

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **MAY 1, 2023** and ending **APR 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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	
	53 STATE STREET, 18TH FL		G Gross receipts \$ 77,783,169.
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109		
F Name and address of principal officer: KEDAR MATE 53 STATE STREET, 19TH FL, BOSTON, MA 02109		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: [HTTP://WWW.IHI.ORG](http://www.ihl.org)

K Form of organization: Corporation Trust Association 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	214
	6 Total number of volunteers (estimate if necessary)	6	43
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,847,265.	26,144,474.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,417,451.	41,305,313.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,627,172.	3,494,543.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,718,129.	3,496,540.
		52,355,673.	74,440,870.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,549,384.	10,129,795.
	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)	33,139,790.	38,114,253.
	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)	24,969,788.	24,609,594.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,658,962.	72,853,642.	
19 Revenue less expenses. Subtract line 18 from line 12	-16,303,289.	1,587,228.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	154,882,961.	168,132,805.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,966,665.	39,881,704.
	118,916,296.	128,251,101.	

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, CHIEF FIN & ADMIN OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GENEVA FURLANO				P01877392
Preparer Use Only	Firm's name	Firm's EIN			
	KPMG LLP	13-5565207			
Preparer Use Only	Firm's address			Phone no.	
	60 SOUTH STREET, TWO FINANCIAL CENTER BOSTON, MA 02111			617-988-1000	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

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

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

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

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. INSTITUTE FOR HEALTHCARE IMPROVEMENT	Taxpayer identification number (TIN) 38-3017223
	Number, street, and room or suite no. If a P.O. box, see instructions. 53 STATE STREET, 18TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02109	

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of AMY HOSFORD-SWAN
53 STATE STREET, 18TH FL - BOSTON, MA 02109

Telephone No. 617-301-4800 Fax No. _____

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

1 I request an automatic 6-month extension of time until MARCH 17, 2025, 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, 2023, and ending APR 30, 2024

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

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

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 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? [] Yes [X] 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.

4a (Code:) (Expenses \$ 27,250,731. including grants of \$ 10,129,795.) (Revenue \$) 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 OR RESPONSIVE AND RESILIENT SYSTEM DESIGNS THAT CAN DRAMATICALLY IMPROVE PATIENT CARE AND SAFETY.

4b (Code:) (Expenses \$ 16,895,689. including grants of \$) (Revenue \$ 29,249,142.) 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.

4c (Code:) (Expenses \$ 9,777,527. including grants of \$) (Revenue \$ 9,951,736.) 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 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

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,379,211. including grants of \$) (Revenue \$ 4,113,323.)

4e Total program service expenses 60,303,158.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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 (1024 or 1024-A, 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 - 617-301-4800
53 STATE STREET, 18TH FL, BOSTON, MA 02109

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KEDAR MATE CEO	40.00 0.00	X		X				714,538.	0.	42,792.
(2) PIERRE BARKER CHIEF SCIENTIFIC OFFICER	40.00 0.00			X				428,790.	0.	44,584.
(3) AMY HOSFORD-SWAN CHIEF FIN/ADMIN OFFICER	40.00 0.00			X				415,857.	0.	34,137.
(4) NANA TWUM-DANSO SENIOR VICE PRESIDENT	40.00 0.00			X				334,951.	0.	17,808.
(5) ROBERT LLOYD VICE PRESIDENT	40.00 0.00					X		293,400.	0.	33,519.
(6) CAMILLE BURNETT VICE PRESIDENT, HEALTH EQUITY	40.00 0.00				X			287,968.	0.	25,865.
(7) PATRICIA MCGAFFIGAN VICE PRESIDENT, DELIVERY	40.00 0.00				X			271,100.	0.	27,520.
(8) SODZI SODZI-TETTEY VICE PRESIDENT, DELIVERY	40.00 0.00				X			263,080.	0.	13,994.
(9) PEDRO DELGADO VICE PRESIDENT, DELIVERY	40.00 0.00				X			251,429.	0.	24,326.
(10) DONALD BERWICK FORMER CEO, DIRECTOR	19.00 0.00	X						275,000.	0.	0.
(11) JENNIFER LENOCI-EDWARDS VICE PRESIDENT, DELIVERY	40.00 0.00				X			268,660.	0.	5,637.
(12) VALERIE SPALDING VICE PRESIDENT, BUSINESS DEVELOPMENT	40.00 0.00				X			243,743.	0.	30,026.
(13) CATHLEEN DUFFY VICE PRESIDENT, FINANCE	40.00 0.00				X			255,430.	0.	16,612.
(14) NEEL VORA VICE PRESIDENT, INFORMATION	40.00 0.00				X			225,542.	0.	28,102.
(15) KAREN BALDOZA VICE PRESIDENT, IMPROVEMENT	40.00 0.00				X			214,444.	0.	34,567.
(16) JILL DUNCAN VICE PRESIDENT, DELIVERY	40.00 0.00				X			215,306.	0.	33,296.
(17) JENNIFER WALKER VICE PRESIDENT, HUMAN RESOURCES	40.00 0.00				X			216,725.	0.	31,248.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) DAVID COLETTA EXECUTIVE DIRECTOR, ALLIANCE	40.00 0.00					X		214,940.	0.	28,606.
(19) NINON LEWIS VICE PRESIDENT, DELIVERY	40.00 0.00				X			218,528.	0.	15,122.
(20) JEFFREY SALVON-HARMAN VICE PRESIDENT, SAFETY	40.00 0.00				X			217,973.	0.	15,183.
(21) ALICE BONNER SENIOR DIRECTOR	40.00 0.00					X		212,574.	0.	15,289.
(22) JOHN PARISH SR. DIR. OF BUSINESS APPLICATIONS	40.00 0.00					X		190,005.	0.	33,308.
(23) LESLIE NICHOL VICE PRESIDENT, DELIVERY	40.00 0.00				X			186,277.	0.	28,438.
(24) JAFET ARIETA VICE PRESIDENT, DELIVERY & MEL-D- (A	40.00 0.00				X			170,812.	0.	4,424.
(25) MELISSA PANAGIDES-BUSCH CHIEF OPERATING OFFICER	40.00 0.00			X				118,842.	0.	5,245.
(26) CYNTHIA BARGINERE CHIEF OPERATING OFFICER (THRU 2/23)	40.00 0.00			X				48,909.	0.	3,468.
1b Subtotal								6,754,823.	0.	593,116.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,754,823.	0.	593,116.

