EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection

A I	or the	2016 calendar year, or tax year beginning and ending		
B	Check if applicable:	I INTERNATIONAL CONSORTION FOR REALIT	D Employer identific	ation number
	Address change	OUTCOMES MEASUREMENT, INC.		
	Name change	Doing business as	46-08	354621
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/ termin-	14 ARROW STREET 11	(617)	
	ated □Amende	City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02138	G Gross receipts \$	2,961,095.
H	⊒return ⊒Applica ⊒tion		H(a) Is this a group re for subordinates	
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
T	Гах-ехег		— ` '	list. (see instructions)
		HTTP://ICHOM.ORG	H(c) Group exemption	
K	orm of c	organization: X Corporation Trust Association Other ▶ L Y	ear of formation: 2012 M	
Pá	art I	Summary		
ø	1 B	riefly describe the organization's mission or most significant activities: ${ t TO t DEFIN}$	E A GLOBAL STA	ANDARD SET
Governance	2	OF OUTCOME MEASURES THAT REALLY MATTER TO PA	TIENTS FOR THI	E MOST
ern	1	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
ું	1		3	4
۰		lumber of independent voting members of the governing body (Part VI, line 1b)		1.6
ties		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		16 0
Activities &		otal number of volunteers (estimate if necessary)		0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	DIN	let unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
_	8 0	Contributions and grants (Part VIII, line 1h)	1,542,032.	1,758,938.
nue	1	Program service revenue (Part VIII, line 2g)	262,410.	1,201,359.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	130.	798.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,804,572.	2,961,095.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,148,915.	1,386,955.
Expenses	16 a P	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
x	b T	otal fundraising expenses (Part IX, column (D), line 25) 270,700.		
Ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	553,772.	1,230,822.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,702,687.	2,617,777.
. 0		Revenue less expenses. Subtract line 18 from line 12	101,885.	343,318.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sse Bala	20 T	otal assets (Part X, line 16)	993,780. 534,846.	1,509,617.
Jet Jud	21 T	otal liabilities (Part X, line 26)	458,934.	802,252.
	22 N art	let assets or fund balances. Subtract line 21 from line 20	430,934•	002,232.
_		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the hest of my	knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep	-	Knowledge and bellet, it is
	1	L	l l	
Sig	n	Signature of officer	Date	
Her	- 1	CHRISTINA AKERMAN, MD, PHD, PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		SANDRA M. BROWN, CPA	08/28/17 if self-employe	P01614103
Pre	parer	Firm's name SMITH, SULLIVAN & BROWN, P.C.	Firm's EIN ▶	43-1985162
Use	Only	Firm's address 80 FLANDERS ROAD - SUITE #200		
		WESTBOROUGH, MA 01581	Phone no. (50	
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	t 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:
	TO UNLOCK THE POTENTIAL OF VALUE-BASED HEALTH CARE BY DEFINING GLOBAL
	STANDARD SETS OF OUTCOME MEASURES THAT REALLY MATTER TO PATIENTS FOR
	THE MOST RELEVANT MEDICAL CONDITIONS AND BY DRIVING ADOPTION AND
	REPORTING OF THESE MEASURES WORLDWIDE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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 X 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 \$ 584,883 • including grants of \$ 0 •) (Revenue \$)
	THE CORE OF THE ORGANIZATION'S WORK IS THE DEVELOPMENT OF ICHOM
	STANDARD SETS. ICHOM DEVELOPS THE STANDARD SETS COLLABORATIVELY,
	BRINGING TOGETHER LEADING PHYSICIANS, REGISTRIES AND PATIENT
	REPRESENTATIVES FROM ALL OVER THE GLOBE. ICHOM THEN DRIVES THE
	ADOPTION OF THESE STANDARDS TO ENABLE HEALTH CARE PROVIDERS GLOBALLY TO
	COMPARE, LEARN AND IMPROVE.
	CONTAKE, DEAKN AND INTROVE:
	FROM 2013 THROUGH 2016, ICHOM LAUNCHED 27 STANDARD SETS. IN 2017 ICHOM
	•
	PLANS TO LAUNCH 8 STANDARD SETS. ICHOM FACILITATES AN EIGHT TO
	TWELVE-MONTH LONG PROCESS TO DEFINE A STANDARD SETS OF 10 TO 15
	OUTCOMES. BY 2017, THE ORGANIZATION AIMS TO HAVE COMPLETED STANDARD
	SETS FOR MORE THAN 50% OF THE DISEASE BURDEN AS DEFINED BY THE WORLD
4b	(Code:) (Expenses \$ 603,142 • including grants of \$) (Revenue \$
	IMPLEMENTATION SUPPORT: IN 2015, ICHOM LAUNCHED IMPLEMENTATION SUPPORT
	TO HELP CLINICIANS MEASURE STANDARD SETS. ICHOM HAS DESIGNED THREE
	SERVICES IN THE IMPLEMENTATION SUPPORT PROGRAM: FIRST, CAPACITY
	BUILDING SUPPORT, IN WHICH A PROVIDER ENGAGES WITH ICHOM THROUGH A
	SERIES OF CALLS AND VISITS TO HELP THEM BEGIN MEASURING STANDARD SETS;
	SECOND, IMPLEMENTATION COMMUNITIES, WHERE A GROUP OF PROVIDERS CONNECT
	VIA TELECONFERENCES TO DISCUSS IMPLEMENTING STANDARD SETS AND SHARED
	CHALLENGES (FOR INFORMATION TECHNOLOGY, CLINICIAN ENGAGEMENT, ETC.);
	THIRD, IMPLEMENTATION WORKSHOPS WHERE ICHOM DELIVERS 1-DAY WORKSHOPS
	FOCUSED ON THE STEPS NEEDED TO MAKE OUTCOMES MEASUREMENT A SUCCESS.
	ICHOM SAW THESE MODELS EXHIBIT GREAT SUCCESS AND SATISFACTION FROM
	PARTICIPATING PROVIDERS.
4-	005.064
4c	(Code:) (Expenses \$ 295,064 · including grants of \$) (Revenue \$ 10,000 ·) (Revenue \$ 10,000 ·)
	PROGRAM: A GLOBAL BENCHMARKING PILOT PROGRAM TO HELP PROVIDERS SHARE
	AND COMPARE THEIR OUTCOMES (AS DEFINED BY STANDARD SETS) TO ENABLE
	LEARNING AND OPPORTUNITIES TO IMPROVE CARE DELIVERY. ICHOM CONDUCTED A
	COMPETITIVE PROCESS TO IDENTIFY A DATA ANALYTICS PARTNER FIRM WHO COULD
	SUPPORT THE TECHNICAL AND OPERATIONAL ASPECTS OF THE BENCHMARKING
	PROGRAM. AN INTERNATIONAL CLINICAL RESEARCH ORGANIZATION WAS SELECTED
	AS THE DATA ANALYTICS PARTNER AND SIGNED A COLLABORATION AGREEMENT WITH
	ICHOM IN FEBRUARY 2016.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 336,636 • including grants of \$) (Revenue \$ 437,387 •)
4e	Total program service expenses \(\begin{array}{c} 1,819,725. \end{array}\)
	, and program on the experience p

