurred, dependent upon the terms of the contract. Revenue related to participation, meeting and conferences fees is recognized at the time the services are provided. Membership dues are recognized over the period that member services are made available.

Contracts with customers generally state the terms of the sales. Payment terms and conditions may vary by contract, although terms generally include a requirement of payment within a range of 30 to 60 days after the performance obligation has been satisfied. As a result, contracts do not include a significant financing component. Due to the nature of IHI's billing arrangements, IHI has no contract assets. In addition, contracts typically do not contain variable consideration as contracts include stated prices.

(ii) Contributions and Grants

Contributions and grants are either conditional or unconditional based on the agreement terms. A contribution or grant is considered conditional if the award contains both a specific barrier that must be overcome for IHI to be entitled to the funds and a right to return or release to the grantor's obligation to provide the promised funds. If both conditions are not present, the award is unconditional. An unconditional contribution or grant is recognized as either without donor restriction or with donor restriction, based on the terms of the award.

The Institute had approximately \$14,070,821 and \$16,798,219 in unrecognized conditional grants as of April 30, 2024 and 2023, respectively. The revenue related to these agreements is conditioned on requirements, such as the Institute incurring allowable expenditures under the terms of the agreements or the agreement of continued funding.

(d) Expense Allocations

Directly identifiable expenses are charged to programs and supporting services, as applicable. Expenses related to more than one function are charged to programs and supporting services using an allocation method based on program direct expenses in relation to total direct expenses. Supporting services include those expenses that are not directly identifiable with any other specific function but provide the overall support and direction of IHI.

(e) Cash and Cash Equivalents

For purposes of the consolidated statements of cash flows, IHI considers all highly liquid instruments purchased with an original maturity of three months or less to be cash equivalents. These funds are reported as fair value and considered Level 1 in the fair value hierarchy.

(f) Accounts Receivable

Accounts receivables are stated at their estimated net realizable value. An allowance for credit losses is estimated based upon historical experience and management's evaluation of outstanding accounts receivable. As of April 30, 2024 and 2023, the allowance for credit losses was \$584,062 and \$474,678, respectively.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(g) Investments

All investments are stated at fair value, as described further in note 5(c). Investment income is credited to net assets without restrictions unless otherwise restricted by the donor.

(h) Property and Equipment

Property and equipment are stated at cost or, if donated, at estimated fair value at the date of the donation. The cost of maintenance and repairs is charged to expense as incurred; significant renewals and betterments are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, which are three to five years for office furniture and equipment, and the shorter of the life of the lease or the asset for leasehold improvements.

(i) Software

Internally produced software is developed to be utilized for the Institute's operations. Software developed and utilized consists primarily of the Institute's website, events registration system, association management system, learning management system, and other operations support systems. Costs of the application development stage of internally developed software are capitalized while training and maintenance costs are expensed. When upgrades and enhancements provide additional functionality, they are capitalized. Amortization is computed using the straight-line method over the estimated useful life of the related assets, which is three years.

Implementation costs incurred by the Institute in a cloud computing arrangement is capitalized over the noncancellable term of the cloud computing arrangements, if these costs would be capitalized by the Institute in a software licensing agreement.

(j) Deferred Revenue

Contract services, course fees, participation fees, and membership dues collected in advance have been included in deferred revenue in the accompanying consolidated statements of financial position and are recognizable within one year.

(k) Refundable Advances

Customer and grantor payments collected in advance have been included in refundable advances in the accompanying statements of financial position and are recognized as conditions of the related grants are met.

(l) Designation of Net Assets without Donor Restrictions

IHI believes that a strong financial position is essential to its ability to achieve its mission to improve healthcare for patients all over the world. It is the policy of IHI's board of directors to review its plans for future operating needs and strategic initiatives from time to time and to designate appropriate sums of net assets without restrictions to assure adequate financing for these purposes.