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 92

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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
GLOBALIZATION PARTNERS LLC, 175 FEDERAL ST. 17TH FLOOR, BOSTON, MA 02110	MANAGEMENT SERVICE COMPANY	1,056,943.
MAUVE CORPORATE SYSTEMS, BLAKE HOUSE 18 BLAKE STREET, , YORK, UNITED KINGDOM Y01	MANAGEMENT SERVICE COMPANY	1,044,914.
MAUVE CORPORATE SYSTEMS (PTY,LTD -AUSTRALIA LEVEL ONE 54 NERIDAH STREET, , CHATSWOOD, A	MANAGEMENT SERVICE COMPANY	860,577.
THIRD AND GROVE LLC, 333 WASHINGTON STREET, UNIT 326, BOSTON, MA 02108	WEBSITE DEVELOPMENT SERVICES	720,416.
AUDIO VISUAL ONE LLC, 9695 DELEGATES DRIVE SUITE 501, ORLANDO , FL 32836	AUDIO VISUAL EVENT SERVICES	694,550.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	46	

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) SIDNEY KLAJNER, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) FOLA LAOYE, BSC, MBA, ACA DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) BETH DALEY ULLEM, MBA DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) SAM R. WATSON, MSA, CPPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) KARA WALKER, MD, MPH, MSHS DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) SYLVIA DENISE TRENT-ADAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) ENRIQUE RUELAS, MD, MPA, MHSC DIRECTOR	4.00 0.00	X						0.	0.	0.
(34) MARY BETH NAVARRA-SIRIO, MBA, R DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) BEVERLY LOUISE MALONE, PHD, RN DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) GERALD B. HICKSON, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) REBEKAH E. GEE, MD, MPH DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) MICHAEL J. DOWLING BOARD CHAIR (THRU 4/2024)	1.00 0.00	X						0.	0.	0.
(39) YVONNE V. COGHILL, CBE DIRECTOR (THRU 9/2023)	1.00 0.00	X						0.	0.	0.
(40) TORITSESAN (TOSAN) BOYO, MPH DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) ANN SCOTT BLOUIN, RN, PHD, FACH DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	864,535.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,279,939.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			26,144,474.			
Program Service Revenue	2 a	CONTRACT SERVICES	Business Code	900099	27,240,254.	27,240,254.		
	b	PARTICIPATION, MEETING	Business Code	900099	9,633,909.	9,633,909.		
	c	MEMBERSHIP DUES	Business Code	900099	2,615,078.	2,615,078.		
	d	OPEN SCHOOL	Business Code	900099	1,816,072.	1,816,072.		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			41,305,313.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,836,842.		3,836,842.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	1,487,652.				
			(ii) Personal					
	b	Less: rental expenses		0.				
	c	Rental income or (loss)		1,487,652.				
	d	Net rental income or (loss)			1,487,652.		1,487,652.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	3,000,000.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses		3,342,299.				
c	Gain or (loss)		-342,299.					
d	Net gain or (loss)			-342,299.		-342,299.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	EMPLOYEE RETENTION CRE	Business Code	900099	2,008,888.	2,008,888.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			2,008,888.			
12	Total revenue. See instructions			74,440,870.	43,314,201.	0.	4,982,195.	