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,.	
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4 -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Page 4

INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT, INC.

Form 990 (2016)

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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		v
_	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
	Och all to L. Do Ll	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1096. Enter-0-if not applicable 1a 8 1b 10 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			Ш
be Enter the number of Forms W2G included in line 1s. Enter 0 if India applicable 1 in a				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If all seasons is reported on line 22, did the organization file all required federal employment tax returns? 3 If the calendar year ending with or within the year covered by this return 3 If all seasons is reported on line 22, did the organization file all required federal employment tax returns? 3 If the season of lines 1 and 2 is igneater than 250, you may be required to 6-file (see instructions) 3 If the season of the calendar year and the regularization have an explanation in Schedule O 3 If the season of the	1a				
Capabiling winnings to pirize winners? 1c 2c 2c 2c 2c 2c 2c 2c		Effect the number of Forms W-2d included in line 1a. Effect of infocuspicable			
2a Enter the number of employees reported on Form W.3, Transmittat of Wage and Tax Statements, led for the caendrar year ending with or within the year covered by this return 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b IX 3c Let the organization have uncertained business gross income of \$1,000 or more during the year? 3c Did the organization have uncertained business gross income of \$1,000 or more during the year? 3c A Tan yit mean file of a Form 990-T for this year? If "No," to this 3b, provide an explanation in Schedule O 3c A Tan yit me during the calendary are, did the organization have an explanation in Schedule O 3d A Tan yit me the name of the foreign country, levels as a bank account, securities account, or other financial account in a foreign country. ▶ 5c If "Yes," the line the name of the foreign country, levels as a bank account, securities account, or other financial account in a foreign country. ▶ 5c If "Yes," the line Sao r 5b, did the organization file Form 888-87? 5c If "Yes," the line Sao r 5b, did the organization file Form 888-87? 5c If "Yes," to line Sao r 5b, did the organization file Form 888-87? 5c If "Yes," to line Sao r 5b, did the organization file Form 888-87? 5c If "Yes," to life the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 1 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the property of the property for which it was required to the payor? 7 To Organizations all the array receive deductible contributions under section 170(c). 10 If the organization receive apyment in excess of \$1 made party sa contributions and party for goods and services provided to the payor? 7 To Va To Value organization in the contribution organization in section \$2 \text{ Yes} \text{ Yes} \text{ Yes} \text{ Yes} \tex	С				
file			1c		
b If a 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X at any time during the calendary year, did the organization have an interest in, or a signature or orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, "then the name of the foreign country." ▶ 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? 5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or its a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization file Form 8886:7? 5c If Yes, "to line 5a or 5b, did the organization file Form 8886:7? 5d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 7d If If Yes, "did the organization notity the donor of the value of the goods or services provided? 7e Did the organization receive a payment in excess of 5/5 made party as a contribution of quantization free provided to the payment of the payment of the payment of the pa	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a X 3b if "Yes," has if filed a Form 990-ff for this year? if "No," to line 3b, provide an explanation in Schedule 0 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 accountly over, a financial account in a foreign country. Image of the foreign country 12 5b if "Yes," inter the name of the foreign country. Image of the foreign country 12 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," 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? 6a X 5c Organizations that may receive deductible contributions under section 170(c). 10 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 5c Organizations that may receive deductible contributions under section 170(c). 2 5d If "Yes," indicate the number of Forms 8282 filed during the year 7a X 5d If "Yes," indicate the number of Forms 8282 filed during the year 7a X 5d If "Yes," indicate the number of Forms 8282 filed during the year 7a X 5d If the organization received a contribution of qualified intellectual property, did the organization file and contribution of cares, boats, arisingues, or otherwise dispose, did the organization file a Form 1098-C? 7a X 5d If the organization received an contribution of cares, boats, arisingues, or the revi				37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 1 Yes, ** has it filled a Form 9901 for this year? if **No.** for ine 3b, provide an explanation in Schedule O 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) 5b if 1 Yes, ** inter the name of the foreign country! ➤ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction? 5c If Yes, ** to line 5a or 5b, did the organization file Form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file Form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file Form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file Form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file Form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file Form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file form 8886-17 6c If Yes, ** to line 5a or 5b, did the organization file form 8886-17 6c If Yes, ** to line the organization file form 8886-17 6c If Yes, ** to line the organization file form 8886-17 6c If Yes, ** to line the organization file form 8888-17 6c If Yes, ** to line organization selected a payment in excess of \$75 made partly sea partly sea provided? 7c If Yes, ** to line organization selected a portificial portificia	b		2b	X	
b if "Yes," has it filed a Form 990-T for this year? #"No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. 4a X b If "Yes," enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization this Form 8886-17? 5c Obset the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Organizations that may receive deductible contributions under section 170(c). 5c Organizations that may receive deductible contributions under section 170(c). 5c Organizations that may receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Organizations that may receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Organizations and the organization on on this the donor of the value of the goods or services provided? 5c Organization and the gross of the value of the goods or services provided? 5c Organization and the gross of the value of the goods or services provided to the payor? 5c V X 5c Ut the organization on only the donor of the value of the goods or services provided to the payor? 5c V X 5c Ut the organization on only the donor of the value of the goods or services provided to the payor. 5c Organization received a c			_		37
4a At any time during the calendary 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, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ 5a Was the organization of thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Does the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation and party for goods and services provided to the payor? 6a If "Yes," to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a Organizations that may receive deductible contributions under section 170(c). 7b If "Yes," did the organization netwer apyment in excess of \$76 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," indicates the number of Forms 8282 filed during the year 7c Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If "Yes," indicates the number of Forms 8282 filed during the year 9c Did the organization netwer schedule of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9c Sponso					