The Board-Designated Endowment Fund was established to support IHI programmatic "investments" that are deemed critical to achieving IHI's long-term strategic plan. The Board-Designated Endowment Fund is a board-approved quasi-endowment fund consisting of a voluntary segregation of unrestricted net assets. The Board-Designated Endowment Fund is more fully described in note 6.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

The IHI Scholarship Fund for Emerging Leaders is board designated and was established in honor of IHI founders and former Chief executive officers Donald Berwick and Maureen Bisognano. The scholarship provides funding to accelerate the innovative redesign of healthcare by equitably mentoring and empowering emerging leaders worldwide.

The Operating Reserve Fund is board designated and was established to provide for an adequate reserve to cover what management has deemed annual program revenue risk related to large conferences and major partnerships.

The Management Initiative Fund was established with a generous unrestricted donation to support IHI. Management initiative funds will be used to support essential “investments” that are deemed critical to achieving results for our stakeholders. The Fund is designated and approved by Management consisting of a voluntary segregation of unrestricted net assets. The Management Initiative Fund is more fully described in note 7.

The Property, Plant, and Equipment Replacement Fund was established by Management to provide for capital replacement and future capital needs.

(m) Use of Estimates

The preparation of the consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

(n) New Accounting Standards

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): *Measurement of Credit Losses on Financial Instruments*. This standard amends guidance related to impairment of financial instruments by replacing the incurred loss impairment methodology with an expected credit loss model, for which a company recognizes an allowance based on the estimate of expected credit loss. In November 2019 the FASB issued ASU No. 2019-10 to extend the effective date of the guidance for non-public business entities to fiscal years beginning after December 15, 2022, and interim periods within those fiscal years. IHI adopted ASU 2016-13 on May 1, 2023, on a prospective basis. There was no material impact of the adoption of ASU 2016-13 on IHI’s consolidated financial statements for the year ended April 30, 2024.

(o) Income Tax Status

IHI 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 IHI to evaluate uncertain tax positions. Management concluded as of April 30, 2024 and 2023, IHI did not have any liabilities for any uncertain tax positions.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(3) Grants Receivable

Grants receivable, which is included in accounts receivable, net, in the accompanying consolidated statements of financial position, totaled \$2,936,592 and \$952,426 as of April 30, 2024 and 2023, respectively.

(4) Concentration of Credit Risk

IHI maintains its cash and cash equivalents in accounts held by a bank and an investment company, which at times may exceed insurers' limits.

Accounts receivable, net includes approximately \$4,071,609 due from one customer as of April 30, 2024 and approximately \$2,790,469 due from one customer as of April 30, 2023. IHI has not experienced any losses in such accounts.

(5) Investments

(a) Overall Investment Objective

The overall investment objective of the Institute is to invest its assets in a prudent manner that will achieve a long-term rate of return sufficient to fund a portion of its annual operating activities and increase investment value after inflation. The Institute diversifies its investments among various asset classes incorporating multiple strategies and managers. Major investment decisions are authorized by the Board of Director's Finance Committee, which oversees the Institute's investment program in accordance with established guidelines.

(b) Allocation of Investment Strategies

In addition to traditional stocks and fixed income securities, the Institute may also hold shares or units in traditional institutional funds, as well as in alternative investment funds involving hedged strategies, private equity, and real asset strategies. Hedged strategies involve funds whose managers have the authority to invest in various asset classes at their discretion, including the ability to invest long and short. Funds with hedged strategies generally hold securities or other financial instruments for which a ready market exists and may include stocks, bonds, put or call options, swaps, currency hedges, and other instruments, and are valued accordingly. Because of the inherent uncertainties of valuation, these estimated fair values may differ significantly from values that would have been used had a ready market existed, and the differences could be material. Such valuations are determined by fund managers and generally consider variables such as operating results, comparable earnings multiples, projected cash flows, recent sales prices, and other pertinent information, and may reflect discounts for the illiquid nature of certain investments held. Moreover, the fair values of the Institute's interests in shares or units of these funds, because of liquidity and capital commitment terms that vary depending on the specific fund or partnership agreement, may differ from the fair value of the funds' underlying net assets.