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 X

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	10,129,795.	10,129,795.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,993,834.	2,996,917.	2,996,917.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,538,336.	22,978,731.	6,559,605.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	596,811.	507,289.	89,522.	
9 Other employee benefits				
10 Payroll taxes	1,985,272.	1,687,481.	297,791.	
11 Fees for services (nonemployees):				
a Management				
b Legal	170,294.	2,836.	167,458.	
c Accounting	139,388.	37,949.	101,439.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,666.		23,666.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,097,179.	11,430,171.	667,008.	
12 Advertising and promotion	467,664.	414,334.	53,330.	
13 Office expenses	313,103.	267,901.	45,202.	
14 Information technology	1,838,638.	1,490,188.	348,450.	
15 Royalties				
16 Occupancy	2,035,826.	1,787,122.	248,704.	
17 Travel	2,436,199.	2,042,736.	393,463.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,284,280.	3,162,661.	121,619.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	701,907.	588,059.	113,848.	
23 Insurance	279,840.	5,784.	274,056.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	455,576.	407,170.	48,406.	
b INTERNATIONAL TAXES	366,034.	366,034.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	72,853,642.	60,303,158.	12,550,484.	0.
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)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	0.
	2 Savings and temporary cash investments	38,290,571.	2	44,217,816.
	3 Pledges and grants receivable, net	952,426.	3	2,936,592.
	4 Accounts receivable, net	8,174,924.	4	8,800,749.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,894,840.	9	1,530,111.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,623,107.		
	b Less: accumulated depreciation	10b 10,045,996.	3,711,242.	10c 3,577,111.
	11 Investments - publicly traded securities	89,950,450.	11	96,757,079.
	12 Investments - other securities. See Part IV, line 11	250,000.	12	250,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,658,508.	15	10,063,347.
16 Total assets. Add lines 1 through 15 (must equal line 33)	154,882,961.	16	168,132,805.	
Liabilities	17 Accounts payable and accrued expenses	4,075,226.	17	7,306,324.
	18 Grants payable		18	
	19 Deferred revenue	9,015,358.	19	8,454,208.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,876,081.	25	24,121,172.
	26 Total liabilities. Add lines 17 through 25	35,966,665.	26	39,881,704.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	107,011,915.	27	126,325,478.
	28 Net assets with donor restrictions	11,904,381.	28	1,925,623.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	118,916,296.	32	128,251,101.
33 Total liabilities and net assets/fund balances	154,882,961.	33	168,132,805.	

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	74,440,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,853,642.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,587,228.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118,916,296.
5	Net unrealized gains (losses) on investments	5	7,633,410.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	114,167.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,251,101.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2023)

SCHEDULE A
(Form 990)

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

2023

Open to Public Inspection

Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT	Employer identification number 38-3017223
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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).)
- 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 on 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,678,310.	14,449,803.	37,639,242.	13,847,265.	26,144,474.	103,759,094.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,678,310.	14,449,803.	37,639,242.	13,847,265.	26,144,474.	103,759,094.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						55,206,517.
6 Public support. Subtract line 5 from line 4.						48,552,577.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	11,678,310.	14,449,803.	37,639,242.	13,847,265.	26,144,474.	103,759,094.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,490,079.	2,183,428.	2,555,301.	3,998,555.	5,324,494.	16,551,857.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						120,310,951.
12 Gross receipts from related activities, etc. (see instructions)					12	186,463,285.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	40.36 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	40.94 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

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	 <hr/> <hr/> <hr/>	\$ 2,066,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 2,879,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 2,100,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 777,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 704,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 12,000,000.	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 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
7	<hr/> <hr/> <hr/>	\$ <u>834,793.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>635,288.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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 info. once.) \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: INSTITUTE FOR HEALTHCARE IMPROVEMENT; Employer identification number: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2 Complete lines 2a through 2d (table with 2 columns: description, Held at the End of the Tax Year); 3-9 Various questions about monitoring, expenses, and reporting requirements with Yes/No options.

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.

Form with sections 1a, 1b, 2: 1a If the organization elected... provide footnote text; 1b If the organization elected... provide amounts (i) Revenue, (ii) Assets; 2 If the organization received or held works... provide amounts a Revenue, b Assets.

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 make 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 program
 - 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? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,578,804.	2,731,287.	2,847,517.
d Equipment		2,920,007.	2,358,338.	561,669.
e Other		5,124,296.	4,956,371.	167,925.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,577,111.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) RIGHT OF USE ASSETS	10,063,347.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	10,063,347.

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 LIABILITIES	12,613,637.
(3) REFUNDABLE ADVANCES	9,774,271.
(4) DEFERRED COMPENSATION	1,733,264.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	24,121,172.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	82,050,612.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 7,633,408.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	7,633,408.
3	Subtract line 2e from line 1		3	74,417,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 23,666.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	23,666.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	74,440,870.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	72,715,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d -114,167.		
e	Add lines 2a through 2d		2e	-114,167.
3	Subtract line 2e from line 1		3	72,829,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 23,666.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	23,666.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	72,853,642.

