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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 05-01-2016 , and ending 04-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
INSTITUTE FOR HEALTHCARE IMPROVEMENT
% AMY HOSFORD-SWAN
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
20 UNIVERSITY ROAD

City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02138

D Employer identification number
38-3017223

E Telephone number
(617) 301-4800

G Gross receipts $ 135,011,019

F Name and address of principal officer
DEREK FEELEY
20 UNIVERSITY ROAD
CAMBRIDGE, MA 02138

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP //WWW IHI ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE HEALTH AND HEALTH CARE WORLDWIDE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	205
6	Total number of volunteers (estimate if necessary)	**6**	49
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,945,411	10,676,856
9	Program service revenue (Part VIII, line 2g)	33,993,330	34,498,401
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,688,537	9,211,959
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	188,410	12,004
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,815,688	54,399,220
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,540,706	1,369,392
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,103,330	22,349,856
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)	21,100,657	22,328,044
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46,744,693	46,047,292
19	Revenue less expenses Subtract line 18 from line 12	3,070,995	8,351,928

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	104,104,264	113,172,138
21	Total liabilities (Part X, line 26)	16,363,471	18,328,151
22	Net assets or fund balances Subtract line 21 from line 20	87,740,793	94,843,987

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

****** 2018-03-07
Signature of officer Date

AMY HOSFORD-SWAN CHIEF FIN OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PHILLIP GROFF	PHILLIP GROFF	2018-03-06		P01247783

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 60 South Street
Boston, MA 02111

Phone no (617) 988-1000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PLEASE REFER TO IHI'S MISSION STATEMENT AS OUTLINED ON PAGES 1 - 3 OF SCHEDULE O

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 12,398,509 including grants of $ 1,369,392) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 11,218,119 including grants of $) (Revenue $ 18,305,540)

See Additional Data

4c (Code) (Expenses $ 9,716,009 including grants of $) (Revenue $ 9,493,011)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 5,174,083 including grants of $) (Revenue $ 6,711,854)

4e **Total program service expenses** ▶ 38,506,720

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	212		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	205		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ET See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶AMY HOSFORD-SWAN 20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 (617) 301-4800

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,484,907	0	575,078

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 ▶ 57

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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**	Yes	
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**		No

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
CAMBRIDGE HEALTH ALLIANCES, 350 MAIN STREET 5TH FLOOR MALDEN, MA 02148	PROGRAM CONSULTING	298,524
BLACKPEARL SOLUTIONS INC, 14 HARDING ST LEOMINSTER, MA 01453	IT SERVICES	294,540
GERALD Langley, 1116 Arbor Place EL DORADO HILLS, CA 95762	program consulting	229,176
JOHN WHITTINGTON, 1 MARTHA AVE NORMAL, IL 61761	PROGRAM CONSULTING	274,875
ABRIDGE INFO SYSTEMS INC, 255 NOTH RD UNIT 78 CHELMSFORD, MA 01824	IT SERVICES	253,390

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 ▶ 18

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,280,505			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,396,351			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		10,676,856			

Program Service Revenue	Business Code				
2a PARTICIPATION/MEETING/CONFERENCE FEES	900099	12,268,051	12,268,051		
b CONTRACT SERVICES	900099	18,305,540	18,305,540		
c MEMBERSHIP DUES	900099	2,250,741	2,250,741		
d OPEN SCHOOL	900099	1,674,069	1,674,069		
e					
f All other program service revenue					
g Total. Add lines 2a–2f		34,498,401			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		1,613,172			1,613,168
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)		0			
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	88,210,586				
b Less cost or other basis and sales expenses	80,611,799				
c Gain or (loss)	7,598,787				
d Net gain or (loss)		7,598,787			7,598,787
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
b Less direct expenses b	0				
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19 a	0				
b Less direct expenses b	0				
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances a	0				
b Less cost of goods sold b	0				
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a OTHER REVENUE	900099	12,004	12,004		
b					
c					
d All other revenue					
e Total. Add lines 11a–11d		12,004			
12 Total revenue. See Instructions		54,399,220	34,510,405		9,211,955

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	624,886	624,886		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	744,506	744,506		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,021,986	2,190,478	1,831,508	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	14,033,053	11,629,071	2,403,982	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	907,302	760,102	147,200	
9 Other employee benefits	2,144,514	1,483,657	660,857	
10 Payroll taxes	1,243,001	1,047,352	195,649	
11 Fees for services (non-employees)				
a Management	0			
b Legal	205,494	176,150	29,344	
c Accounting	133,622	112,705	20,917	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	81,786		81,786	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	486,779	354,879	131,900	
12 Advertising and promotion	987,241	840,972	146,269	
13 Office expenses	327,671	268,735	58,936	
14 Information technology	934,381	748,605	185,776	
15 Royalties	0			
16 Occupancy	1,274,235	1,053,421	220,814	
17 Travel	3,992,048	3,746,477	245,571	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,808,532	3,692,233	116,299	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	977,038	823,898	153,140	
23 Insurance	148,016	125,807	22,209	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONSULTING	8,100,070	7,298,076	801,994	
b EDUCATION & TRAINING	138,420	131,411	7,009	
c INTERNATIONAL TAXES	191,205	191,205	0	
d MISCELLANEOUS	541,506	462,094	79,412	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	46,047,292	38,506,720	7,540,572	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 ▶ ☐ 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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	10,978,686	2	16,581,986
	3	Pledges and grants receivable, net	987,414	3	1,147,763
	4	Accounts receivable, net	6,612,370	4	6,013,237
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	605,226	9	607,290
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 9,175,022			
	b	Less accumulated depreciation — 10b: 7,899,574	1,531,053	10c	1,275,448
	11	Investments—publicly traded securities	83,389,515	11	87,546,414
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	104,104,264	16	113,172,138
Liabilities	17	Accounts payable and accrued expenses	3,977,015	17	4,782,483
	18	Grants payable	0	18	0
	19	Deferred revenue	2,960,269	19	3,657,307
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	9,426,187	25	9,888,361
	26	**Total liabilities.** Add lines 17 through 25	16,363,471	26	18,328,151
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	85,408,164	27	92,565,434
	28	Temporarily restricted net assets	2,332,629	28	2,278,553
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	87,740,793	33	94,843,987
	34	Total liabilities and net assets/fund balances	104,104,264	34	113,172,138

Part XI Reconcilliation 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	54,399,220
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,047,292
3	Revenue less expenses Subtract line 2 from line 1	3	8,351,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,740,793
5	Net unrealized gains (losses) on investments	5	-1,248,734
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,843,987

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 38-3017223

Name: INSTITUTE FOR HEALTHCARE IMPROVEMENT

Form 990 (2016)

Form 990, Part III, Line 4a:

GRANTS THE ORGANIZATION RECEIVED AND EXPENDED FUNDS FOR A VARIETY OF PURPOSES IN THE PURSUIT OF ITS MISSION THESE INCLUDED PROGRAMS TO PROVIDE PATIENT SELF-MANAGEMENT SKILLS, IMPROVE CARE AT THE BEDSIDE, DISSEMINATE MEDICAL BEST PRACTICES, IMPROVE CHRONIC CARE, AND REDUCE MORTALITY AND UNNECESSARY HOSPITALIZATIONS THESE EFFORTS CONTRIBUTE TO IHI'S GROWING KNOWLEDGE OF OPTIMAL SYSTEM DESIGNS THAT CAN DRAMATICALLY IMPROVE PATIENT CARE

Form 990, Part III, Line 4b:

STRATEGIC PARTNERS AND CONTRACTS IHI MAINTAINS A VARIETY OF CLOSELY ALIGNED, STRATEGIC RELATIONSHIPS WITH ORGANIZATIONS IN REGIONS AROUND THE WORLD, INCLUDING THE UNITED STATES, THE UNITED KINGDOM, EUROPE, MIDDLE EAST, ASIA, AND LATIN AMERICA CONTRACTED SERVICES ARE FOCUSED ON ACHIEVING STRATEGIC OBJECTIVES, SYSTEM-LEVEL IMPROVEMENT, THE IHI FELLOWSHIP PROGRAM, AND CAPABILITY BUILDING

Form 990, Part III, Line 4c:

COURSES AND OTHER PROGRAMS -Professional Development Programs PROFESSIONAL DEVELOPMENT PROGRAMS AND SHORTER TWO-DAY SEMINARS ARE OFFERED TO HELP ORGANIZATIONS DEVELOP THEIR INTERNAL CAPACITY AND INFRASTRUCTURE FOR SAFETY AND IMPROVEMENT IHI'S SEMINARS OFFER HEALTH CARE PROFESSIONALS MANY OPPORTUNITIES TO LEARN THE LATEST IMPROVEMENT IDEAS, CONNECT WITH LIKE-MINDED COLLEAGUES, AND GENERATE MOMENTUM FOR CHANGE IN THEIR ORGANIZATIONS -NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTHCARE HELD EACH DECEMBER, THIS MAJOR U S CONFERENCE ON IMPROVEMENT IN HEALTH CARE DRAWS NEARLY 6,000 PARTICIPANTS FROM AROUND THE WORLD WHO ATTEND HUNDREDS OF WORKSHOPS, PLENARY SESSIONS, AND SPECIAL INTEREST MEETINGS THOUSANDS MORE JOIN THE CONFERENCE VIA SATELLITE BROADCAST -INTERNATIONAL SUMMIT ON IMPROVING PATIENT CARE IN THE OFFICE PRACTICE AND THE COMMUNITY THIS ANNUAL WORLD CLASS CONFERENCE FEATURES TOP FACULTY WHO BRING THE BEST IDEAS ON AREAS THAT ARE RIPE FOR IMPROVEMENT WITHIN THE OFFICE PRACTICE AND COMMUNITY-BASED CARE SETTINGS OFFICE PRACTICE STAFF AND COMMUNITY CARE ORGANIZATIONS COME TOGETHER TO SHARE THEIR GROWING KNOWLEDGE AND BUILD NEW PARTNERSHIPS TO DELIVER RELIABLE, PATIENT CENTERED, EVIDENCE BASED CARE FOR EVERY PATIENT, EVERY TIME -GLOBAL FORUMS ON QUALITY AND SAFETY IN HEALTHCARE IHI PARTNERS WITH ORGANIZATIONS IN DIFFERENT REGIONS OF THE WORLD TO BRING LARGE CONFERENCES TO HEALTH CARE LEADERS, CLINICIANS, AND IMPROVERS IHI, IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, IS CURRENTLY PLANNING TO HOLD FORUMS IN EUROPE, THE MIDDLE EAST, SOUTHEAST ASIA AND LATIN AMERICA PARTICIPANTS OF GLOBAL FORUMS TAKE PART IN A MULTITUDE OF SESSIONS THAT RANGE FROM THE BASIC DISCIPLINES OF QUALITY IMPROVEMENT TO THE LATEST THINKING IN HOW TO IMPROVE QUALITY AND SAFETY -PASSPORT TO IHI TRAINING PASSPORT TO IHI TRAINING IS A MEMBERSHIP PROGRAM THAT PROVIDES DISCOUNTS ON AND FREE ACCESS TO SELECT PROGRAMS TO BUILD IMPROVEMENT SKILLS AND ACCELERATE IMPROVEMENT INITIATIVES PASSPORT IS DESIGNED TO HELP ORGANIZATIONS BUILD FUNDAMENTAL SKILLS, GROW LEADERSHIP, DEVELOP EXPERTISE, AND LEARN FROM OTHERS -IHI VIRTUAL EXPEDITIONS EXPEDITIONS ARE TWO TO FOUR MONTH, INTERACTIVE, VIRTUAL PROGRAMS THAT HELP ORGANIZATIONS IMPROVE CARE AT THEIR ORGANIZATIONS EXPEDITIONS ARE TEAM-BASED, ACTION-ORIENTED, AND BRINGS TOGETHER TEAMS FROM ACROSS THE GLOBE THE INSTITUTE OFFERS OVER 15 EXPEDITIONS EACH CALENDAR YEAR -100 MILLION HEALTHIER LIVES IHI IS A CONVENER AND PARTNER IN A GLOBAL, MULTI-SECTOR MOVEMENT TO CREATE BETTER HEALTH, WELL-BEING, AND EQUITY FOR 100 MILLION PEOPLE BY 2020 IHI'S VISION IS TO TRANSFORM THE WAY THE WORLD THINKS AND ACTS TO IMPROVE HEALTH TO FACILITATE THIS EFFORT, WE WORK ALONGSIDE IHI'S PARTNERS TO ENGAGE INDIVIDUALS AND COMMUNITIES IN THE WORK OF HEALTH IMPROVEMENT, CO-DEVELOP AND SHARE USEFUL TOOLS TO SUPPORT ACTION, AND TEACH EMPOWERING SKILLS IN LEADERSHIP AND IMPROVEMENT IHIS GOAL IS TO MAKE IT EASY, INSPIRING, AND JOYFUL FOR ANYONE TO BEGIN OR ACCELERATE THEIR JOURNEY TOWARDS IMPROVING HEALTH -IHI TRIPLE AIM IHI BELIEVES THAT DRAMATIC IMPROVEMENT OF A HEALTH CARE SYSTEM CAN BEST BE ACHIEVED THROUGH AN OVERARCHING AGENDA THAT SEEKS TO OPTIMIZE PERFORMANCE ON THREE DIMENSIONS OF CARE BETTER CARE FOR INDIVIDUALS, BETTER HEALTH FOR POPULATIONS, AND LOWER PER CAPITA COSTS IHI IS LEADING CUTTING EDGE INITIATIVES ORGANIZED AROUND THE SIMULTANEOUS PURSUIT OF THESE GOALS WHAT IHI CALLS THE TRIPLE AIM -IHI OPEN SCHOOL FOR HEALTH PROFESSIONS THE IHI OPEN SCHOOL IS AN INTERPROFESSIONAL EDUCATIONAL COMMUNITY THAT PROVIDES STUDENTS AND PROFESSIONALS WITH THE SKILLS TO BECOME CHANGE AGENTS IN HEALTH CARE THE IHI OPEN SCHOOL HAS MORE THAN 800 CHAPTERS IN MORE THAN 80 COUNTRIES AROUND THE WORLD, AND A GROWING CATALOG OF ONLINE COURSES IN QUALITY IMPROVEMENT, PATIENT SAFETY, LEADERSHIP, PERSON AND FAMILY CENTERED CARE, TRIPLE AIM FOR POPULATIONS, AND QUALITY, COST, AND VALUE SELECT COURSES HAVE BEEN TRANSLATED INTO SPANISH AND PORTUGUESE AND HAVE BEEN INTEGRATED INTO MORE THAN 1,000 UNIVERSITY AND HEALTH CARE ORGANIZATIONAL TRAINING PROGRAMS AROUND THE WORLD

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses $	4,104,211	including grants of $	(Revenue $	6,641,958)
NATIONAL FORUM					
(Code)	(Expenses $	1,069,872	including grants of $	(Revenue $	69,896)
INNOVATION					

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEREK FEELEY PRESIDENT AND CEO	40 0 0 0	X		X				566,296	0	65,835
DONALD M BERWICK DIRECTOR	19 0 0 0	X						275,510	0	0
THOMAS W CHAPMAN MPH EDD DIRECTOR	1 0 0 0	X						0	0	0
MICHAEL DOWLING SECRETARY/TREASURER	1 0 0 0	X						0	0	0
ELLIOT S FISHER MD MPH DIRECTOR	1 0 0 0	X						0	0	0
A BLANTON GODFREY PHD DIRECTOR	1 0 0 0	X						0	0	0
JENNIE CHIN HANSEN DIRECTOR	1 0 0 0	X						0	0	0
HELEN HASKELL MA DIRECTOR	1 0 0 0	X						0	0	0
BRENT C JAMES MD MSTAT DIRECTOR	1 0 0 0	X						0	0	0
GARY S KAPLAN MD BOARD CHAIR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD MILSTEIN MD PHD DIRECTOR	1 0 0 0	X						0	0	0
MARK D SMITH MD MBA DIRECTOR	1 0 0 0	X						0	0	0
NANCY L SNYDERMAN MD DIRECTOR	1 0 0 0	X						0	0	0
ENRIQUE RUELAS MD MPA MHSC DIRECTOR	4 0 0 0	X						33,001	0	0
DON GOLDMANN CHIEF SCI & MEDICAL OFFICER	40 0 0 0			X				404,752	0	23,878
PIERRE BARKER CHIEF SCI AND MEDICAL OFFICER	40 0 0 0			X				401,250	0	27,168
TRISSA TORRES CHF GLOBAL PART &PROG OFFICER	40 0 0 0			X				306,238	0	53,100
AMY HOSFORD-SWAN CHIEF FINANCIAL OFFICER	40 0 0 0			X				311,217	0	9,132
JOANNE HEALY SENIOR VICE PRESIDENT	40 0 0 0			X				297,416	0	34,298
CAROL BEASLEY SENIOR VICE PRESIDENT	40 0 0 0			X				311,288	0	15,897

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEDAR MATE CHIEF INNOVATION & ED OFFICER	40 0 0 0			X				310,303	0	54,931
PAUL HAMNETT VP OF ENGINEERING	40 0 0 0				X			228,434	0	25,255
KENNETH TEBBETTS VP HUMAN RESOURCES	40 0 0 0				X			191,241	0	14,479
PEDRO DELGADO EXEC DIR BUSINESS DEVELOPMENT	40 0 0 0				X			243,663	0	8,485
AZHAR ALI EXECUTIVE DIRECTOR	40 0 0 0				X			266,975	0	14,181
FRANK FEDERICO VICE PRESIDENT	40 0 0 0				X			211,651	0	40,050
SARANYA LOEHRER EXECUTIVE DIRECTOR	40 0 0 0				X			206,137	0	12,359
SODZI TETTY TETTY EXECUTIVE DIRECTOR	40 0 0 0				X			219,649	0	13,155
KATHERINE LUTHER VICE PRESIDENT	40 0 0 0					X		320,133	0	41,004
CAROL HARADEN VICE PRESIDENT	40 0 0 0					X		243,460	0	15,880

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT LLOYD VP OF PERFORMANCE IMPROVEMENT	40 0 0 0					X		256,745	0	54,170
PATRICIA RUTHERFORD VICE PRESIDENT	40 0 0 0					X		215,824	0	15,858
JANE ROESSNER WRITER	40 0 0 0					X		214,873	0	16,432
MAUREEN BISOGNANO FORMER PRESIDENT/CEO	40 0 0 0						X	304,219	0	4,980
NNEKA MOBISSON-ETUK FORMER EXEC DIR OF AFRICAN OPS	40 0 0 0						X	144,632	0	14,551