(c) Basis of Reporting

Investments are reported at estimated fair value. Fair value represents the price that would be received upon the sale of an asset or paid upon the transfer of a liability in an orderly transaction between

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

market participants as of the measurement date. GAAP establishes a fair value hierarchy that prioritizes inputs used to measure fair value into three levels:

- Level 1 – quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities. Level 1 includes debt and equity securities that trade in an active exchange market, as well as U.S. Treasury securities;
- Level 2 – observable prices that are based on inputs not quoted in active markets but corroborated by market data. This category generally includes certain U.S. governmental and agency mortgage-backed securities, corporate debt securities, and some alternative investments; and
- Level 3 – unobservable inputs are used when little or no market data is available.

The fair value hierarchy gives the highest priority to Level 1 inputs and the lowest priority to Level 3 inputs. In determining fair value, the Institute utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. Levels are determined based on the aforementioned hierarchy, except for investments utilizing net asset value (NAV) as a practical expedient to estimate fair value of the Institute's interest therein, as discussed below. Such NAV measured investments are classified in the hierarchy based on whether the investment may be redeemed at or near the statement of financial position date.

If an investment is held directly by the Institute and an active market with quoted prices exists, the market price of an identical security is used as reported fair value. Reported fair values for shares in registered mutual funds are based on share prices reported by the funds as of the last business day of the fiscal year. Fixed income securities are primarily valued using market quotations or prices obtained from independent pricing sources, which may employ various pricing methods to value the investments, including matrix pricing.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Institute believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

The following tables summarize the Institute's investments by major category in the fair value hierarchy as of April 30, 2024 and 2023, as well as related strategy. All holdings are classified as Level 1 and may be liquidated on a daily basis.

	<u>2024</u>	<u>2023</u>
International stock	\$ 28,705,158	26,631,137
Bond market index funds	14,974,380	14,813,538
Stock market index	36,277,982	32,051,743
US treasury index	9,400,973	9,915,182
Balanced index funds (U.S.)	6,377,890	5,651,646
Bond funds	—	140,064
Equity mutual funds	1,020,696	747,140
	<u>\$ 96,757,079</u>	<u>89,950,450</u>

There were no transfers of investments between Level 1 and Level 2 during the years ended April 30, 2024 and 2023.

The following summarizes the investment return for all investments for the years ended April 30:

	<u>2024</u>	<u>2023</u>
Investment income	\$ 3,836,842	2,280,425
Net realized gains	(342,299)	(3,907,597)
Net change in unrealized appreciation	7,633,408	2,909,671
	11,127,951	1,282,499
Less management fees	23,665	82,477
Total investment return	<u>\$ 11,104,286</u>	<u>1,200,022</u>

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(6) Board-Designated Endowment Fund

The Institute's endowment solely consists of unrestricted funds designated by the board of directors to function as an endowment. Changes in endowment net assets for the years ended April 30, 2024 and 2023 are as follows:

	2024	2023
Beginning balance	\$ 85,035,998	93,165,792
Investment return:		
Investment income, net	2,274,975	1,828,299
Net unrealized and realized gains (losses) on investment	6,751,398	(1,107,510)
Total return	9,026,373	720,789
Endowment return utilized in operations	(3,537,403)	(3,837,967)
Transfers from endowment	—	(5,012,616)
Ending balance of endowment	\$ 90,524,968	85,035,998

(a) Return Objectives and Risk Parameters

The Institute has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to preserve the purchasing power of the endowment assets. To achieve these objectives, the Institute's board of directors has approved an investment policy whereby endowment assets are invested in a manner that is intended to achieve a return that is reasonable relative to an above average risk tolerance that positions the endowment assets for long-term capital appreciation. It has been determined that the investment objective of the endowment fund is "Growth with Income," which is intended to be competitive in relation to a "blended" benchmark consisting of the Standard & Poor's 500 Index, Barclays Aggregate Bond Index, and the money market.

To satisfy its long-term objectives, the Institute utilizes a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Institute targets a portfolio consisting of approximately 80% equity, and 20% fixed income and cash equivalents to achieve its long-term return objectives within prudent risk constraints.