Part XIII Supplemental Information

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

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, 2024 AND

2023, THAT THE INSTITUTE DID NOT HAVE ANY LIABILITIES FOR ANY UNCERTAIN

TAX POSITIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT	Employer identification number 38-3017223
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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
EUROPE		11	PROGRAM SERVICES	SEE SCHEDULE F PART V	4,036,297.
SUB-SAHARAN AFRICA	1	34	PROGRAM SERVICES	SEE SCHEDULE F PART V	3,780,406.
SOUTH ASIA		6	PROGRAM SERVICES	SEE SCHEDULE F PART V	454,947.
EAST ASIA AND THE PACIFIC		13	PROGRAM SERVICES	SEE SCHEDULE F PART V	4,238,016.
MIDDLE EAST AND NORTH AFRICA		3	PROGRAM SERVICES	SEE SCHEDULE F PART V	4,703,171.
SOUTH AMERICA		5	PROGRAM SERVICES	SEE SCHEDULE F PART V	1,998,892.
NORTH AMERICA			PROGRAM SERVICES	SEE SCHEDULE F PART V	10,407.
3 a Subtotal	1	72			19,222,136.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	72			19,222,136.

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

Schedule F (Form 990) 2023

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)

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

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)

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 the 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 the 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 the 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 the 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 the 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 the 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.

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, 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 ANNUALLY AND AS FREQUENTLY AS MONTHLY. FINANCIAL REPORTING REQUIREMENTS MUST BE ABIDED BY BEFORE WIRES ARE PROCESSED TO THE SUB-GRANTEE. ANNUAL AUDITS AND MANAGEMENT LETTERS ARE COLLECTED FROM MOST SUB-GRANTEES (IF AVAILABLE). IHI DID NOT MAKE ANY GRANTS TO FOREIGN ORGANIZATIONS DURING TAX YEAR 2023.

PARTS II AND III

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; AND SCALE-UP OF TUBERCULOSIS CARE IN SOUTH AFRICA. SEVERAL PROJECTS ARE FUNDED BY USAID, INCLUDING BUILDING QUALITY IMPROVEMENT CAPACITY IN MOZAMBIQUE.

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 UK BASED WORK IS OCCURRING IN SCOTLAND AND WALES. SMALLER QUALITY IMPROVEMENT AND LEADERSHIP PROJECTS ARE OCCURRING IN DENMARK, GREECE, AND SWEDEN.

LATIN AMERICA: IHI CONTINUES TO SUPPORT THE PROADI-SUS HOSPITALS TO

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.

PROVIDE INSTRUCTIONAL SUPPORT AND COACHING FOR A LARGE NATIONAL
INITIATIVE TO INCREASE PATIENT SAFETY AND BUILD CAPABILITY FOR
IMPROVEMENT IN BRAZIL'S PUBLIC HOSPITALS (SAUDE EM NOSSAS MAOS). 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.

MIDDLE EAST, ASIA, AND THE PACIFIC: SAFER CARE VICTORIA (AUSTRALIA) AND
HAMAD MEDICAL CORPORATION (QATAR) REMAIN IHI'S LARGEST FUNDERS IN THIS
REGION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTON MEDICAL ASSOCIATES 321 MAIN STREET ACTON, MA 01720	04-3038356	N/A	623,116.	0.			HEALTH CARE
ASSOCIATION OF COMMUNITY CANCER CENTERS - 1801 RESEARCH BLVD SUITE 400 - ROCKVILLE, MD 20850	51-0137807	501(C)(3)	30,000.	0.			HEALTH CARE
ATRIUS HEALTH, INC 275 GROVE STREET, SUITE 3-300 NEWTON, MA 02466	04-3397450	501(C)(3)	991,688.	0.			HEALTH CARE
BAYCARE HEALTH PARTNERS, INC 101 WASON AVENUE SUITE 200 SPRINGFIELD, MA 01107	04-3240830	N/A	562,500.	0.			HEALTH CARE
BETH ISRAEL LAHEY HEALTH, INC 247 STATION DRIVE, SUITE NW1 WESTWOOD, MA 02019	83-2671600	501(C)(3)	792,585.	0.			HEALTH CARE
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, 9 SOUTH, CB 91 BOSTON, MA 02115	04-2774441	501(C)(3)	672,038.	0.			HEALTH CARE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14.
- 3** Enter total number of other organizations listed in the line 1 table 7.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	04-3314093	501(C)(3)	827,042.	0.			HEALTH CARE
COMMUNITY CARE COOPERATIVE, INC 75 FEDERAL STREET, 7TH FLOOR BOSTON, MA 02110 FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH INC. - 1670 CLAIRMONT ROAD (151F) - DECATUR, GA 30033	81-3005904	N/A	752,050.	0.			HEALTH CARE
LAWRENCE GENERAL HOSPITAL 1 GENERAL STREET LAWRENCE, MA 01842	58-1857346	501(C)(3)	80,680.	0.			HEALTH CARE
MASS GENERAL BRIGHAM INCORPORATED 399 REVOLUTION DRIVE, SUITE 645 SOMERVILLE, MA 02145	04-2103586	501(C)(3)	597,738.	0.			HEALTH CARE
MEDICAL ASSOCIATES OF ERIE ONE LECOM PLACE ERIE, PA 16505	04-3230035	501(C)(3)	316,592.	0.			HEALTH CARE
NEBRASKA HOSPITAL ASSOCIATION 3255 SALT CREEK CIRCLE, SUITE 100 LINCOLN, NE 68504	11-3716896	501(C)(3)	11,700.	0.			HEALTH CARE
NEW YORK CITY HEALTH AND HOSPITAL 50 WATER STREET - 3RD FLOOR - COMPTROLLERS OFFICE - NEW YORK, NY 10004	47-0384546	501(C)(6)	100,000.	0.			HEALTH CARE
NEWTON WELLESLEY HOSPITAL MASS GENERAL BRIGHAM - PO BOX 414769 - BOSTON, MA 02241	13-2655001	501(C)(3)	11,700.	0.			HEALTH CARE
NEWTON WELLESLEY HOSPITAL MASS GENERAL BRIGHAM - PO BOX 414769 - BOSTON, MA 02241	04-3230035	501(C)(3)	14,400.	0.			HEALTH CARE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
RELIANT MEDICAL GROUP, INC. 5 NEPONSET STREET WORCESTER, MA 01606	04-2472266	501(C)(3)	784,000.	0.			HEALTH CARE
SOUTH SHORE HEALTH INTEGRATED DELIVERY NETWORK - 55 FOGG ROAD - SOUTH WEYMOUTH, MA 02191	85-2785921	N/A	299,936.	0.			HEALTH CARE
SOUTHCOAST HEALTH NETWORK LLC 200 MILL ROAD, SUITE 190 FAIRHAVEN, MA 02719	81-3430690	N/A	887,376.	0.			HEALTH CARE
STEWARD HEALTH CARE NETWORK 30 PERWAL ST WESTWOOD, MA 02090	27-3075212	N/A	537,850.	0.			HEALTH CARE
TUFTS MEDICINE INTEGRATED NETWORK, INC - 800 DISTRICT AVENUE, SUITE 520 - BURLINGTON, MA 01803	87-1600172	501(C)(3)	580,554.	0.			HEALTH CARE
VALLEY HEALTH PARTNERS 575 BEECH STREET HOLYOKE, MA 01040	04-3265339	N/A	656,250.	0.			HEALTH CARE