financial account in a foreign country (such as a bank account, securities account, or other financial accounts; b fi "Yes," enter the name of the foreign country; Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Fi "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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 X b fi "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d fi "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 A 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 10 Did the organization make any taxable distributions under section 4966? 21 Section 501(C)/Y organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 10a 10b Did the sponsoring organization make any taxable distributions under section 4966? 22 Section 501(C)/Y organizations. Enter: a forces receipts, in			3b		
b if "Yes," enter the name of the foreign country: See instructions for filing requirements for FircEN 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? 5b XX b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b XX c if "Yes," in line Sa or 5b, did the organization file Form 888817 5c 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? 5c D if "Yes," indication include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c D organizations that may receive deductible contributions under section 170(c). 5d 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? 5d 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? 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7 E X 7 I Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations make any taxable distributions included on Part VIII, line 12 10 a Gross income from	4a				- V
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I**Yes,** to line 5 ao r 5b, did the organization file Form 8886-T? 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? 6b I**Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bif we organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 b If *Yes,** did the organization notify the donor of the value of the goods or services provided? 5 b If *Yes,** indicate the organization notify the donor of the value of the goods or services provided? 7 c Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? 8 c If *Yes,** indicate the number of Forms 8282 filed during the year 9 b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 c Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring			4a		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive any symmetric excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 Tyes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization deceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To IX 9 If the organization deceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To IX 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter:	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ao r 5b, did the organization file Form 888617 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of cars, boats, singlanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a first exponsion of the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a first exponsion from the sponso	_		_		v
C If "Yes," to line 5a or 5b, did the organization file Form 8886-T7 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? 6					
6a					
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 7d If "Yes," indicate the number of Forms 8282 filed during the year Polit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organization maintaining donor advised funds. 1 Did the sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organization make and a distribution of the organization during maintaining donor advised funds. 2 Did the sponsoring organization make and things at any time during the year? 8 Sponsoring organization make and things at any time during the year? 9 Sponsoring organization make and distribution of the sponsoring organization make and things at any time during the year? 9 Sponsoring organization make and distribution of the sponsoring organization make and distribution of the sponsoring organization make and things at any time during the year? 9 Sponsoring organization make and thing organization in foresance to insue qualified health plans in more than one state? 10a Did			5C		<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations have excess business holdings at any time during the year? 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	υа		6-		v
were not tax deductible? 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 X 7b X 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 1 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 7 To X 1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the organization fees and capital contributions included on Part VIII, line 12 10 Did 10	h		ба		
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? 7 X b if "Yes," indicate the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filled during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization freceived a contribution of qualified intellectual property, did the organization freceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b F'Yes," enter the amount of tax exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health insurance issu	D		Gh.		
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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c	7		do		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		•	70	x	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e					
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7			10		
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? g Sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? g Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(229) 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. b Enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issu	·		70		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 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. 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 c Enter the amount of reserves on hand b If the organization is it is enserved. 14a Did the organization a	d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 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. 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 c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 X 14 If Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			7e		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b D 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b D 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f				Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Note. See the instructions for additional information the organization must report on Schedule O. 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the ax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g		7g		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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. 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 c Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 13c Lab Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Initiation fees and capital contributions included on Part VIII, line 12	8				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Initiation fees and capital contributions included on Part VIII, line 12		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b		9b		
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 1		,			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 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? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 13b 13b 13c 14a					
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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			12a		
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. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			46		
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a 17c 18c 18c 18c 18c 19c 19c 19c 19					
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 X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	D				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			1/10		Х
					
	ט	11 103, That it filed a 1 offit 120 to report these payments: 11 140, provide an explanation in our educe o		990	(2016)

OUTCOMES MEASUREMENT, INC.