(b) Spending Policy and How the Investment Objectives Relate to Spending Policy

The Institute has a policy of appropriating for distribution each year a fixed dollar amount to support the strategic program and operational investments. The board of directors elected to appropriate distributions for operations of \$3,537,403 and \$3,837,967 for the years ended April 30, 2024 and 2023, respectively. These amounts are classified as operating revenue in the consolidated statements of activities. Accordingly, the Institute expects the current spending policy to allow its endowment to maintain its purchasing power by growing at a rate equal to planned distributions plus inflation, defined as the Consumer Price Index. Additional real growth will be provided through future additional funds designated by the board of directors and any excess investment return.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(7) Management Directed Initiatives Fund

The Institute's Management Directed Initiatives fund was created in fiscal year 2024 with an unrestricted donation of \$12,000,000. Management established a fund to support initiatives that are needed to enable IHI to reach more stakeholders and improve program results in the short term. At least annually management reviews proposals and allocates funds to these initiatives. The funds are maintained in a money market account.

(8) Net Assets with Donor Restrictions

Net assets with donor restrictions during fiscal years ended April 30, 2024 and 2023 have been restricted by donors for the following purposes:

	<u>2024</u>	<u>2023</u>
Blue Cross Blue Shield	\$ 393,311	11,081,471
IHI Scholarship Fund	1,365,274	657,592
Other	114,693	112,973
Denham Fellowship	<u>52,345</u>	<u>52,345</u>
	<u>\$ 1,925,623</u>	<u>11,904,381</u>

(a) Net Assets with Donor Restrictions Released from Restrictions

All of IHI's net assets with donor restrictions in fiscal years 2024 and 2023 were purposely restricted by funders for participation in equity initiatives, and attendance at IHI events. During fiscal year 2022, IHI received a \$25,000,000 donation from Blue Cross Blue Shield to support a program to improve health equity outcomes. IHI will lead the program and the program administration, including subgrants to eligible participants.

Net assets of \$10,841,389 and \$11,320,347 during the fiscal years ended April 30, 2024 and 2023, respectively, were released from donor restrictions by incurring expenses or providing services satisfying the restricted purposes specified by the donors.

(9) Lease Commitments

(a) Operating Lease Commitments

The Institute accounts for leases in accordance with ASC Topic 842, *Leases*. The Institute determines if an arrangement is or contains a lease at contract inception. The Institute recognizes a ROU asset and a lease liability at the lease commencement date. For operating and finance leases, the lease liability is initially measured at the present value of the unpaid lease payments at the lease commencement date. The lease liability is subsequently measured at amortized cost using the effective-interest method. Key estimates and judgments include how the Institute determines (1) the discount rate it uses to discount the unpaid lease payments to present value, (2) lease term, and (3) lease payments. Topic 842 requires a lessee to discount its unpaid lease payments using the interest rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate. Generally, the Institute cannot determine the interest rate implicit in the lease because it does not have access to the lessor's estimated residual value or the amount of the lessor's deferred initial direct

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

costs. The lease term includes the noncancellable period of the lease plus any additional periods covered by the Institute's option to extend (or not to terminate) the lease that the Institute is reasonably certain to exercise.

For finance leases, the ROU asset is subsequently amortized using the straight-line method from the lease commencement date to the earlier of the end of its useful life or the end of the lease term unless the lease transfers ownership of the underlying asset to the Institute or the Institute is reasonably certain to exercise an option to purchase the underlying asset. In those cases, the ROU asset is amortized over the useful life of the underlying asset. Amortization of the ROU asset is recognized and presented separately from interest expense on the lease liability.

The Institute has elected not to recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less.

The Institute relocated its headquarters in 2018 from Cambridge to Boston, Massachusetts. On June 29, 2017, IHI entered into a lease agreement for a 12-year term at a fixed annual rental payment, not including operating costs related to the office space. The lease includes an extension option for an additional 5 years. As part of the lease agreement, the landlord offered a leasehold improvement allowance which is being amortized by the Institute as a reduction to rent expense on a straight-line basis over the life of the lease.