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 noncash assistance

Part IV

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

PART I, LINE 2:

ALL GRANTS PROVIDED TO DOMESTIC 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 ACCOMPANIED BY

Part IV Supplemental Information

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 A DOCUMENTATION TO OUR

FINANCE AND INTERNAL AUDITOR FOR REVIEW.

Multiple horizontal lines for supplemental information input.

**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

2023

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 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
1b	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) 2023

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 and/or 1099-NEC 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) KEDAR MATE CEO	(i) 636,235. (ii) 0.	1,000. 0.	77,303. 0.	4,125. 0.	38,667. 0.	757,330. 0.	0. 0.
(2) PIERRE BARKER CHIEF SCIENTIFIC OFFICER	(i) 400,063. (ii) 0.	1,000. 0.	27,727. 0.	5,055. 0.	39,529. 0.	473,374. 0.	0. 0.
(3) AMY HOSFORD-SWAN CHIEF FIN/ADMIN OFFICER	(i) 370,210. (ii) 0.	1,000. 0.	44,647. 0.	5,250. 0.	28,887. 0.	449,994. 0.	0. 0.
(4) NANA TWUM-DANSO SENIOR VICE PRESIDENT	(i) 333,951. (ii) 0.	1,000. 0.	0. 0.	5,250. 0.	12,558. 0.	352,759. 0.	0. 0.
(5) ROBERT LLOYD VICE PRESIDENT	(i) 261,398. (ii) 0.	1,000. 0.	31,002. 0.	5,250. 0.	28,269. 0.	326,919. 0.	0. 0.
(6) CAMILLE BURNETT VICE PRESIDENT, HEALTH EQUITY	(i) 286,968. (ii) 0.	1,000. 0.	0. 0.	8,050. 0.	17,815. 0.	313,833. 0.	0. 0.
(7) PATRICIA MCGAFFIGAN VICE PRESIDENT, DELIVERY	(i) 240,231. (ii) 0.	1,000. 0.	29,869. 0.	2,649. 0.	24,871. 0.	298,620. 0.	0. 0.
(8) SODZI SODZI-TETTEY VICE PRESIDENT, DELIVERY	(i) 262,080. (ii) 0.	1,000. 0.	0. 0.	7,670. 0.	6,324. 0.	277,074. 0.	0. 0.
(9) PEDRO DELGADO VICE PRESIDENT, DELIVERY	(i) 242,549. (ii) 0.	8,880. 0.	0. 0.	11,983. 0.	12,343. 0.	275,755. 0.	0. 0.
(10) DONALD BERWICK FORMER CEO, DIRECTOR	(i) 275,000. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	275,000. 0.	0. 0.
(11) JENNIFER LENOCI-EDWARDS VICE PRESIDENT, DELIVERY	(i) 255,497. (ii) 0.	5,615. 0.	7,548. 0.	4,125. 0.	1,512. 0.	274,297. 0.	0. 0.
(12) VALERIE SPALDING VICE PRESIDENT, BUSINESS DEVELOPMENT	(i) 235,788. (ii) 0.	1,000. 0.	6,955. 0.	5,250. 0.	24,776. 0.	273,769. 0.	0. 0.
(13) CATHLEEN DUFFY VICE PRESIDENT, FINANCE	(i) 247,069. (ii) 0.	1,000. 0.	7,361. 0.	5,250. 0.	11,362. 0.	272,042. 0.	0. 0.
(14) NEEL VORA VICE PRESIDENT, INFORMATION	(i) 217,712. (ii) 0.	1,000. 0.	6,830. 0.	2,810. 0.	25,292. 0.	253,644. 0.	0. 0.
(15) KAREN BALDOZA VICE PRESIDENT, IMPROVEMENT	(i) 207,039. (ii) 0.	1,000. 0.	6,405. 0.	5,250. 0.	29,317. 0.	249,011. 0.	0. 0.
(16) JILL DUNCAN VICE PRESIDENT, DELIVERY	(i) 206,901. (ii) 0.	2,000. 0.	6,405. 0.	3,979. 0.	29,317. 0.	248,602. 0.	0. 0.