46-0854621 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 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		Х
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	taxable entity during the year?	16a		Х
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		
	tion C. Disclosure	.55		

	Section	C. Discl	losure
--	---------	----------	--------

17	List the states with which a copy of this Form 990 is required to be filed ►MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records: JIM TRACY - 781-321-6065

500 UNICORN PARK DRIVE, SUITE 101, WOBURN, 01801

Form 990 (2016)

OUTCOMES MEASUREMENT, INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza		orga I	anıza			npe	nsa	· ·		(5)
(A)	(B)			(C Pos	زر) ition	1		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offic	, unie cer an	ss pe ıd a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	rot						the	organizations	compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	tutior	Je.	Key employee	nest c loyee	ner			organizations
	line)	indi	Insti	Officer	Key	High	Former			
(1) MICHAEL PORTER	1.00									
TREASURER		Х		Х				0.	0.	0.
(2) STEFAN LARSSON	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(3) MARTIN INGVAR	1.00								_	
DIRECTOR		Х						0.	0.	0.
(4) JENS DEERBERG-WITTRAM	1.00								_	
DIRECTOR		Х						0.	0.	0.
(5) CHRISTINA AKERMAN	40.00									
PRESIDENT				Х				334,875.	0.	19,223.
(6) CALEB STOWELL	40.00									
VP OF RESEARCH AND DEVELOP				Х				27,716.	0.	0.
(7) THOMAS KELLEY	40.00									
VP BUSINESS DEVELOPMENT						Х		106,646.	0.	0.
		-								
		-								
		-								
		_		H	_	_	_			
		1								
		<u> </u>	_	\vdash	<u> </u>	_	_			
		1								
					\vdash		_			
		1								

46 - 0854621

Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C	 	· · · · ·						
(A)	(B)			(((D)	(E)			(F)			
Name and title	Average	Position (do not check more than one						Reportable	e Estimated						
	hours per	box	box, unles		ox, unless person is both an fficer and a director/trustee)			is bot	h an	compensation	compensation			nount (of
	week (list any	\vdash	u					from	from related			other	tion		
	hours for	Individual trustee or director				Ļ		the organization	organization (W-2/1099-MI			pensa om the			
	related) ie or c	stee			ısatec		(W-2/1099-MISC)	(vv-Z/1099-WII	30)		anizati			
	organizations	truste	Institutional trustee		yee	ımbei		(= .555 //55)			_	d relate			
	below	idual	tution	l la	key employee	est cc oyee	ıer					anizatio			
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former								
		-													
		1													
		-													
		1													
		1													
1b Sub-total							<u> </u>	469,237.		0.	1	9,2			
c Total from continuation sheets to Part V								0.		0.			0.		
d Total (add lines 1b and 1c)							<u> </u>	469,237.		0.	1	9,2	<u>23.</u>		
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			_		
compensation from the organization												V I	2		
O Diel No annualization list and format office	-11				1 -			h:				Yes	No		
3 Did the organization list any former officer			,	,	•	•		•			2		Х		
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s											3				
and related organizations greater than \$15	· · · · · · · · · · · · · · · · · · ·		-					· · · · · · · · · · · · · · · · · · ·	ine organization		4	х			
5 Did any person listed on line 1a receive or									dual for services		_				
rendered to the organization? If "Yes," con					-						5		X		
Section B. Independent Contractors															
1 Complete this table for your five highest co										npens	ation f	rom			
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.						
(A) Name and business	address	RT/	ገእ፣፣	,				(B) Description of s	envices		(C	;) nsatio	า		
Ivame and business	auuicss	7//	INC	<u>. </u>			\dashv	Description of s	CI 410E9		ompe	isaliUl	'		
							+								
							7								
							\dashv								
							\dashv								
O Total number of independent control of	in ali ralia ar la col	O+ 1.	m:4 -	4 ± -	4	os "		d about of the man-time of	ava the						
 Total number of independent contractors (\$100,000 of compensation from the organ 		iot III	тите	u 10		se lis 0	stec	a above) who received m	iore trian						
ψ 100,000 of compensation from the organ	Zation					_					Гокт	000 #	2040)		

INTERNATIONAL CONSORTIUM FOR HEALTH 46-0854621 OUTCOMES MEASUREMENT, Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and ,758,938. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,758,938 h Total. Add lines 1a-1f ... Business Code 541900 801,972. 801,972. 2 a PROGRAM SERVICES Program Service Revenue 541900 399,387. b EVENT FEES 399,387. С f All other program service revenue 1,201,359 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 798 798 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory

11 a b

798.

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

2,961,095,1,201,359.

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												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations				·							
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
_	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members Compensation of current officers, directors,											
3	trustees, and key employees	381,814.	240,481.	55,948.	85,385							
6	Compensation not included above, to disqualified	301,011	210,1010	3373101	03,303							
U	persons (as defined under section 4958(f)(1)) and											
	persons described in section 40E0(a)(2)(D)											
7	Other salaries and wages	887,875.	653,651.	120,975.	113,249							
8	Pension plan accruals and contributions (include	,	,	==,,,,,,,,	.=: , = 29							
-	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	10,052.	7,088.	1,401.	1,563							
0	Payroll taxes	107,214.	76,940.	14,721.	15,553							
1	Fees for services (non-employees):				<u> </u>							
а	Management											
b	Legal	17,414.		17,414.								
С	Accounting	87,092.		87,092.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	189,913.	177,039.	12,724.	150							
2	Advertising and promotion	69,046.	65,268.	3,778.								
3	Office expenses	114,507.	49,785.	62,505.	2,217							
4	Information technology	55,967.	46,270.	4,786.	4,911							
5	Royalties	000 610	005 005	24 242	10.001							
6	Occupancy	283,648.	205,007.	34,840.	43,801							
7	Travel	246,961.	150,318.	94,063.	2,580							
8	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	144 266	140 277	1 000								
9	Conferences, conventions, and meetings	144,366. 382.	142,377.	1,989.								
0	Interest	38∠.		382.								
1	Payments to affiliates	6 220		6 3 2 0								
2	Depreciation, depletion, and amortization	6,328. 8,098.	5,501.	6,328.	1,291							
3	Insurance Other expanses themise expanses not sourced	0,090.	5,501.	1,300.	1,291							
4	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.)											
а	MISCELLANEOUS EXPENSES	3,950.		3,950.								
h	BAD DEBT EXPENSE	3,150.		3,150.								
c		-,		-,								
d												
e	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	2,617,777.	1,819,725.	527,352.	270,700							
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