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SCHEDULE A (Form 990 or 990EZ)

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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number
38-3017223

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,117,386	8,512,462	8,103,171	9,945,412	10,676,856	46,355,287
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	9,117,386	8,512,462	8,103,171	9,945,412	10,676,856	46,355,287
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)						22,347,154
6 **Public support.** Subtract line 5 from line 4						24,008,133

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	9,117,386	8,512,462	8,103,171	9,945,412	10,676,856	46,355,287
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,777,070	3,572,147	4,919,859	4,080,005	1,613,172	16,962,253
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support.** Add lines 7 through 10						63,317,540

12 Gross receipts from related activities, etc (see instructions)	12	161,508,492

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	37 917 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	37 713 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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 Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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		472,368	344,656	127,712
d Equipment		1,320,624	984,533	336,091
e Other		7,382,030	6,570,385	811,645
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,275,448

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION LIABILITY	2,079,268
REFUNDABLE ADVANCES	7,809,093
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,888,361

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part 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	53,068,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,248,734		
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	-1,248,734
3	Subtract line **2e** from line **1**			3	54,317,434
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	81,786		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	81,786
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	54,399,220

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	45,965,506
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	45,965,506
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	81,786		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	81,786
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	46,047,292

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-3017223
Name: INSTITUTE FOR HEALTHCARE IMPROVEMENT

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	PART X, LINE 2 THE INSTITUTE IS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) O F THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES P URSUANT TO SECTION 501(A) OF THE CODE ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INC OME TAXES HAS BEEN MADE GAAP REQUIRES THE INSTITUTE TO EVALUATE UNCERTAIN TAX POSITIONS MANAGEMENT CONCLUDED AS OF AND FOR THE YEARS ENDED APRIL 30, 2017 AND 2016, THAT THE INSTI TUTE DID NOT HAVE ANY LIABILITIES FOR ANY UNCERTAIN TAX POSITIONS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number
38-3017223

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 Activites 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 region	**(d)** Activities conducted in region (by type) (e g , 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 region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	1	12			7,325,941
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	12			7,325,941

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HEALTH CARE	441,989	WIRE			
		Sub-Saharan Africa	HEALTH CARE	302,517	WIRE			

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

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" to 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 non-cash assistance	(g) Description of non-cash 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 Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☑ 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).

HIGHLY LEVERAGED INTERVENTIONS AMONG LARGE POPULATIONS THE MODELS AND METHODS UTILIZED IN SOUTH AFRICA, MALAWI, AND GHANA ARE BORROWED FROM EFFORTS IN THE US, UK, RUSSIA, AND PERU THROUGH LOCAL ADAPTATION OF THESE METHODS IN AFRICA, IHI DEVELOPED NEW STYLES OF PROTOTY PING, IMPLEMENTATION AND SPREAD THAT CURRENTLY INFLUENCE IHI'S WORK ON LARGE POPULATIONS I N THE US AND AROUND THE WORLD WITH EVER-INCREASING DEMANDS TO IMPROVE ACCESS TO HEALTH CA RE AND TO MAINTAIN COST, THE US AND OTHER COUNTRIES CAN BENEFIT FROM LESSONS LEARNED IN AF RICA WHERE DISEASE BURDENS ARE HIGH AND RESOURCES ARE LIMITED Malawi Founded in 2006, Ma iKhanda Trust (meaning 'mother and neonate' in a local dialect, Chichewa) currently works to reduce maternal and neonatal morbidity and mortality in the Kusungu and Lilongwe distri cts IHI is now partnering with The Gates Foundation to meet these goals MaiKhanda works closely with communities to ensure that improvements are positive and sustainable It is a charitable trust (governed by a Board of Trustees) that employs approximately eight emplo yees working in the program teaching quality improvement methodologies in health care faci lities and numerous community groups MaiKhanda employs administrative, clerical, program staff and drivers MaiKhanda's main office is based in Lilongwe, Malawi SOUTH AFRICA IHI BEGAN ITS WORK IN SOUTH AFRICA IN 2004, WITH A FOCUS ON IMPROVING TREATMENT OF HIV/AIDS TODAY WE ARE WORKING WITH PARTNER ORGANIZATIONS AND THE SOUTH AFRICA NATIONAL DEPARTMENT O F HEALTH ACROSS SEVERAL DISTRICTS TO IMPROVE CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV /AIDS AND TUBERCULOSIS ADDITIONALLY WE OFFER COURSES IN QUALITY IMPROVEMENT AND LEADERSHI P WE CURRENTLY HAVE STAFF AND FACULTY/CONSULTANTS WORKING ON THE GROUND IN THE COUNTRY T HEY WORK OUT OF OFFICES PROVIDED BY OUR PARTNERS OR THEIR HOMES ETHIOPIA SINCE OCTOBER 2 013, THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) HAS WORKED IN PARTNERSHIP WITH THE ETH IOPIAN FEDERAL MINISTRY OF HEALTH (FMOH), WITH THE SUPPORT OF THE BILL & MELINDA GATES FOU NDATION AND MARGARET A CARGILL PHILANTHROPIES, TO EXPLORE HOW QUALITY IMPROVEMENT (QI) ME THODOLOGIES MIGHT ACCELERATE PROGRESS OF THE FMOH TO REDUCE MORTALITY AMONG MOTHERS AND NE WBORNS IN SUPPORT OF THE FMOHS AMBITIOUS AGENDA, IHI PROVIDES CLINICAL TRAINING, MENTORSH IP, MEDICAL EQUIPMENT SUPPORT, AND ON-SITE COACHING OF NURSES AND MIDWIVES TO IMPROVE THE QUALITY OF CARE THAT THEY PROVIDE TO MOTHERS AND INFANTS IN VULNERABLE COMMUNITIES ACROSS THE COUNTRY MONITOR FUNDS OUTSIDE THE US PART I, LINE 2 ALL GRANTS PROVIDED ARE PASS-THRO UGH GRANTS OUR PROCEDURES FOR MONITORING ARE DICTATED BOTH BY THE REQUIREMENTS OF THE ORI GINAL FUNDER, IHI INTERNAL POLICIES AND PROCEDURES, AND THE RESULTS OF OUR EVALUATION PRIO R TO GRANTING THE ACTUAL AWARD THERE ARE REQUIREMENTS FOR REGULAR PROGRAM, PROGRAM EVALUA TION AND ASSESSMENT AND FINANCIAL REPORTING, NO LESS REGULARLY THAN BI-ANNUALLY AND AS FRE QUENTLY AS MONTHLY FINANCIAL REPORTING REQUIREMENTS MUST BE ABIDED BY BEFORE WIRES ARE PR OCESSED TO THE SUB-GRANTEE ALL FINANCIAL REPORTS MUST BE ACCOMPANIED BY SUPPORTING GENERA L LEDGER DETAIL AND DEPENDING ON THE GRANT, STATEMENT OF CASH FLOWS, BALANCE SHEET, BANK S TATEMENTS, 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 P ER YEAR FOR FINANCIAL MONITORING/INTERNAL AUDITING DEPENDING ON THE SUB-GRANTEE, OUR FINA NCIAL MONITORING MAY CONSIST OF A FINANCE STAFF VISITING THE SITE AND PERFORMING INTERNAL AUDIT PROCEDURES, PROGRAM STAFF COLLECTING DOCUMENTATION/PERFORMING TEST WORK AND REPORTIN G BACK TO FINANCE, OR SUB-GRANTEE STAFF SENDING DOCUMENTATION TO OUR FINANCE AND INTERNAL AUDITOR FOR REVIEW PROGRAM SERVICE PART I, LINE 3 EUROPE IHI WORKS IN EUROPE ON IMPROVIN G HEALTHCARE DELIVERY AND SAFETY THROUGH A VARIETY OF CONTRACTUAL RELATIONSHIPS IHI ALSO CO-SPONSORS THE INTERNATIONAL FORUM ON HEALTHCARE IMPROVEMENT HELD ANNUALLY, TYPICALLY IN A EUROPEAN LOCATION SUB-SAHARAN AFRICA OUR PROGRAMS OPERATED IN MALAWI AND GHANA WORK ON REDUCING MOTHER AND CHILD MORTALITY IN SOUTH AFRICA, OUR PROGRAM IS STRIVING TO IMPROVE THE TREATMENT ON HIV AND AIDS BRAZIL IHI IS WORKING WITH THE EINSTEIN HOSPITAL TO IMPROV E THE QUALITY AND SAFETY OF HEALTH CARE FOR THE PEOPLE OF BRAZIL MIDDLE EAST IHI PROVIDE S ONSITE PROFESSIONAL DEVELOPMENT TRAINING TO THE SAUDI ARABIA NATIONAL HEALTH AFFAIRS AND THE HAMAD MEDICAL CORPORATION IN QATAR EAST ASIA AND THE PACIFIC IHI WORKED IN THE EAST ASIA AND PACIFIC REGION TO IMPROVE HEALTH AND HEALTHCARE THROUGH CONTRACTUAL RELATIONSHIP S WITH THE SINGAPORE MINISTRY OF HEALTH

Additional Data

Software ID:

Software Version:

EIN: 38-3017223

Name: INSTITUTE FOR HEALTHCARE IMPROVEMENT

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		2	Program Services	SEE SCHEDULE F PART V	1,980,892
Sub-Saharan Africa	1	10	Program Services	SEE SCHEDULE F PART V	2,678,098
East Asia and the Pacific			Program Services	SEE SCHEDULE F PART V	488,135