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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				
(17) JENNIFER WALKER VICE PRESIDENT, HUMAN RESOURCES	(i) 209,320. (ii) 0.	(ii) 1,000. 0.	(iii) 6,405. 0.	1,931. 0.	29,317. 0.	247,973. 0.	0. 0.
(18) DAVID COLETTA EXECUTIVE DIRECTOR, ALLIANCE	(i) 213,940. (ii) 0.	(ii) 1,000. 0.	(iii) 0. 0.	1,750. 0.	26,856. 0.	243,546. 0.	0. 0.
(19) NINON LEWIS VICE PRESIDENT, DELIVERY	(i) 211,123. (ii) 0.	(ii) 1,000. 0.	(iii) 6,405. 0.	4,125. 0.	10,997. 0.	233,650. 0.	0. 0.
(20) JEFFREY SALVON-HARMAN VICE PRESIDENT, SAFETY	(i) 216,973. (ii) 0.	(ii) 1,000. 0.	(iii) 0. 0.	13,072. 0.	2,111. 0.	233,156. 0.	0. 0.
(21) ALICE BONNER SENIOR DIRECTOR	(i) 211,574. (ii) 0.	(ii) 1,000. 0.	(iii) 0. 0.	4,617. 0.	10,672. 0.	227,863. 0.	0. 0.
(22) JOHN PARISH SR. DIR. OF BUSINESS APPLICATIONS	(i) 189,005. (ii) 0.	(ii) 1,000. 0.	(iii) 0. 0.	5,250. 0.	28,058. 0.	223,313. 0.	0. 0.
(23) LESLIE NICHOL VICE PRESIDENT, DELIVERY	(i) 178,872. (ii) 0.	(ii) 1,000. 0.	(iii) 6,405. 0.	1,360. 0.	27,078. 0.	214,715. 0.	0. 0.
(24) JAFET ARIETA VICE PRESIDENT, DELIVERY & MEL-D-	(i) 169,812. (ii) 0.	(ii) 1,000. 0.	(iii) 0. 0.	2,997. 0.	1,427. 0.	175,236. 0.	0. 0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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 1A:

THE INSTITUTE PROVIDES CERTAIN MEMBERS OF THE LEADERSHIP TEAM A FLEXIBLE

BENEFIT PLAN. COVERED EXECUTIVES ARE PROVIDED WITH A FLEXIBLE BENEFIT

ALLOWANCE WHICH CAN BE USED TO SELECT CERTAIN BENEFITS, 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 1B:

FIRST CLASS TRAVEL

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.

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.

HOUSING ALLOWANCE

THE INSTITUTE PROVIDES A HOUSING ALLOWANCE TO SODZI SODZI-TETTEY THESE

AMOUNTS ARE INCLUDED IN TAXABLE INCOME AND REPORTED ON PART II COLUMN (B)(III).

PART I, LINE 4B:

RETIREMENT PLANS

NONQUALIFIED RETIREMENT PLAN COMPENSATION PAID THROUGH AN IRC SECTION 457

PLAN HAS BEEN DISCLOSED ON SCHEDULE J, COLUMN B(III) FOR EACH REPORTED INDIVIDUAL.

KEDAR MATE - \$77,303

AMY HOSFORD-SWAN - \$44,647

PIERRE BARKER - \$27,727

ROBERT LLOYD - \$31,002

PATRICIA MCGAFFIGAN - \$29,869

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.