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			259,909.	1	667,437.
	2	Savings and temporary cash investments	180,192.	2	100,764		
	3	Pledges and grants receivable, net	489,364.	3	692,177		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	I(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ž	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			15,740.	9	6,992
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	30,007.			
	b	Less: accumulated depreciation	10b	16,373.	19,962.	10c	13,634
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	28,613.	15	28,613		
	16	Total assets. Add lines 1 through 15 (must equ	993,780.	16	1,509,617		
	17	Accounts payable and accrued expenses	102,301.	17	129,442		
	18	Grants payable				18	
	19	Deferred revenue			362,381.	19	528,688
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former		, , , , , , , , , , , , , , , , , , ,			
		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			40.000	22	
-	23	Secured mortgages and notes payable to unrela			10,329.	23	7,350
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of	F0 02F		41 005
		Schedule D	59,835.	25	41,885		
	26	Total liabilities. Add lines 17 through 25			534,846.	26	707,365
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
sec		complete lines 27 through 29, and lines 33 ar		01 024		00 214	
au	27	Unrestricted net assets			-91,834. 550,768.	27	-99,214 901,466
Ва	28	Temporarily restricted net assets			330,700.	28	901,400
g L	29	Permanently restricted net assets		29			
편		Organizations that do not follow SFAS 117 (A	3), check here				
ο S		and complete lines 30 through 34.				-	
Set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		—	458,934.	32	802,252
_	33	Total net assets or fund balances		1	993,780.	33	1,509,617
	34	Total liabilities and net assets/fund balances			333,100.	34	1,303,017

Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6		
3	Revenue less expenses. Subtract line 2 from line 1	3			318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	58,9	934.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	02,2	252.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	tit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	Jit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT, INC.

Employer identification number 46-0854621

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
The	orgar	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 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 organiz						the hospital's name.
		city, and state:		· ,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
3	ш			liege of drilversity owner	a or operar	led by a g	overimental unit descrit	Jed III
•		section 170(b)(1)(A)(iv). (C	· · · · · · · · · · · · · · · · · · ·					
6	V	A federal, state, or local gov						
7	X	An organization that norma	-	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	• •					
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	ın 33 1/3% of its suppor	t from gross investment
		income and unrelated busin						
		See section 509(a)(2). (Cor		,		•	, 0	•
11		An organization organized a		ively to test for public sa	fetv. See	section 50	09(a)(4).	
12	一	An organization organized a	· ·	•	•			e nurnoses of one or
		more publicly supported or	•	•	•		•	• •
		lines 12a through 12d that	•					SHOOK THE BOX III
_		7				-	•	, aivina
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•			
		the supported organization			a majority (or the dire	ctors or trustees of the s	supporting
		organization. You must o						
b								-
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		_ its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d			y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a disti	ribution re	quirement and an attent	riveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or					71 / 71 / 71	
f	Fnte	er the number of supported o		, 5	3 3			
		vide the following information		ed organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	. ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tota	ıl							

Schedule A (Form 990 or 990-EZ) 2016 OUTCOMES MEASUREMENT, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar 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 grants.")	423,542.	325,417.	1404922.	1542032.	1758938.	5454851.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	102 510	205 445	1.10.10.00	1540000	1550000	<u> </u>
4	Total. Add lines 1 through 3	423,542.	325,417.	1404922.	1542032.	1758938.	5454851.
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,						1100011
	column (f)						1108911.
6	Public support. Subtract line 5 from line 4.						4345940.
	<u>' '</u>		"	() 004 (4,004,5		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012 423,542.	(b) 2013 325,417.	(c) 2014 1404922.	(d) 2015 1542032.	(e) 2016 1758938.	(f) Total 5454851.
	Amounts from line 4	423,342.	343,417.	1404922.	1342032.	1/30930.	3434631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			45.	130.	798.	973.
_	and income from similar sources			40.	130.	190.	313.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						5455824.
11 12	Gross receipts from related activities,	oto (soo instructi	one)			12 1	,577,417.
13	First five years. If the Form 990 is for			d fourth or fifth to			737771174
	organization, check this box and stor						
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2016 (l			column (f))		14	79.66 %
15	Public support percentage from 2015					15	<u>%</u>
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	•		,		,	
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"			-	•	_	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ū				·	
	organization meets the "facts-and-circ		•				▶ □
18	Private foundation. If the organization						s ▶ 🔲

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 OUTCOMES MEASUREMENT, INC.

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	ow, picase con	ipicie i art ii.)				
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 grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	_					
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•		•		
Calendar year (or fiscal year beginning in) 🕨	(a) 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 t	he organization	's first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
						>
Section C. Computation of Public					11	
15 Public support percentage for 2016 (lin					15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Invest					11	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2016. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2015. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The orga	anization qualifies	as a publicly supp	oorted organization	·▶ <u></u>
20 Private foundation. If the organization	did not check a	hox on line 14 19	a or 19b check t	his box and see in	structions	

Schedule A (Form 990 or 990-EZ) 2016 OUTCOMES MEASUREMENT, INC. Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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**.
- **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.**
- 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.
- **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 10b below.*
 - **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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
Eh		
5b 5c		
6		
7		
7		
8		
9a		
9b		
9c		
30		
10a		
10b		
m 990 or 99	0-EZ	2016

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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 yea(see instructions).			
а	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.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	O.		
^	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the exempiration have the power to regularly experience a rejective of the efficiency directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.5		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	OF ILO SUPPORTOU OF UNITED HEALTON OF THE TOO, AUGUSTIDE HE T OIL VI THE TOTE DIGVED BY THE UTUALIZATION HE THIS TELIALU.	I ON		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sec	ion 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		
Sec	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sec	ion 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		5		
	Income tax imposed in prior year	0		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	+ • +		
6		6		

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 OUTCOMES MEASUREMENT, INC.