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	SEE SCHEDULE F PART V	1,512,496
Central America and the Caribbean			Program Services	SEE SCHEDULE F PART V	666,320

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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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

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

(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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

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

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

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

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

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2 ALL GRANTS PROVIDED TO FOREIGN ENTITIES ARE PASS-THROUGH GRANTS OUR PROCEDURES FOR MONITORING ARE DICTATED BOTH BY THE REQUIREMENTS OF THE ORIGINAL FUNDER, IHI INTERNAL POLICIES AND PROCEDURES, AND THE RESULTS OF OUR EVALUATION PRIOR TO GRANTING THE ACTUAL AWARD THERE ARE REQUIREMENTS FOR REGULAR PROGRAM, PROGRAM EVALUATION AND ASSESSMENT, AND FINANCIAL REPORTING, NO LESS REGULARLY THAN BI-ANNUALLY AND AS FREQUENTLY AS MONTHLY FINANCIAL REPORTING REQUIREMENTS MUST BE ABIDED BY BEFORE WIRES ARE PROCESSED TO THE SUB-GRANTEE ALL FINANCIAL REPORTS MUST BE ACCOMPANIED BY SUPPORTING GENERAL LEDGER DETAIL AND DEPENDING ON THE GRANT, STATEMENT OF CASH FLOWS, BALANCE SHEET, BANK STATEMENTS, ETC ANNUAL AUDITS AND MANAGEMENT LETTERS ARE COLLECTED FROM MOST SUB-GRANTEES (IF AVAILABLE) ALL SUB-GRANTEES, RECEIVING MATERIAL AWARDS, HAVE IHI STAFF HELPING ON THE GROUND OR ARE VISITED ON A REGULAR BASIS FOR PROGRAM MONITORING AND OFTEN ONCE OR TWICE PER YEAR FOR FINANCIAL MONITORING/INTERNAL AUDITING DEPENDING ON THE SUB-GRANTEE, OUR FINANCIAL MONITORING MAY CONSIST OF A FINANCE STAFF VISITING THE SITE AND PERFORMING INTERNAL AUDIT PROCEDURES, PROGRAM STAFF COLLECTING DOCUMENTATION/PERFORMING TEST WORK AND REPORTING BACK TO FINANCE, OR SUB-GRANTEE STAFF SENDING A DOCUMENTATION TO OUR FINANCE AND INTERNAL AUDITOR FOR REVIEW

Additional Data

Software ID:
Software Version:
EIN: 38-3017223
Name: INSTITUTE FOR HEALTHCARE IMPROVEMENT

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

(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
American Hospital Association 155 N Wacker Drive Chicago, IL 60606	36-0726140	501(C)(6)	7,500				HEALTH CARE
American Public Health Association 800 I Street NW Washington, DC 20001	13-1628688	501(C)(3)	15,000				HEALTH CARE

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

(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
Bethel AME Church 40 Walk Hill Street Jamaica Plain, MA 02138	27-1375096	501(C)(3)	8,000				HEALTH CARE
CENTER FOR COURAGE & RENEWAL 1402 THIRD AVE SUITE 925 SEATTKE, WA 98101	33-1023228	501(C)(3)	55,000				HEALTH CARE

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

(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
COMMUNITIES JOINED IN ACTIONS 55 PARK PL 8TH FL ATLANTA, GA 30303	52-2305386	501(C)(3)	12,098				HEALTH CARE
COMMUNITY SOLUTIONS 125 MAIDEN LN SUITE 16C NEW YORK, NY 10038	27-3523909	501(C)(3)	73,232				HEALTH CARE

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

(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
GEORGIA STATE UNIVERSITY RESEARCH FDN PO BOX 3999 ATLANTA, GA 30302	58-1845423	501(C)(3)	82,298				HEALTH CARE
Henry Ford Health System One Ford Pl Ste 5F Detroit, MI 48202	38-1357020	501(C)(3)	45,000				HEALTH CARE

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

(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
INSTITUTE FOR PEOPLE PLACE AND POSSIBILITY 501 FAY ST SUITE 206 COLUMBIA, MO 65201	27-3888796	501(C)(3)	143,300				HEALTH CARE
NETWORK FOR REGIONAL HEALTHCARE IMPROVEMENT 217 COMMERCIAL ST PORTLAND, ME 04101	45-1754340	501(C)(3)	72,983				HEALTH CARE

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

(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
University of S Carolina 1244 Blossom Street Columbia, SC 29208	57-6001153	115	7,277				HEALTH CARE

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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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number
38-3017223

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 38-3017223
Name: INSTITUTE FOR HEALTHCARE IMPROVEMENT

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN COMPENSATION PAID THROUGH AN IRC SECTION 457 PLAN HAS BEEN DISCLOSED ON SCHEDULE J FOR EACH REPORTED INDIVIDUAL MAUREEN BISOGNANO - $ 9,805 CAROL BEASLEY - $ 26,248 PAUL HAMNETT - $ 9,799 DONALD GOLDMANN - $ 33,401 AMY HOSFORD-SWAN - $ 24,592 JOANNE HEALY - $ 23,540 CAROL HARADEN - $ 14,515 PATRICIA RUTHERFORD - $ 4,928 KENNETH TEBBETS - $ 15,198 PIERRE BARKER - $ 31,998 KATHARINE LUTHER - $119,758 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F) AND HAVE NOT RECEIVED A TAXABLE DISTRIBUTION UNTIL VESTED THE 2016 DEFERRED AMOUNTS ARE REPORTED AS DEFERRED COMPENSATION AND REPORTED IN PART II, COLUMN (C) DEREK FEELEY TRISSA TORRES KEDAR MATE ROBERT LLOYD FRANK FEDERICO

Part III, Supplemental Information

Return Reference	Explanation
PART II, COLUMN F	MANAGEMENT TEAM BENEFITS THE INSTITUTE PROVIDES CERTAIN EXECUTIVES BENEFITS UNDER ITS MANAGEMENT TEAM FLEXIBLE BENEFIT PLAN COVERED EXECUTIVES ARE PROVIDED WITH A FLEXIBLE BENEFIT ALLOWANCE WHICH CAN BE USED TO SELECT CERTAIN BENEFITS, 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 HEALTHCARE WORLDWIDE

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 1	FIRST CLASS TRAVEL IHI'S TRAVEL POLICY REQUIRES THAT EMPLOYEES PERSONALLY PAY FOR ANY UPGRADE TO FIRST CLASS ANY PURCHASE OF FIRST CLASS TICKETS WERE EXCEPTIONS DUE TO SPECIAL NEEDS AND APPROVED BY IHI MANAGEMENT DURING THIS TIME IHI PAID FOR A SMALL AMOUNT (LESS THAN 20) OF FIRST CLASS TRAVEL TICKETS WHEN, FOR EXAMPLE, STAFF OR FACULTY TRAVELED AT THE REQUEST OF IHI, EXCEPTIONALLY LONG DISTANCES, IN A SHORT TIMELINE AND WERE EXPECTED TO BEGIN WORKING DIRECTLY UPON ARRIVAL, TRAVELED WITH AN INJURY, AND OTHER EXTRAORDINARY CIRCUMSTANCES COMPENSATION OF FORMER DIRECTOR/OFFICER MAUREEN BISOGNANO WAS PAID $118,831 FOR SERVICES SHE PROVIDED TO IHI AS A FACULTY MEMBER HOUSING ALLOWANCE THE INSTITUTE PROVIDES HOUSING ALLOWANCES TO NNEKA MOBISSON-ETUK, PEDRO DELGADO, AND SODZI TETTY TETTY THESE AMOUNTS ARE INCLUDED IN TAXABLE INCOME AND REPORTED ON PART II COLUMN (B)(III)

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 7	NON-FIXED PAYMENTS THE PRESIDENT/CEO IS ELIGIBLE FOR AN ANNUAL NON-FIXED BONUS BASED ON A PERCENTAGE OF GROSS SALARY SUBJECT TO BENCHMARKING RESEARCH OF THE BUSINESS SECTOR BY EXTERNAL CONSULTANTS AND SUBJECT TO BOARD APPROVAL EACH YEAR