JENNIFER LENOCI-EDWARDS - \$7,548

VALERIE SPALDING - \$6,955

CATHLEEN DUFFY - \$7,361

NEEL VORA - \$6,830

NINON LEWIS - \$6,405

LESLIE PELTON NICHOL - \$6,405

JENNIFER WALKER - \$6,405

JILL DUNCAN - \$6,405

KAREN BALDOZA - \$6,405

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN

UNDER IRC SECTION 457(F) AND HAVE NOT RECEIVED A TAXABLE DISTRIBUTION UNTIL

VESTED. THE 2022 DEFERRED AMOUNTS ARE REPORTED AS DEFERRED COMPENSATION AND

REPORTED IN PART II, COLUMN (C).

CAMILLE BURNETT

JEFFREY SALVON-HARMON

MELISSA PANAGIDES-BUSCH

PART I, LINE 7:

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.

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 BUSINESS

SECTOR BY EXTERNAL CONSULTANTS AND SUBJECT TO BOARD APPROVAL EACH YEAR.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number

38-3017223

FORM 990, PART III, LINE 1

FOR MORE THAN 30 YEARS, 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 HEALTH CARE 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 HEALTH CARE. WITH MORE THAN

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization INSTITUTE FOR HEALTHCARE IMPROVEMENT	Employer identification number 38-3017223
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200,000 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 HEALTH CARE 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.

IHI MOBILIZES TEAMS, ORGANIZATIONS, AND INCREASINGLY NATIONS, THROUGH
 ITS STAFF OF MORE THAN 200 PEOPLE AND PARTNERSHIPS WITH HUNDREDS OF
 FACULTY AROUND THE WORLD. IHI PROVIDES IMPORTANT BENEFITS TO THE
 COMMUNITY WITH ACTIVITIES. FOR EXAMPLE:
 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 BUILDS WILL FOR IMPROVEMENT BY SUPPLYING CLARITY, FOCUS, AND
 PRACTICAL SOLUTIONS THROUGH IHI INITIATIVES LIKE THE BREAKTHROUGH

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SERIES COLLABORATIVES, PURSUING EQUITY AND JOY IN WORK RESULTS ORIENTED NETWORK.

- IHI LAUNCHED THE 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 CONTINUES ITS GROUNDBREAKING IMPROVEMENT PROGRAMS IN ETHIOPIA, NIGERIA, AND MOZAMBIQUE, 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'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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
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.

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

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IMPROVERS. IHI, SOMETIMES IN PARTNERSHIP WITH LOCAL ORGANIZATIONS,
 CURRENTLY HOLDS FORUMS IN EUROPE, THE MIDDLE EAST, ASIA, AUSTRALIA, 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 LEADERSHIP ALLIANCE AND HEALTH IMPROVEMENT ALLIANCE EUROPE
 AN EXCLUSIVE LEADERSHIP INITIATIVE FOR AMBITIOUS HEALTHCARE LEADERS AND
 THEIR TEAMS, THE US-BASED, EUROPE-BASED, AND AUSTRALIA-BASED ALLIANCES
 AIMS TO DELIVER GREAT HEALTHCARE AND HIGH VALUE TODAY AND INNOVATE FOR
 THE EMERGING HEALTH AND HEALTHCARE MODELS OF TOMORROW.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 NATIONAL 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.

INNOVATION:
 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.

EXPENSES \$ 6,379,211. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,113,323.

Name of the organization

INSTITUTE FOR HEALTHCARE IMPROVEMENT

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FORM 990, PART VI, SECTION B, LINE 11B:

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 SENIOR DIRECTOR OF

FINANCE AND THE DIRECTOR OF EXPENSE MANAGEMENT REVIEWED BY VICE PRESIDENT

OF FINANCE, AS WELL AS BY THE CHIEF FINANCIAL AND ADMINISTRATION OFFICER.

THE SENIOR DIRECTOR OF FINANCE PREPARES THE FINANCIAL STATEMENT

RECONCILIATION TO THE FORM 990 FINANCIAL SECTION OF THE FORM. THIS IS

REVIEWED BY THE VICE PRESIDENT OF FINANCE.

UPDATES TO POLICIES APPLICABLE TO THE FORM 990 ARE PERFORMED THROUGHOUT THE

YEAR AND REVIEWED BY EITHER THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER

(CFAO) OR VICE PRESIDENT OF FINANCE. CERTAIN POLICY UPDATES ARE REVIEWED BY

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 VICE PRESIDENT OF

FINANCE. ANY ADJUSTMENTS ARE DISCUSSED AND THEN PROCESSED (AS NEEDED) WITH

KPMG. THE NEXT DRAFT IS REVIEWED BY THE CFAO. ANY ADJUSTMENTS ARE DISCUSSED

AND THEN PROCESSED (AS NEEDED) WITH KPMG. THE FINAL DRAFT IS ALSO REVIEWED

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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 CFAO 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.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST

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 ADDRESSING THOSE CONFLICTS.

I. DEFINITIONS

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

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:

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--	--

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
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.

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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 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 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.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION POLICY

AIMS: THE PRIMARY AIMS OF THE COMPENSATION POLICY AND COMPENSATION

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,

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--	--

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.

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 FINANCE COMMITTEE AND REVIEWED FOR

AFFORDABILITY.