As a result of the merger with the National Patient Safety Foundation on May 1, 2017, IHI acquired a lease agreement for 4,930 square feet of office space in Boston, Massachusetts. This lease is for five years and seven months. Lease payments consist of a fixed annual base rent, plus additional charges for the proportionate share (initially 3.79%) of the increase over the landlord's base year 2016 real estate taxes and operating expenses. In acquiring this space, the Institute entered into a sublease agreement in which the Institute will receive escalating rent payments from its subtenant through July 2023. Rental income under this sublease was \$43,548 and \$274,025 for the years ended April 30, 2024 and 2023, respectively.

On February 1, 2019, IHI amended their lease agreement with 53 State Street to add space on the 18th floor for an 11-year term at a fixed annual rental payment, not including operating costs related to the office space. The lease includes an extension option for an additional 5 years. As part of the lease agreement, the landlord offered a leasehold improvement allowance being amortized as a reduction to rent expense on a straight-line basis over the life of the lease, which is included in the determination of the ROU assets.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

Future minimum payments under operating leases with terms of one year or more are as follows:

	Operating leases
Fiscal year ending April 30:	
2025	\$ 2,295,063
2026	2,335,452
2027	2,376,095
2028	2,416,994
2029	2,458,169
Thereafter	1,866,931
Minimum lease payments	13,748,704
Less amount representing interest	1,135,067
Present value of net minimum operating lease payment	\$ 12,613,637

The components of total lease expense were as follows for the year ended April 30:

	2024	2023
Operating lease cost	\$ 2,003,921	2,198,829
Variable lease expense	132,323	118,213
Total lease expense	\$ 2,136,244	2,317,042

Other Information related to leases is as follows as of April 30:

	2024	2023
Weighted average remaining lease term-operating leases	5.75 Years	6.75 Years
Weighted average discount rate-operating leases	3.04 %	3.04 %

Operating cash outflows from operating leases were \$2,311,042 and \$2,466,332 for the years ended April 30, 2024 and 2023, respectively.

During fiscal year 2022, IHI reevaluated the need for office space. The Institute entered into a sublease agreement for the 19th floor of 53 State Street, effective December 15, 2021 for the remainder of the lease period. The Institute will receive escalating rent payments of \$123,576 to \$141,932 from its subtenant beginning in September 2022 through January 2030. Rental income recognized on a straight-line basis under this sublease was \$1,444,104 for the years ended April 30, 2024 and 2023.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(10) Employee Benefits

(a) Retirement Plan

The Institute has a 401(k) plan, which covers substantially all full-time employees. The plan requires the Institute to make certain matching contributions in relation to employee voluntary contributions and also allows for an additional contribution to be made at the discretion of management. The Institute's matching and discretionary contributions to the plan totaled approximately \$432,606 and \$380,679 for the years ended April 30, 2024 and 2023, respectively.

(b) Management Team Benefits

The Institute provides certain executives benefits under its Management Team Flexible Benefit Plan. Covered executives are provided with a percentage of their salary as a flexible benefit allowance. The percentage of their salary allocated is determined by the IHI board of directors and can vary by executive level. This flexible benefit allowance can be used to select among various benefits, including a capital accumulation account. The capital accumulation accounts are maintained by the Institute.

The executives are unsecured creditors of the Institute for the amount of their capital accumulation accounts once they have vested after being employed by the Institute for five years. The amount expensed by the Institute for the years ended April 30, 2024 and 2023 related to the capital accumulation accounts was \$320,179 and \$283,980, respectively. The capital accumulation accounts investments are invested with the Institute's investments. As of April 30, 2024 and 2023, the related deferred compensation liability was \$1,733,264 and \$1,430,514, respectively.

(11) Line of Credit

In March 2020, the FASB issued (ASU 2020-04), *Reference Rate Reform*, to ASC Topic 848, *Facilitation of the Effects of Reference Rate Reform on the Financial Reporting*. ASU 2020-04 provides temporary optional guidance to ease the potential burden in accounting for reference rate reform. The Institute adopted this during FY2023.

On January 19, 2021, IHI increased a \$5,588,000 revolving line-of-agreement with Citizens Bank to \$7,588,000 to be used for working capital purposes and for providing a performance bond as required under specific service contracts. The agreement is subject to an annual credit check. On April 26, 2023, as a result of LIBOR being terminated, the agreement was amended to reflect Bloomberg Short-Term Bank Yield Index (BSBY). As of April 30, 2024, the interest rate was 2.25% plus BSBY of 5.34% for a total rate of 7.59%. No funds were advanced in fiscal year 2024 or 2023.