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1DEREK FEELEY PRESIDENT AND CEO	(I)	490,100	54,651	21,545	45,890	19,945	632,131	0
	(II)	0	0	0	0	0	0	0
1DONALD M BERWICK DIRECTOR	(I)	275,510	0	0	0	0	275,510	0
	(II)	0	0	0	0	0	0	0
2DON GOLDMANN CHIEF SCI & MEDICAL OFFICER	(I)	330,007	10,000	64,745	4,350	19,528	428,630	0
	(II)	0	0	0	0	0	0	0
3PIERRE BARKER CHIEF SCI AND MEDICAL OFFICER	(I)	327,987	10,000	63,263	4,350	22,818	428,418	0
	(II)	0	0	0	0	0	0	0
4TRISSA TORRES CHF GLOBAL PART &PROG OFFICER	(I)	286,825	10,000	9,413	33,629	19,471	359,338	0
	(II)	0	0	0	0	0	0	0
5AMY HOSFORD-SWAN CHIEF FINANCIAL OFFICER	(I)	250,228	10,000	50,989	3,450	5,682	320,349	0
	(II)	0	0	0	0	0	0	0
6JOANNE HEALY SENIOR VICE PRESIDENT	(I)	242,420	10,000	44,996	4,350	29,948	331,714	0
	(II)	0	0	0	0	0	0	0
7CAROL BEASLEY SENIOR VICE PRESIDENT	(I)	246,657	10,000	54,631	4,350	11,547	327,185	0
	(II)	0	0	0	0	0	0	0
8KEDAR MATE CHIEF INNOVATION & ED OFFICER	(I)	295,459	10,000	4,844	31,938	22,993	365,234	0
	(II)	0	0	0	0	0	0	0
9PAUL HAMNETT VP OF ENGINEERING	(I)	191,032	10,000	27,402	4,350	20,905	253,689	0
	(II)	0	0	0	0	0	0	0
10KENNETH TEBBETTS VP HUMAN RESOURCES	(I)	149,996	10,000	31,245	4,350	10,129	205,720	0
	(II)	0	0	0	0	0	0	0
11PEDRO DELGADO EXEC DIR BUSINESS DEVELOPMENT	(I)	220,572	10,000	13,091	3,459	5,026	252,148	0
	(II)	0	0	0	0	0	0	0
12AZHAR ALI EXECUTIVE DIRECTOR	(I)	225,278	25,000	16,697	1,740	12,441	281,156	0
	(II)	0	0	0	0	0	0	0
13FRANK FEDERICO VICE PRESIDENT	(I)	180,403	10,000	21,248	28,563	11,487	251,701	0
	(II)	0	0	0	0	0	0	0
14SARANYA LOEHRER EXECUTIVE DIRECTOR	(I)	187,992	4,000	14,145	2,807	9,552	218,496	0
	(II)	0	0	0	0	0	0	0
15SODZI TETTY TETTY EXECUTIVE DIRECTOR	(I)	192,445	10,000	17,204	4,710	8,445	232,804	0
	(II)	0	0	0	0	0	0	0
16KATHERINE LUTHER VICE PRESIDENT	(I)	167,692	10,000	142,441	19,158	21,846	361,137	0
	(II)	0	0	0	0	0	0	0
17CAROL HARADEN VICE PRESIDENT	(I)	194,326	6,250	42,884	4,333	11,547	259,340	0
	(II)	0	0	0	0	0	0	0
18ROBERT LLOYD VP OF PERFORMANCE IMPROVEMENT	(I)	219,319	10,000	27,426	3,189	50,981	310,915	0
	(II)	0	0	0	0	0	0	0
19PATRICIA RUTHERFORD VICE PRESIDENT	(I)	186,110	10,000	19,714	4,350	11,508	231,682	0
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 JANE ROESSNER WRITER	(i)	198,012	3,000	13,861	4,350	12,082	231,305	0
	(ii)	0	0	0	0	0	0	0
1 MAUREEN BISOGNANO FORMER PRESIDENT/CEO	(i)	223,453	59,200	21,566	1,581	3,399	309,199	0
	(ii)	0	0	0	0	0	0	0
2 NNEKA MOBISSON-ETUK FORMER EXEC DIR OF AFRICAN OPS	(i)	111,165	0	33,467	3,450	11,101	159,183	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INSTITUTE FOR HEALTHCARE IMPROVEMENT

Employer identification number

38-3017223

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	Form 990, PART III, LINE 1 IHI IS A LEADING INNOVATOR IN HEALTH AND HEALTH CARE IMPROVEMEN T WORLDWIDE FOR MORE THAN 25 YEARS, WE HAVE PARTNERED WITH AN EVER-GROWING COMMUNITY OF V ISIONARIES, LEADERS, AND FRONT-LINE PRACTITIONERS AROUND THE GLOBE TO SPARK BOLD, INVENTIV E WAYS TO IMPROVE THE HEALTH OF INDIVIDUALS AND POPULATIONS TOGETHER, WE BUILD THE WILL F OR CHANGE, SEEK OUT INNOVATIVE MODELS OF CARE, AND SPREAD PROVEN BEST PRACTICES TO ADVANC E OUR MISSION, IHI IS DEDICATED TO OPTIMIZING HEALTH CARE DELIVERY SYSTEMS, DRIVING THE T RIPLE AIM FOR POPULATIONS, REALIZING PERSON- AND FAMILY-CENTERED CARE, AND BUILDING IMPROV EMENT CAPABILITY WHEN IT COMES TO RAISING THE QUALITY OF HEALTH FOR ALL, IHI SEES BOUNDLE SS POSSIBILITIES, AND WHILE WE SEE THE WALLS IN FRONT OF US, WE WILL NOT REST UNTIL WE REA CH THE OTHER SIDE IHI MOBILIZES TEAMS, ORGANIZATIONS, AND INCREASINGLY NATIONS, THROUGH I TS STAFF OF MORE THAN 100 PEOPLE AND PARTNERSHIPS WITH HUNDREDS OF FACULTY AROUND THE WORL D IHI PROVIDES IMPORTANT BENEFITS TO THE COMMUNITY WITH ACTIVITIES FOR EXAMPLE - IHI CR EATED THE IHI OPEN SCHOOL AND CONVENED 80,000 STUDENTS TO ENABLE THE PASSION AND GROWTH OF THE NEXT GENERATION OF IMPROVERS - IHI BUILDS WILL FOR IMPROVEMENT BY BRINGING CLARITY, FOCUS, AND SIMPLE SOLUTIONS TO THE TABLE THROUGH IHI INITIATIVES LIKE OUR BREAKTHROUGH SER IES COLLABORATIVES, 100,000 LIVES CAMPAIGN, AND THE IHI TRIPLE AIM - IHI LAUNCHED THE IHI NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTH CARE AND THE INTERNATIONAL FORUM TO BRING THOUSANDS OF PEOPLE TOGETHER TO TELL STORIES AND HELP SPARK INNOVATIVE IDEAS AND CHANGES IN HEALTH CARE IMPROVEMENT - IHI ARCHITECTED THE UNPRECEDENTED 100,000 LIVES AND 5 MILLIO N LIVES CAMPAIGNS, WHICH SPURRED HOSPITALS ACROSS THE UNITED STATES TO JOIN US IN MAKING B REAKTHROUGH COMMITMENTS TO QUALITY AND PATIENT SAFETY - IHI BRINGS THE SCIENCE OF IMPROVE MENT AND LEARNING TOGETHER TO INNOVATE NEW WAYS TO LEARN - AS HEALTH CARE QUALITY IMPROVE MENT MOVEMENT PIONEERS, IHI THINKS DIFFERENTLY FOR EXAMPLE, WE ARE COMMITTED TO ILLUMINAT ING POWERFUL MODELS FOR IMPROVEMENT FROM CORNERS OF THE WORLD THAT ARE OFTEN OVERLOOKED - IHI DEVELOPED THE TRIPLE AIM AND IS NOW WORKING WITH OUR PARTNERS TO MOBILIZE SYSTEMS, CO MMUNITIES, AND COUNTRIES TO ACHIEVE TRIPLE AIM RESULTS THAT RETURN SAVINGS TO COMMUNITIES - IN SCOTLAND, THE IHI COMMUNITY IS ENGAGING HOSPITALS ACROSS THE COUNTRY TO BUILD IMPROV EMENT SKILLS, MEASUREMENT METHODS, AND SCIENTIFIC APPROACHES FOR BETTER CARE THE RESULTS ARE INSPIRING - IHI LAUNCHED GROUNDBREAKING IMPROVEMENT PROGRAMS IN SOUTH AFRICA AND GHAN A 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 - UNDER THE STAAR INITIATIVE, IHI IS WORKING WITH THE STATES OF MASS ACHUSETTS, MICHIGAN, OREGON, OHIO, AND WASHINGTON TO REDUCE AVOIDABLE REHOSPITALIZATIONS - IHI'S WEB SITE, WWW IHI ORG,