Par	rt V Type III Non-Functio	nally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organ	izations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity t	hat directly furthers exemp	ot purposes of supported		
	organizations, in excess of income				
3	Administrative expenses paid to a	IS			
4	Amounts paid to acquire exempt-u	ise assets			
5	Qualified set-aside amounts (prior	IRS approval required)			
6	Other distributions (describe in Pa	rt VI). See instructions			
7	Total annual distributions. Add li				
8	Distributions to attentive supporte	d organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See ins				
9	Distributable amount for 2016 from	· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by Line 9 a	mount I			
			(i)	(ii) Underdistributions	(iii) Distributable
Secti	tion E - Distribution Allocations (s	ee instructions)	Excess Distributions	Pre-2016	Amount for 2016
	Distribute by a constant from 0.010 from	- Oti O li O			
1	Distributable amount for 2016 from	· · · · · · · · · · · · · · · · · · ·			
2	Underdistributions, if any, for year	•			
	able cause required- explain in Par				
3	Excess distributions carryover, if a	11y, 10 20 16.			
<u>a</u> b					
	From 2013				
	From 2014				
	From 2015				
	Total of lines 3a through e				
	Applied to underdistributions of pr	ior vears			
	Applied to 2016 distributable amo	•			
	Carryover from 2011 not applied (
i	Remainder. Subtract lines 3g, 3h,	<i>'</i>			
4	Distributions for 2016 from Section				
	line 7:	\$			
а	Applied to underdistributions of pr	ior years			
b	Applied to 2016 distributable amo	unt			
С	Remainder. Subtract lines 4a and	4b from 4			
5	Remaining underdistributions for y	rears prior to 2016, if			
	any. Subtract lines 3g and 4a from	line 2. For result greater			
	than zero, explain in Part VI. See in	nstructions			
6	Remaining underdistributions for 2	2016. Subtract lines 3h			
	and 4b from line 1. For result great	ter than zero, explain in			
	Part VI. See instructions				
7	Excess distributions carryover to	2017. Add lines 3j			
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
	Excess from 2015				
е	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

INTERNATIONAL CONSORTIUM FOR HEALTH

Schedule A (Form 990 or 990-EZ) 2016 OUTCOMES MEASUREMENT, 46-0854621 Page 8 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT, INC.

Employer identification number 46-0854621

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic 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 tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

632051 08-29-16

Schedule D (Form 990) 2016

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

	t III Organizations Maintaining Co	ollections of A			ASSIIRAS C	r Othe			ts/contin		ge Z
3	Using the organization's acquisition, accession	n, and other record	s, checi	k arry or trie	iollowing tha	t are a si	grillicarit t	use of its	Collection	Hems	>
	(check all that apply):										
а	Public exhibition	d			hange progra	ıms					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how th	ney further t	he organization	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be mai	ntained as part of t	he orga	nization's c	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n 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, custodia	n or other intermed	liary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, 1	•	3						Amount		
c	Beginning balance						1c		,		
	Additions during the year										
	Distributions during the year										
f											
	Ending balance Did the organization include an amount on For								Yes		Na
	•										No
Par	If "Yes," explain the arrangement in Part XIII. (^				
Fai	· ·										1.
	_ _	(a) Current year	(b) P	rior year	(c) Two year	s dack ((d) Three y	ears back	(e) Four	years i	раск
					-						
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a. column (a	a)) held as:				ı		
а	Board designated or quasi-endowment	,	%	3 , (,,						
b	Permanent endowment	%									
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posses		ation the	nt are hold s	and administa	rad for th	o organiz	ation			
Ja		Sion of the organiza	ation the	it are rielu a	ina administe	ied ioi ti	ie organiz	ation	Г	Yes	No
	by:									163	INO
	(i) unrelated organizations								3a(i)		
	(ii) related organizations									\rightarrow	
b	If "Yes" on line 3a(ii), are the related organizati				·				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered					, Part X,	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value)
		basis (investn	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements				7,289.		8,50			3,78	
	Equipment			1	2,718.		7,85	72.		1,84	
	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X. colun	nn (B). line i	10c.)			ightharpoonup	13	3,63	34.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 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		of-year market value
1) Financial derivatives				
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 000 Dort IV lin	o 11 o Soo Form 000 Dort V	line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation		of-vear market value
	(b) Dook value	(b) Motriod of Valuation	0000 01 0110 0	or your market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the exercise time exercises -! "\/ " -	E 000 B 1 11 / 11			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X	(, line 15.	
	on Form 990, Part IV, Iin escription	e 11d. See Form 990, Part X	x, line 15.	(b) Book value
		e 11d. See Form 990, Part X	7, line 15.	(b) Book value
(a) D		e 11d. See Form 990, Part X	%, line 15.	(b) Book value
(a) D		e 11d. See Form 990, Part X	(, line 15.	(b) Book value
(a) D (1) (2)		e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4)		e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)	escription	e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	e 11d. See Form 990, Part X	s, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	escription			(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	escription	e 11e or 11f. See Form 990,		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	escription			(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	escription	e 11e or 11f. See Form 990,		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	escription	e 11e or 11f. See Form 990, (b) Book value		(b) Book value

632053 08-29-16

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 S	Statements Wi	th Revenue per R	leturn).
	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	4,601,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities		1,640,356.		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			1 640 256
	Add lines 2a through 2d			2e	1,640,356.
	Subtract line 2e from line 1			3	2,961,095.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5 Dotu	2,961,095.
Pari	Reconciliation of Expenses per Audited Financial		nun Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV			1 4 1	4,258,133.
	Total expenses and losses per audited financial statements			1	4,230,133.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	1,640,356.		
	Donated services and use of facilities		1,040,330.	-	
	Prior year adjustments	·····		-	
	Other losses			-	
	Other (Describe in Part XIII.)			2e	1,640,356.
	Add lines 2a through 2d			3	2,617,777
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,011,111
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
	A 1 1 1 2 4 1 4 4 1 4 4 1 4 1 4 1 4 1 4 1			4c	0.
	Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	2,617,777.
	XIII Supplemental Information.	<i>c ro.</i> ,			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ald and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			4; Part	X, line 2; Part XI,

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

INTERNATIONAL CONSORTIUM FOR HEALTH

OUTCOMES MEASUREMENT, INC.