On June 27, 2017, IHI entered into a \$943,670 unconditional, irrevocable, transferable letter-of-credit agreement with a commercial bank for the purpose of providing a security deposit as required under the new office lease. Beginning on February 1, 2021, and on each two-year – (2-year) anniversary of such date up to and including February 1, 2027, IHI shall have the right to reduce the then current amount of the letter of credit, provided that certain criteria are met by IHI per the lease agreement. The amount of the letter of credit shall never be reduced below \$404,000. As of April 30, 2024, the available letter of credit balance was \$724,407.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

(12) Related-Party Transactions

Following is a summary of related-party transactions as of and for the year ended April 30:

	<u>2024</u>	<u>2023</u>
The Institute paid an organization that employs a Board of Director member of the Institute for services rendered on various projects.	\$ 275,000	282,400
The Institute earned revenues from an organization, which employs a Board of Director member of the Institute.	1,014,722	488,880
The Institute has receivables from an organization, which employs a Board of Director member of the Institute.	—	12,397

There were no material amounts outstanding as of April 30, 2024 and 2023 related to these transactions.

(13) Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and scheduled principal payments on debt, were as follows.

	<u>As of</u> <u>April 30, 2024</u>
Financial assets:	
Cash and cash equivalents (without donor restrictions)	\$ 44,217,815
Accounts receivable, net	8,800,748
Receivables due for costs incurred on grants and contracts	2,936,592
Board designations:	
Fiscal 2024 endowment payout	<u>3,537,403</u>
Total financial assets available within one year	59,492,558
Liquidity resources:	
Bank line of credit	<u>7,588,000</u>
Total financial assets and liquidity resources available within one year	<u>\$ 67,080,558</u>

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Consolidated Financial Statements

April 30, 2024 and 2023

	As of
	April 30, 2023
Financial assets:	
Cash and cash equivalents (without donor restrictions)	\$ 38,290,571
Accounts receivable, net	8,174,924
Receivables due for costs incurred on grants and contracts	952,426
Board designations:	
Fiscal 2023 endowment payout	<u>3,837,967</u>
Total financial assets available within one year	51,255,888
Liquidity resources:	
Bank line of credit	<u>7,588,000</u>
Total financial assets and liquidity resources available within one year	<u>\$ 58,843,888</u>

The Institute's cash flows have seasonal variations during the year attributable to participation, meeting, and conference fee payments, and contract billings. The Institute had \$96,757,079 and \$89,950,450 in board-designated investments as of April 30, 2024 and 2023, respectively, which could be made available to the Institute, but are not reflected in the table as they are designated for other purposes.

(14) Subsequent Events

Management has evaluated subsequent events through October 7, 2024, the date on which the consolidated financial statements were available for issuance.

**SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF
FEDERAL AWARDS AND RELATED NOTES**

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Supplementary Schedule of Expenditures of Federal Awards

Year ended April 30, 2024

Federal grantor/pass-through grantor	Program title	Federal assistance listing number	Pass-through entity identification number	Passed through to subrecipients	2024 expenditures
Research and Development Cluster: U.S. Department of Health and Human Services: Health Resources and Services Administration: Pass-through awards: The George Washington University	Workforce Resiliency Technical Assistance Center	93.732	1U30HP45374-01-00	\$ —	777,056
	Total Health Resources and Services Administration			—	777,056
USAID: Pass-through awards: JSI Research & Training Institute, Inc. Jhpiego Corporation Jhpiego Corporation	USAID- Quality Healthcare Activity MOMENTUM Private Health Care Delivery (MPHD) Momentum 2A	98.001 98.001 98.001	72066323CA0004 23-SBA-286 7200AA20CA00002	— — —	545,216 56,439 648,081
	Total USAID			—	1,249,736
U.S. Department of Health and Human Services: Pass-through awards: University of Kentucky Research	Neighborhood Healers: Training Black Community First Responders in Mental Health First Aid	93.243	6H79SM084720-02M001	—	5,852
	Total Research and Development Cluster			—	5,852
Other awards: U.S. Department of Health and Human Services: Center for Disease Control and Prevention (CDC)	Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health	93.421	N/A	—	834,793
	Total Expenditures of Federal Awards			\$ —	2,867,437

See accompanying independent auditors' report and notes to supplementary schedule of expenditures of federal awards.