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	IS A FREE GLOBAL RESOURCE FOR HEALTH CARE IMPROVEMENT KNOWLEDGE - IHI'S FREE PUBLICATION S, SUCH AS WHITE PAPERS AND HOW-TO-GUIDES, DOCUMENT AND DISSEMINATE THE ORGANIZATION'S INN OVATION WORK QUICKLY AND WIDELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	Form 990, PART III, LINES 4A-D LINE 4D EXPENSE = $4,104,211 REVENUE = $6,641,958 NATIONAL FORUM IHI'S NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTH CARE, HELD EACH DECEMBER, IS A MAJOR U S CONFERENCE ON IMPROVEMENT IN HEALTH CARE THAT DRAWS NEARLY 6,000 PARTICIPANTS FROM AROUND THE WORLD WHO ATTEND HUNDREDS OF WORKSHOPS, PLENARY SESSIONS, AND SPECIAL INTEREST MEETINGS THOUSANDS MORE JOIN THE CONFERENCE VIA SATELLITE BROADCAST EXPENSE = $1,069,872 REVENUE = $ 69,896 INNOVATION AT THE CENTER OF OUR WORK IS THE CREATION AND TESTING OF NEW IDEAS NOVEL CONCEPTS FOR IMPROVING PATIENT CARE HERE, WE WORK INTENSELY WITH CUTTING-EDGE ORGANIZATIONS TO TEST AND PROTOTYPE UNIQUE MODELS AND NEW SOLUTIONS TO OLD PROBLEMS THIS IS OUR RESEARCH AND DEVELOPMENT FUNCTION, THE INNOVATION ENGINE THAT FUELS ALL OF OUR WORK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 11A THE MAJORITY OF SUPPORT SCHEDULES FOR THE FORM 990 ARE PREPARED DURING THE ANNUAL AUDIT PREPARATION PROCESS IN THE MAY-JUNE TIMEFRAME THE REMAINING ITEMS ARE COMPLETED BY THE END OF OCTOBER OF EACH FISCAL YEAR THE FORM 990 IS DUE FIVE MONTHS AFTER THE CLOSE OF THE FISCAL YEAR, WHICH FOR IHI IS SEPTEMBER 15TH (WITH AN APRIL 30TH FISCAL YEAR END) THE 990 EXTENSION IS FILED BY KPMG (OR OUR CURRENT OUTSIDE INDEPENDENT AUDIT FIRM) AND A COPY IS MAINTAINED BY IHI THE EXTENSION PERIOD ALLOWED ANNUALLY IS SIX MONTHS FROM THE ORIGINAL DUE DATE THE FILING DATES ARE AS FOLLOWS SEPTEMBER 15TH, IF EXTENSION IS FILED BY SEPTEMBER 15TH THEN THE EXTENDED FILING DATE IS MARCH 15TH THE MAJORITY OF SCHEDULES ARE PREPARED BY THE SENIOR STAFF ACCOUNTANT AND REVIEWED BY THE CONTROLLER THE CONTROLLER PREPARES THE FINANCIAL STATEMENT RECONCILIATION TO THE FORM 990 FINANCIAL SECTION OF THE FORM THIS IS REVIEWED BY THE CFO UPDATES TO POLICIES APPLICABLE TO THE FORM 990 ARE PERFORMED THROUGHOUT THE YEAR AND REVIEWED BY EITHER THE CFO OR INTERNAL AUDITOR (DEPENDING ON THE PERSON WHO AUTHORS THE EDIT) CERTAIN POLICY UPDATES ARE REVIEWED BY THE STRATEGY 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 CONTROLLER ANY ADJUSTMENTS ARE DISCUSSED AND THEN PROCESSED (AS NEEDED) WITH KPMG THE NEXT DRAFT IS REVIEWED BY THE CONTROLLER AND CFO ANY ADJUSTMENTS ARE DISCUSSED AND THEN PROCESSED (AS NEEDED) WITH KPMG THE FINAL DRAFT IS ALSO REVIEWED BY THE INTERNAL AUDITOR AFTER THE DRAFT IS READY TO BE REVIEWED, IT IS SENT TO THE AUDIT COMMITTEE BEFORE THE LATE NOVEMBER/DECEMBER MEETING AFTER ALL QUESTIONS AND ADJUSTMENTS (IF ANY) ARE RESOLVED, THE AUDIT COMMITTEE APPROVES THE FORM 990 TO BE PRESENTED TO THE FULL BOARD OF DIRECTORS THE CFO AND AUDIT COMMITTEE CHAIR REVIEW THE FORM 990 WITH THE ENTIRE BOARD AND REQUEST BOARD APPROVAL THE FULL BOARD MUST VOTE TO APPROVE THE FORM 990 BEFORE IT IS FILED BY KPMG WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST	Form 990, PART VI, SECTION B, LINE 12 AS NOTED IN OUR STAFF GUIDEBOOK, THIS CONFLICT OF IN TEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS, AND SENIOR-LEVEL EMPLOYEES OF IHI I DENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST, AND TO PROVIDE IHI WITH A PROCEDURE FOR RESOLVING THOSE CONFLICTS I DEFINITIONS A A "CONFLICT OF INTEREST" IS AN Y SITUATION WHERE I YOUR PERSONAL INTERESTS, OR II THE PERSONAL INTERESTS OF A CLOSE FR IEND, FAMILY MEMBER, BUSINESS ASSOCIATE, PERSON TO WHOM YOU OWE AN OBLIGATION, OR CORPORAT ION, PARTNERSHIP OR OTHER ORGANIZATION IN WHICH YOU HOLD A SIGNIFICANT INTEREST, COULD REA SONABLY BE EXPECTED TO OR DOES INFLUENCE YOUR DECISIONS OR IMPAIR YOUR ABILITY TO 1 ACT IN IHI'S BEST INTERESTS, OR 2 REPRESENT IHI FAIRLY, IMPARTIALLY, AND WITHOUT BIAS B AN "INDIRECT BENEFIT" IS I A BENEFIT DERIVED BY A CLOSE FRIEND, FAMILY MEMBER, BUSINESS ASS OCIATE, OR A CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION IN WHICH YOU HOLD A SIGNIFICA NT 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 I NDIRECT 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, O R 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 IH I 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 D ESIGNATES B AFTER DISCLOSURE, A PERSON WHO HAS A CONFLICTING RELATIONSHIP SHALL NOT PART ICIPATE 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 RES POND TO QUESTIONS NOTWITHSTANDING THE FOREGOING, THE BOARD (OR COMMITTEE), AFTER RECEIVIN G SUCH DISCLOSURE, MAY DETERMINE BY MAJORITY VOTE OF THE BOARD MEMBERS (OR COMMITTEE MEMBE RS) WHO DO NOT HAVE A CONFLICTING RELATIONSHIP, THAT THE PERSON MAY NEVERTHELESS PARTICIPA TE IN SAID MATTER C A PERSON WHO HAS A CONFLICTING RELATIONSHIP CONCERNING A PARTICULAR MATTER AS TO WHICH THE PERSON HAS MADE DISCLOSURE, SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF ANY VOTES RELATING TO THAT MATTER D EACH DIRECTOR, OFFICER, AND SENIOR-LEVEL EMPLOYEE OF IHI SHALL ANNUALLY, DURING THE MONTH OF MAY (OR IF SOONER, WITHIN THIRTY (30) DAYS OF HIS OR HER ELECTION, APPOINTMENT, HIRING, OR ASSUMPTION TO SUCH POSITION) FILE A CONFLICTING RELATIONSHIP INFORMATION FORM EACH INFORMATION FORM SHALL BE FILED WITH THE CEO AND, IN THE CASE OF FORMS FILED BY ANY DIRECTOR AND OFFICER A ND THE CEO, SHALL BE AVAILABLE FOR INSPECTION BY ANY DIRECTOR OR OFFICER FORMS FILED BY E MPLOYEES (OTHER THAN THE CEO)

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST	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

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WHISTLEBLOWER POLICY	Form 990, PART VI, SECTION B, LINE 13 AS NOTED IN OUR STAFF GUIDEBOOK A WHISTLEBLOWER AS DEFINED BY THIS POLICY IS AN EMPLOYEE OF IHI WHO REPORTS AN ACTIVITY THAT HE/SHE CONSIDERS TO BE ILLEGAL OR DISHONEST TO ONE OR MORE OF THE PARTIES SPECIFIED IN THIS POLICY 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 VICE PRESIDENT OF HUMAN RESOURCES, OR JIM ANDERSON, CHAIRMAN OF THE AUDIT COMMITTEE (CONTACT INFORMATION IS PROVIDED IN THE EMPLOYEE HANDBOOK) THE EMPLOYEE MUST EXERCISE SOUND JUDGMENT TO AVOID BASELESS ALLEGATIONS AN EMPLOYEE WHO INTENTIONALLY FILES A FALSE REPORT OF WRONGDOING WILL BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION WHISTLEBLOWER PROTECTIONS ARE PROVIDED IN TWO IMPORTANT AREAS -- CONFIDENTIALITY AND AGAINST RETALIATION INSOFAR AS POSSIBLE, THE CONFIDENTIALITY OF THE WHISTLEBLOWER WILL BE MAINTAINED HOWEVER, IDENTITY MAY HAVE TO BE DISCLOSED TO CONDUCT A THOROUGH INVESTIGATION, TO COMPLY WITH THE LAW AND TO PROVIDE ACCUSED INDIVIDUALS THEIR LEGAL RIGHTS OF DEFENSE IHI WILL NOT RETALIATE AGAINST A WHISTLEBLOWER THIS INCLUDES, BUT IS NOT LIMITED TO, PROTECTION FROM RETALIATION IN THE FORM OF AN ADVERSE EMPLOYMENT ACTION SUCH AS TERMINATION, COMPENSATION DECREASES, OR POOR WORK ASSIGNMENTS AND THREATS OF PHYSICAL HARM ANY WHISTLEBLOWER WHO BELIEVES HE/SHE IS BEING RETALIATED AGAINST MUST CONTACT THE VICE PRESIDENT OF HUMAN RESOURCES OR JIM ANDERSON IMMEDIATELY THE RIGHT OF A WHISTLEBLOWER FOR PROTECTION AGAINST RETALIATION DOES NOT INCLUDE IMMUNITY FOR ANY PERSONAL WRONGDOING THAT IS ALLEGED AND INVESTIGATED