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

46-0854621

	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
				the selection criteria used to award the		Yes No
		_			-	
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
	United States.					
3	Activities per Region. (Th	he following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	() 3	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	I independent	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
EURO	OPE (INCLUDING		in the region		UK PAYROLL AND RESEARCH	
	LAND & GREENLAND)				FELLOWS, OCCUPANCY	
	BANIA, ANDORRA,				EXPENSES, CONFERENCE	
	TRIA, BELGIUM	1	12		COSTS	914,639.
AUD.	IKIA, BEDGIOM		12	ROGRAM BERVICES	COS15	714,037.
						<u> </u>
2 -	Cub total	1	12			914,639.
	Sub-total	<u> </u>	12			714,039.
b	Total from continuation		_			
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					04 : 555
	and 3b)	<u> </u>	12			914,639.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
the IRS, or for which t	the grantee or couns	el has provided a sectio	I recognized as charities by the n 501(c)(3) equivalency letter					I

46-0854621 Schedule F (Form 990) 2016 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ad	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe
					+ +		

Schedule F (Form 990) 2016 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	X 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; do not file with Form 990)	Yes	X 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	X 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	X 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	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT, INC.

Schedule F	(Form 990) 2016		MEASUREMENT,	INC.	46-0854621	Page 5
Part V		al Information	D 11 11 0 / 11 1	(((0)	
					n (f) (accounting method; amounts of unting method); and Part III, column (c)	١
					litional information. See instructions.	'

Schedule F (Form 990) 2016

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT, INC.

Employer identification number 46-0854621

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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 X 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:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section F01(a)(2) F01(a)(4) and F01(a)(90) aggregations must complete lines F 0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CHRISTINA AKERMAN	(i)	334,875.	0.	0.	0.	19,223.	354,098.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INTERNATIONAL CONSORTIUM FOR HEALTH

Schedule J (Form 990) 2016

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.

INC.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

OUTCOMES MEASUREMENT,

Employer identification number 46-0854621

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELEVANT MEDICAL CONDITIONS...AND DRIVE ADOPTION OF THESE MEASURES WORLDWIDE TO UNLOCK THE POTENTIAL OF VALUE-BASED HEALTH CARE FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HEALTH ORGANIZATION. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATION & SPECIAL PROJECTS: THE EDUCATION AND SPECIAL PROJECTS PROGRAM ENGAGES ORGANIZATIONS TO LEARN ABOUT VALUE-BASED HEALTHCARE THROUGH PARTICIPATION IN SEMINARS AND WORKSHOPS THAT TEACH THE ADVANTAGES OF IMPLEMENTING IT IN THEIR COMMUNITIES. INCLUDED IN THIS PROGRAM IS VALUE-BASED PAYMENTS, A PILOT MODEL TO SUPPORT ORGANIZATIONS WITH DEVELOPING VALUE BASED PAYMENT CONTRACTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SEE SCHEDULE O. RELATES TO A CONFERENCE HELD TO DISSEMINATE EDUCATIONAL INFORMATION REGARDING VALUE-BASED HEALTHCARE EXPENSES \$ 336,636. INCLUDING GRANTS OF \$ 0. REVENUE \$ 437,387.

FORM 990, PART VI, SECTION A, LINE 2:

ONE OF THE ORGANIZATION'S OFFICERS, CALEB STOWELL, IS AN EMPLOYEE AT HARVARD BUSINESS SCHOOL'S INSTITUTE FOR STRATEGY AND COMPETITIVENESS, AT WHICH MICHAEL PORTER, ONE OF ICHOM'S BOARD MEMBERS, IS THE DIRECTOR.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization INTERNATIONAL CONSORTIUM FOR HEALTH OUTCOMES MEASUREMENT, INC.

Employer identification number 46-0854621

FORM 990, PART VI, SECTION A, LINE 6:

THE INITIAL MEMBERSHIP OF THE ORGANIZATION CONSISTS OF THREE MEMBERS. EACH MEMBER IS ENTITLED TO ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

A MEETING OF THE MEMBERS SHALL BE HELD ANNUALLY FORTHE ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING GOVERNANCE DECISIONS REQUIRE UNANIMOUS APPROVAL BY ALL
MEMBERS: AMENDMENTS TO THE BYLAWS OR CERTIFICATE OF INCORPORATION,
MERGERS/CONSOLIDATION/SALE/DISSOLUTION OF THE CORPORATION, SIGNIFICANT
AQUISITIONS/DISPOSITIONS OF REAL PROPERTY, CHANGE IN NUMBER OF DIRECTORS,
AND ACTION THAT WOULD BE INCONSISTENT WITH THE APPROVED PURPOSE OF THE
CORPORATION.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO ITS

FILING. THE FORM 990 WAS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S

PRESIDENT.