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Notes to Supplementary Schedule of Expenditures of Federal Awards

April 30, 2024

(1) Reporting Entity

The accompanying Supplementary Schedule of Expenditures of Federal Awards (the Schedule) presents the activity of all federal award programs of Institute for Healthcare Improvement, Inc. (the Institute), as described in note 1 to the basic consolidated financial statements.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying Schedule has been prepared using the accrual basis of accounting and in accordance Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. The purpose of the Schedule is to present a summary of those activities of the Institute for the year ended April 30, 2024, which have been financed by the U.S. Government (federal awards). For purposes of the Schedule, federal awards include all federal assistance entered into directly between the federal government and the Institute and federal funds awarded to the Institute by a primary recipient. Because the Schedule presents only a selected portion of the activities of the Institute, it is not intended to and does not present the financial position, results of operation, changes in net assets, and cash flows of the Institute.

(3) Summary of Facilities and Administrative Costs

The Institute recovers facilities and administrative costs (indirect costs) associated with expenditures pursuant to arrangements with the federal government. The Institute has elected not to use the 10-percent de minimis indirect cost rate under the Uniform Guidance.

(4) Subrecipient Awards

The Institute did not pass through any Federal Awards to subrecipient organizations during the year ended April 30, 2024.



KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

The Board of Directors
Institute for Healthcare Improvement, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Institute for Healthcare Improvement, Inc. (the Institute), which comprise the Institute's statement of financial position as of April 30, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 7, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Institute's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Institute's internal control. Accordingly, we do not express an opinion on the effectiveness of the Institute's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Institute's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Institute's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Institute's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Institute's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Boston, Massachusetts
October 7, 2024



KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

**Independent Auditors' Report on Compliance for Each Major Federal Program;
Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of
Federal Awards Required by the Uniform Guidance**

The Board of Directors
Institute for Healthcare Improvement, Inc.:

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Institute for Healthcare Inc.'s (the Institute) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on the Institute's major federal program for the year ended April 30, 2024. The Institute's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Institute complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the major federal program for the year ended April 30, 2024.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Institute and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Institute's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Institute's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Institute's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS,



Government Auditing Standards, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Institute's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Institute's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Institute's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Institute's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the consolidated financial statements of the Institute as of and for the year ended April 30, 2024, and have issued our report thereon dated October 7, 2024, which contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Boston, Massachusetts
October 7, 2024

INSTITUTE FOR HEALTHCARE IMPROVEMENT, INC.

Schedule of Findings and Questioned Costs

Year ended April 30, 2024

(1) Summary of Auditors' Results

- a. Type of report issued on whether the consolidated financial statements were prepared in accordance with generally accepted accounting principles: **Unmodified**
- b. Internal control deficiencies over financial reporting disclosed by the audit of the consolidated financial statements:
 - Material weaknesses: **No**
 - Significant deficiencies: **None Reported**
- c. Noncompliance material to the consolidated financial statements: **No**
- d. Internal control deficiencies over major programs disclosed by the audit:
 - Material weaknesses: **No**
 - Significant deficiencies: **None reported**
- e. Type of report issued on compliance for major programs: **Unmodified**
- f. Audit findings that are required to be reported in accordance with 2 CFR 200.516(a): **No**
- g. Major program:
 - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health – **ALN 93.421**
- h. Dollar threshold used to distinguish between Type A and Type B programs: **\$750,000**
- i. Auditee qualified as a low-risk auditee: **Yes**

(2) Findings Relating to the Consolidated Financial Statements Reported in Accordance with *Government Auditing Standards*

None

(3) Findings and Questioned Costs Relating to Federal Awards

None