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RECORD RETENTION POLICY	Form 990, PART VI, SECTION B, LINE 14 IHI RECORD RETENTION POLICY AS NOTED IN OUR STAFF GU IDEBOOK DISPOSING OF IHI'S RECORDS AND FILES IS NOT DISCRETIONARY THE GOVERNMENT REQUIRE S THE RETENTION OF CERTAIN RECORDS FOR SPECIFIC PERIODS OF TIME, PARTICULARLY RECORDS RELA TED TO EMPLOYEES, HEALTH AND SAFETY, THE ENVIRONMENT, TAXES, FINANCES, CONTRACTS, AND COR PORATE AREAS RELEVANT RECORDS MUST NOT BE DESTROYED WHENEVER LITIGATION OR A GOVERNMENT I NVESTIGATION OR AUDIT IS PENDING UNTIL THE MATTER IS CLOSED, DESTROYING RECORDS TO AVOID DISCLOSURE IN A LEGAL PROCEEDING MAY CONSTITUTE A CRIMINAL OFFENSE PLEASE REFER TO THE PO LICY BELOW, AND WHEN IN DOUBT, CONTACT HUMAN RESOURCES RECORD TYPE ORGANIZATIONAL 1 INC ORPORATION DOCUMENTS INCLUDING ARTICLES OF INCORPORATION, BYLAWS, AND RELATED DOCUMENTS AR E PERMANENTLY KEPT ON FILE 2 TAX-EXEMPTION DOCUMENTS INCLUDING APPLICATION FOR TAX EXEMP TION (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 REQUE ST 3 MEETING/BOARD DOCUMENTS INCLUDING AGENDAS, MINUTES AND RELATED DOCUMENTS ARE PERMAN ENT CARE IS TAKEN TO INCLUDE ONLY NECESSARY INFORMATION IN THESE DOCUMENTS RECORD TYPE FINANCIAL 1 PAYCHECKS ARE KEPT ON FILE FOR 8 YEARS 2 PAYROLL RECORDS-INCLUDING NAME, AD DRESS, SOCIAL SECURITY NUMBER, WAGE RATE, NUMBER OF HOURS WORKED DAILY, AND WEEKLY GROSS W AGES, DEDUCTIONS, ALLOWANCES CLAIMED AND NET WAGES ARE KEPT ON FILE FOR 6 YEARS 3 YEAR E ND TREASURER'S FINANCIAL REPORT/STATEMENT ARE KEPT PERMANENTLY 4 TREASURER'S REPORTS, AR E KEPT ON FILE FOR THREE YEARS AND ARE STORED WITH FINANCIAL RECORDS 5 BANK STATEMENTS, CANCELED CHECKS, CHECK REGISTERS, INVESTMENT STATEMENTS, GENERAL LEDGER, AND RELATED DOCUM ENTS ARE KEPT ON FILE FOR SEVEN YEARS AND ARE STORED WITH FINANCIAL RECORDS 6 ANNUAL INF ORMATION RETURNS (IRS FORMS 990) ARE KEPT ON FILE FOR SEVEN YEARS AND ARE STORED WITH FINA NCIAL RECORDS FEDERAL LAW REQUIRES THAT THE THREE MOST RECENT YEARS RETURNS BE KEPT IN TH E ORGANIZATION'S HEADQUARTERS OFFICE AND BE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQU EST RECORD TYPE HUMAN RESOURCES 1 PERSONNEL FILE RECORDS-INCLUDING APPLICATION, PRE-EMP LOYMENT TESTS, PERFORMANCE APPRAISAL, RATE CHANGES, POSITION CHANGES, TRANSFERS, PROMOTION S, 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 OSH A 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 DU RATION OF EMPLOYMENT PLUS 30 YEARS 4 RECORDS PERTAINING TO UNFAIR OR DISCRIMINATORY EMPL OYMENT PRACTICES AND AMERICANS WITH DISABILITIES ACT ARE KEPT UNTIL THE FINAL DISPOSITION OF THE CHARGE OR ACTION 5 AC

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RECORD RETENTION POLICY	CIDENT REPORTS AND WORKERS' COMPENSATION CLAIMS ARE KEPT ON FILE FOR 11 YEARS 6 APPLICAT IONS (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 A RE KEPT ON FILE FOR 3 YEARS 11 ERISA RETIREMENT AND PENSION RECORDS (EMPLOYEE RETIREMENT INCOME SECURITY ACT) ARE KEPT ON FILE INDEFINITELY 12 I-9 FORMS ARE KEPT ON FILE FOR 3 YEARS AFTER EMPLOYMENT BEGINS OR 1 YEAR BEYOND TERMINATION, WHICHEVER IS LATER 13 LABOR CONTRACTS ARE KEPT ON FILE INDEFINITELY 14 MEDICAL AND EXPOSURE RECORDS RELATING TO TOXI C 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 DOCUMENTAT ION ARE KEPT ON FILE FOR 3 YEARS

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COMPENSATION POLICY	Form 990, PART VI, SECTION B, LINES 15A AND 15B 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 WOR LD-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 WI TH REGULATORY AND LEGAL REQUIREMENTS, IHI EMPLOYEES EXPERIENCE GROWTH AND EDUCATION OPPORT UNITIES, CELEBRATIONS, ENGAGEMENT IN TEAMS AND PROJECTS, FLEXIBILITY REGARDING FAMILY AND PERSONAL CIRCUMSTANCES, AND OTHER NON-FINANCIAL BENEFITS OF BEING RESPECTED AND VALUED MEM BERS OF A COMMUNITY WITH A SHARED AND INSPIRING PURPOSE 1 REGULATORY AND LEGAL COMPLIANC E THE COMPENSATION POLICY OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) WILL REMAIN A T 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 S ALARY AND TOTAL CASH COMPENSATION TARGET LEVELS IHI AIMS TO COMPENSATE EMPLOYEES WITH BAS E 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 REGULARL Y 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 CAS H COMPENSATION FOR INDIVIDUAL EMPLOYEES TO TARGET THE 50TH TO 75TH PERCENTILE AS INDIVIDUA LS' SPANS OF CONTROL AND RESPONSIBILITY CHANGE, AND WILL REPORT ANNUALLY TO THE IHI BOARD, FOR BOARD REVIEW AND APPROVAL, ON THE OVERALL PROFILE OF SALARY AND TOTAL CASH COMPENSATI ON LEVELS 4 ANNUAL ADJUSTMENTS TO BASE SALARIES AT LEAST ANNUALLY, IHI MANAGEMENT, THRO UGH THE BUDGET PROCESS, WILL REVIEW COMPARATIVE LOCAL AND NATIONAL COMPENSATION DATA AND R ECOMMEND 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 PRES ENTED TO THE FINANCE COMMITTEE AND BE APPROVED BY THE IHI BOARD, RECOGNIZING THE OVERALL C IRCUMSTANCES OF IHI AND THE AIMS OF THE COMPENSATION POLICY AND PRACTICES 5 FOCUS ON ORG ANIZATIONAL PERFORMANCE IHI DOES NOT USE INDIVIDUALIZED "MERIT PAYINDIVIDUALIZED PERFORMA NCE-BASED CHANGES IN COMPENSATION OR BONUSES THE AWARDING OF PERIODIC CASH BONUSES WILL B E BASED ON THE DOCUMENTED ASSESSMENT BY THE COMPENSATION COMMITTEE AND THE BOARD OF THE OR GANIZATION'S OVERALL ACHIEVEME

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COMPENSATION POLICY	NTS IN FURTHERING ITS MISSION AND OBJECTIVES 6 BONUSES TO NON-EXECUTIVE EMPLOYEES BONUS ES TO ALL NON-EXECUTIVE EMPLOYEES AS A GROUP, BASED ON SUCCESSFUL OVERALL PERFORMANCE, MAY BE AWARDED IN GRATITUDE AND CELEBRATION BY THE BOARD ANNUALLY OR OTHERWISE, UPON RECOMMEN DATION FROM IHI MANAGEMENT IN GENERAL, THE ABSOLUTE BONUS AMOUNT FOR ALL SALARIED, NON-EX ECUTIVE EMPLOYEES WILL BE EQUAL, ADJUSTED PRO RATA FOR FULL-TIME EQUIVALENCY AND, FOR THE FIRST TWO YEARS OF EMPLOYMENT, LENGTH OF SERVICE 7 BOARD REVIEW AND APPROVAL OF EXECUTIV E COMPENSATION THE COMPENSATION, BENEFITS, AND BONUSES FOR THE CEO, COO, AND OTHER IHI EX ECUTIVES WILL BE ESTABLISHED BY THE IHI BOARD WITH GUIDANCE FROM INDEPENDENT, OUTSIDE CONS ULTANTS, AND REVIEWED NO LESS FREQUENTLY THAN EVERY THREE YEARS 8 BENEFITS TO THE EXTEN T ALLOWED BY LAW AND REGULATION, THE IHI FAVORS HIGHLY FLEXIBLE BENEFITS FOR EMPLOYEES, EN COURAGING INDIVIDUALS TO CUSTOMIZE THEIR BENEFIT PACKAGES TO MEET THEIR INDIVIDUAL NEEDS OVERALL BENEFIT LEVELS WILL BE REVIEWED AND APPROVED BY THE BOARD NO LESS OFTEN THAN EVERY THREE YEARS WITH OUTSIDE CONSULTATION FOR COMPETITIVENESS AND COMPARABILITY WITH BENEFITS IN SIMILAR ORGANIZATIONS 9 ROLE AND PROCEDURES FOR IHI BOARD COMPENSATION COMMITTEE PR OCEDURES FOR OVERSIGHT OF COMPENSATION AND BENEFITS FOR IHI EXECUTIVES ARE EXERCISED ON BE HALF OF THE IHI BOARD BY THE IHI BOARD COMPENSATION COMMITTEE, WHOSE MEMBERSHIP IS ESTABLI SHED BY THE FULL BOARD THE CONCLUSIONS AND RECOMMENDATIONS OF THE COMPENSATION COMMITTEE ARE REVIEWED AND APPROVED REGULARLY BY THE FULL IHI BOARD THE COMPENSATION COMMITTEE ALSO REVIEWS AND GUIDES MANAGEMENT ACTIVITY WITH RESPECT TO IMPLEMENTATION OF THE COMPENSATION POLICY FOR NON-EXECUTIVE EMPLOYEES DISCUSSIONS OF ALL COMPENSATION MATTERS WITHIN THE CO MPENSATION COMMITTEE OR THE FULL BOARD ARE DOCUMENTED IN WRITING THIS POLICY WAS APPROVED BY THE IHI BOARD OF DIRECTORS ON SEPTEMBER 20, 2007