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

THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD

MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY

POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE

STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED

BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE

THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION

THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

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

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

				Enter file	r's identif	ying number
Type or print	Name of exempt organization or other filer, see instru INTERNATIONAL CONSORTIUM FOOTCOMES MEASUREMENT, INC.			Employer		ion number (EIN) o
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 14 ARROW STREET, NO. 11	ee instruc	tions.	Social se	curity num	ber (SSN)
instructions.	City, town or post office, state, and ZIP code. For a for CAMBRIDGE, MA 02138					
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	books are in the care of \triangleright $\frac{500 \text{ UNICORN PAI}}{-6065}$	RK DR		OBURN	, MA	01801
Teleph If the control If this	one No. \blacktriangleright $781-321-6065$ organization does not have an office or place of business for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No.	this is fo	the whole	group, check this
Teleph If the of this box	one No. 781-321-6065 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box	s in the Ur Group Exe	Fax No. inted States, check this box	this is fo	r the whole ers the ext	group, check this ension is for.
Teleph If the c If this box ▶ 1 I re	one No. \blacktriangleright $781-321-6065$ organization does not have an office or place of business for a Group Return, enter the organization's four digit	s in the Ur Group Exe and atta	Fax No. inited States, check this box	this is fo	r the whole ers the ext	group, check this ension is for.
Teleph If the c If this box ▶ 1 I re for	organization does not have an office or place of business is for a Group Return, enter the organization's four digit. If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year 2016 or	s in the Ur Group Exe and atta	Fax No. inited States, check this box	this is fo	r the whole ers the ext	group, check this ension is for.
Teleph If the c If this box If this for	programization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the tax year beginning	s in the Ur Group Exe] and atta NOVEI organizatio , an	Fax No. inted States, check this box emption Number (GEN) If it is a list with the names and EINs of MBER 15, 2017, to file on's return for: d ending	this is fo	r the whole ers the ext	group, check this ension is for.
Teleph If the c If this box If this for	properties one No. 781-321-6065 progranization does not have an office or place of business is for a Group Return, enter the organization's four digit is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the tax year beginning the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months.	s in the Ur Group Exe] and atta NOVEI organizatio , an	Fax No. inted States, check this box emption Number (GEN) If it is a list with the names and EINs of MBER 15, 2017, to file on's return for: d ending	this is fo	r the whole ers the ext opt organiza	group, check this ension is for.
Teleph If the c If this box If this for	programization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the tax year beginning	s in the Ur Group Exe] and atta NOVEI organizatio , an	Fax No. inted States, check this box emption Number (GEN) If it is a list with the names and EINs of MBER 15, 2017, to file on's return for: d ending	this is fo all memb the exem	r the whole ers the ext opt organiza	group, check this ension is for.
Teleph If the c If this box I I re for 2 If th	properties one No. 781-321-6065 progranization does not have an office or place of business is for a Group Return, enter the organization's four digit is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the tax year beginning the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months, containing the latest tax year entered in line 1 is for less than 12 months.	s in the Ur Group Exe and atta NOVEI organizatio , an	Fax No. inted States, check this box	this is fo all memb the exem	r the whole ers the ext opt organiza	group, check this ension is for.
Teleph If the c If this box I I re for 2 If th 3a If th	programization does not have an office or place of business is for a Group Return, enter the organization's four digit is for a Group Return, enter the organization's four digit is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year 2016 or tax year beginning the tax year entered in line 1 is for less than 12 months, concluding the control of the control of the calendar year 2016 or the calendar year 2016 or the calendar year peginning the tax year entered in line 1 is for less than 12 months, concluding period	s in the Ur Group Exe and atta NOVEI organizatio , an	Fax No. inted States, check this box	this is fo all memb the exem	r the whole ers the ext opt organiza	group, check this ension is for.
Teleph If the c If this box I re for 2 If th and in or b If the c	progranization does not have an office or place of business is for a Group Return, enter the organization's four digit. If it is for part of the group, check this box. Quest an automatic 6-month extension of time until. It is organization named above. The extension is for the extension is for the tax year beginning. The tax year entered in line 1 is for less than 12 months, organization is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069 are publication is for Forms 990-PF, 990-T, 4720, or 6069.	s in the Ur Group Exe and atta NOVEI organizatio , an heck reas , or 6069,	Fax No. inted States, check this box emption Number (GEN) If it is a list with the names and EINs of MBER 15, 2017, to file on's return for: d ending	this is for all memb the exem	r the whole ers the ext pt organiza	group, check this ension is for.
Teleph If the c If this box I I re for I lre for I fth I re for I fth E the control of the	programization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box . If it is for part of the group, check this box . If it is for part of the group, check this box . If it is for part of the group, check this box . If it is for part of the group, check this box . If it is for part of the group, check this box . If it is for part of time until the organization named above. The extension is for the . If it is calendar year . If it is for less than 12 months, contains application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069 the program of the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the part of the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the part of the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the part of the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the part of the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720, or 6069 the supplication is for Forms 990-PF, 990-T, 4720,	s in the Ur Group Exe and atta NOVEI organizatio , an heck reas , or 6069,	Fax No. inted States, check this box amption Number (GEN) If such a list with the names and EINs of MBER 15, 2017 , to file on's return for: d ending on: Initial return Fenter the tentative tax, less any yrefundable credits and llowed as a credit.	this is for all memb the exem	r the whole ers the ext pt organiza	e group, check this ension is for.
Teleph If the c If this box 1	progranization does not have an office or place of business is for a Group Return, enter the organization's four digit. If it is for part of the group, check this box. Quest an automatic 6-month extension of time until. It is organization named above. The extension is for the extension is for the tax year beginning. The tax year entered in line 1 is for less than 12 months, organization is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069 are publication is for Forms 990-PF, 990-T, 4720, or 6069.	s in the Ur Group Exe and atta NOVEI organizatio , an heck reas , or 6069, , enter an ayment a	Fax No. inted States, check this box amption Number (GEN) If ich a list with the names and EINs of MBER 15, 2017 , to file on's return for: d ending Initial return Fenter the tentative tax, less any y refundable credits and Illowed as a credit. In this form, if required,	this is fo all memb the exem	r the whole ers the ext opt organiza	group, check this ension is for.

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

Form 8868 (Rev. 1-2017)