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,

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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 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 ALL EMPLOYEES, EXCEPT THE CEO, AS A GROUP, BASED ON

SUCCESSFUL OVERALL PERFORMANCE, MAY BE AWARDED IN GRATITUDE AND CELEBRATION

BY THE BOARD ANNUALLY OR OTHERWISE, UPON RECOMMENDATION FROM IHI

MANAGEMENT. IN GENERAL, THE ABSOLUTE BONUS AMOUNT FOR ALL SALARIED,

NON-EXECUTIVE EMPLOYEES, IS ADJUSTED PRO RATA FOR FULL-TIME EQUIVALENCY.

THE BOARD REVIEWS AND APPROVES THE CEO BONUS.

7. BOARD REVIEW AND APPROVAL OF EXECUTIVE COMPENSATION: THE COMPENSATION,

BENEFITS, AND BONUSES FOR THE CEO, WILL BE ESTABLISHED BY THE IHI BOARD

WITH GUIDANCE FROM INDEPENDENT, OUTSIDE CONSULTANTS. THE INDEPENDENT

OUTSIDE CONSULTANT PROVIDES AN OPINION ON THE REASONABLENESS OF ALL

EXECUTIVES COMPENSATION THAT IS REVIEWED BY THE BOARD 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.

FORM 990, PART VI, SECTION C, LINE 19:

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.

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FORM 990, PART VI, LINE 13

WHISTLEBLOWER POLICY

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

FINANCIAL AND ADMINISTRATION OFFICER OR THE CHAIRMAN OF THE AUDIT

COMMITTEE OF THE BOARD OF DIRECTORS (CONTACT INFORMATION IS PROVIDED IN

THE EMPLOYEE HANDBOOK). IF A STAFF MEMBER IS NOT COMFORTABLE REPORTING

TO EITHER OF THESE TWO INDIVIDUALS, THE STAFF MEMBER SHOULD ALWAYS FEEL

FREE TO CONTACT THE CHIEF OF STAFF, ANOTHER MEMBER OF THE EXECUTIVE

TEAM, OR A BOARD MEMBER TO REPORT THE CONCERNS. 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

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.

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WHISTLEBLOWER PROTECTIONS ARE PROVIDED IN TWO IMPORTANT AREAS --

CONFIDENTIALITY AND AGAINST RETALIATION. INsofar AS POSSIBLE, THE

CONFIDENTIALITY OF THE WHISTLEBLOWER WILL BE MAINTAINED. HOWEVER, THE

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 AMY HOSFORD SWAN, CHIEF FINANCIAL AND ADMINISTRATION OFFICER,

OR SAM WATSON, CHAIR OF THE AUDIT COMMITTEE, IMMEDIATELY. AN IHI

EMPLOYEE WHO RETALIATES AGAINST A WHISTLEBLOWER IS SUBJECT TO

DISCIPLINE, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, LINE 14

RECORD RETENTION POLICY

IHI RECORD RETENTION POLICY AS NOTED IN OUR STAFF GUIDEBOOK: DISPOSING

OF IHI'S RECORDS AND FILES IS NOT DISCRETIONARY. THERE ARE CERTAIN

LEGAL 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

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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 MAINTAINED FOR 8 YEARS.

2. PAYROLL RECORDS-INCLUDING NAME, ADDRESS, SOCIAL SECURITY NUMBER,

WAGE RATE, NUMBER OF HOURS WORKED DAILY, AND WEEKLY GROSS WAGES,

DEDUCTIONS, ALLOWANCES CLAIMED AND NET WAGES ARE MAINTAINED FOR 6

YEARS.

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

PERMANENTLY.

4. TREASURER'S REPORTS ARE MAINTAINED 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

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SEVEN YEARS AND ARE STORED WITH FINANCIAL RECORDS.

6. ANNUAL INFORMATION RETURNS (IRS FORMS 990) ARE MAINTAINED FOR SEVEN

YEARS AND ARE STORED WITH FINANCIAL RECORDS. FEDERAL LAW REQUIRES THAT

THE THREE MOST RECENT YEARS RETURNS BE KEPT 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 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

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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.

FORM 990, PART VI, LINE 16

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 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.

- 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

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FURNISHING CONFERENCE MATERIALS.

- 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.

- ASSISTING IHI IN REACHING 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

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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.

- 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

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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.

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

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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 FEBRUARY 2021).

- 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 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

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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

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, DELIVERY, 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.

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FORM 990, PART VI, LINE 16 CONTINUED

- ANY EXCEPTIONS TO THIS POLICY WILL BE REVIEWED AND APPROVED BY THE
EXECUTIVE TEAM BEFORE ACCEPTING SUPPORT.
POLICY APPROVED MARCH 2015.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	9,743,312.
MANAGEMENT AND GENERAL EXPENSES	291,329.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,034,641.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,686,859.
MANAGEMENT AND GENERAL EXPENSES	375,679.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,062,538.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,097,179.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REVERSAL OF GRANT EXPENSES	114,167.
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