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JOINT VENTURE	Form 990, PART VI, SECTION B, LINES 16A AND 16B POLICY ON BUSINESS RELATIONSHIPS - COMMERC IAL CO-VENTURES, PARTNERSHIPS, ETC APRIL 2009 POLICY THIS POLICY REQUIRES THE ORGANIZATI ON TO EVALUATE ITS PARTICIPATION IN JOINT VENTURES AND OTHER ARRANGEMENTS UNDER APPLICABLE FEDERAL TAX LAW, AND TAKE STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPEC T TO SUCH ARRANGEMENTS PRIOR TO ENTERING INTO ANY POTENTIAL BUSINESS RELATIONS, IHI REQUI RES THAT ALL RELATIONSHIPS GO THOROUGH A VETTING PROCESS THAT INCLUDES A THOROUGH REVIEW B Y OUR NEW BUSINESS TEAM WHICH INCLUDES REPRESENTATIVES THROUGHOUT THE ORGANIZATION INCLUDI NG BUSINESS DEVELOPMENT, MARKETING, FINANCE, RESOURCES AND THE EXECUTIVE TEAM DURING THE VETTING PROCESS, RELATIONSHIPS THAT MAY CONSTITUTE CO-VENTURES, PARTNERSHIPS, ETC NEED TO BE REVIEWED WITH OUR ATTORNEYS (GOULSTON AND STORRS) AND OUR AUDIT AND TAX FIRM (KPMG) O UR SENIOR VICE PRESIDENT MANAGES THE RELATIONSHIP WITH OUR LEGAL TEAM, AND OUR CHIEF FINAN CIAL OFFICER MANAGES OUR RELATIONSHIP WITH OUR AUDIT FIRM BEFORE PROCEEDING WITH ENTERING INTO ANY NEW AGREEMENTS THAT WOULD CONSTITUTE A CO-VENTURE, OR PARTNERSHIP, OR ARRANGEMEN T THAT COULD AFFECT OUR EXEMPT STATUS, BOTH LEGAL AND AUDIT/TAX CONCLUSIONS ARE PRESENTED TO THE NEW BUSINESS TEAM FOR REVIEW AND APPROVAL WHEN APPROPRIATE THE CHIEF OPERATING OFF ICER AND EXECUTIVE VICE PRESIDENT MAY REQUEST THAT THE RELATIONSHIP/AGREEMENT BE PRESENTED TO AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND OR THE ENTIRE BOARD BEFORE PR OCEEDING DEFINITIONS COMMERCIAL CO-VENTURE - AN ARRANGEMENT BETWEEN A CHARITABLE OR NONP ROFIT ORGANIZATION AND A FIRM OTHERWISE ENGAGED IN BUSINESS, WHERE A PRODUCT, SERVICE OR E VENT IS PROMOTED BY THE COMMERCIAL BUSINESS ON THE REPRESENTATION THAT SOME PART OF THE PR OCEEDS WILL BENEFIT THE CHARITABLE ORGANIZATION THE LAWS INVOLVING COMMERCIAL CO-VENTURES ARE COMPLEX AND STILL EMERGING AT BOTH THE FEDERAL AND STATE LEVELS A FEW STATES REQUIRE REGISTRATION IN OTHERS, THE CONTRACT BETWEEN THE ORGANIZATION AND THE COMMERCIAL CO-VENT URER IS REQUIRED TO CONTAIN A NUMBER OF PROVISIONS AND, IN SOME STATES, THE CONTRACT HAS T O BE FILED PARTNERSHIP - A CONTRACTUAL ARRANGEMENT MAY CREATE A PARTNERSHIP FOR FEDERAL I NCOME TAX PURPOSES IF THE PARTIES CARRY ON A TRADE, BUSINESS OR OTHER VENTURE AND DIVIDE T HE PROFITS ARISING FROM SUCH ACTIVITIES CHARITABLE STATUS AND JOINT VENTURE STRUCTURE BE LOW ARE SOME OF THE OPERATIONAL AND ORGANIZATIONAL REQUIREMENTS IMPOSED ON JOINT VENTURES BETWEEN TAX-EXEMPT ORGANIZATIONS AND FOR-PROFIT ORGANIZATIONS AND OTHER LEGAL CONCERNS IN ORDER TO PROTECT IHI'S TAX-EXEMPT STATUS THESE REPRESENT ONLY A PORTION OF THE LEGAL AND TAX REQUIREMENTS AND ALL INDIVIDUAL AGREEMENTS NEED TO BE REVIEW BY COUNSEL AS WELL AS AUD IT AND TAX STAFF (AS REFERENCED ABOVE) THESE REQUIREMENTS AND CONCERNS INCLUDE THE FOLLOW ING 1 IHI NEEDS EITHER TO CONTROL ANY GOVERNING BOARD RELATED TO THE RELATIONSHIP OR, AT THE MINIMUM, TO CONTROL ANY A

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JOINT VENTURE	CTION TAKEN OR DECISION MADE BY THE BOARD IN CONNECTION WITH IHI'S CHARITABLE MISSION TO E NSURE THAT THE ACTION OR DECISION FURTHERS IHI'S EXEMPT PURPOSE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE") FOR EXAMPLE, IHI SHOULD HAVE APPROVAL OVER CONTENT OF ANY EVENT OR CONFERENCE TO ENABLE IT TO ENSURE THAT IT IS CONSIST ENT WITH IHI'S EXEMPT PURPOSES 2 IHI SHOULD BE ABLE TO TERMINATE THE AGREEMENT IF IT MAK ES A DETERMINATION IN GOOD FAITH THAT THE OPERATION OF THE FORUM IS INCONSISTENT WITH THE FURTHERANCE OF ITS EXEMPT PURPOSE UNDER SECTION 501(C)(3) OF THE CODE 3 THE SHARING OF R EVENUES, LOSSES AND TAX ITEMS SHOULD BE IN PROPORTION WITH OWNERSHIP INTERESTS ADDITIONAL LY, THE AGREEMENT SHOULD SPECIFY WHETHER TAX ITEMS TO BE SHARED EQUALLY ARE DETERMINED UND ER U S OR THE COUNTRY OF ORIGIN (OF THE OTHER ENTITY) TAX PRINCIPLES 4 THE PARTIES SHOU LD ASSIGN SOME VALUE TO THEIR CONTRIBUTIONS TO THE AGREEMENT IN ORDER TO SUPPORT THEIR RES PECTIVE OWNERSHIP INTERESTS 5 THE AGREEMENT SHOULD SPECIFY HOW OFTEN DISTRIBUTIONS SHOUL D BE MADE TO THE PARTIES AND WHETHER THERE WILL BE ANY DISTRIBUTIONS FOR THE PURPOSE OF PA YING TAX ON THE INCOME FROM THE AGREEMENT, IF ANY 6 ANY COMPENSATION ARRANGEMENT, LEASES , SERVICE PROVIDER AGREEMENT OR ANY OTHER TYPE OF OBLIGATION OF THE AGREEMENT MUST BE REAS ONABLE AND REFLECT THE FAIR MARKET VALUE OF WHAT IS BEING PROVIDED 7 ALL INCOME ARISING FROM ACTIVITIES NOT SUBSTANTIALLY RELATED TO IHI'S CHARITABLE MISSION (E G ADVERTISING IN COME) WILL BE UBTI TO IHI IHI'S ORGANIZING DOCUMENTS AND APPLICATION FOR EXEMPTION (FORM 1023) SHOULD BE REVIEWED TO DETERMINE WHETHER INCOME FROM AN OWNERSHIP INTEREST IN THE FOR UM (OTHER THAN ADVERTISING INCOME) IS UBTI AS A JOINT VENTURE/PARTNERSHIP, IHI MAY RECEIV E INCOME FROM SOURCES OUTSIDE THE U S , I E , REVENUE FROM CONFERENCE FEES OR ADMISSIONS THIS MEANS THAT EVEN THOUGH IHI WOULD BE EXEMPT FROM U S TAX ON THE INCOME, IF ANY, IT RE CEIVES FROM THE AGREEMENT, IT MAY BE SUBJECT TO TAXES OUTSIDE THE U S FOR EXAMPLE UNDER UK TAX LAW, A NON-UK RESIDENT MAY BE TAXED ON THE PROFITS OF ANY TRADE CARRIED ON WITHIN T HE UK THIS MEANS THAT EVEN THOUGH IHI WOULD BE EXEMPT FROM U S TAX ON THE INCOME, IF ANY , IT RECEIVES FROM THE FORUM, IT MAY BE SUBJECT TO UK TAX

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PUBLIC DISCLOSURE	Form 990, PART VI, SECTION C, LINE 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